

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 0001F | Heart failure assessed (includes assessment of all the following components) (CAD): Blood pressure measured (2000F) Level of activity assessed (1003F) Clinical symptoms of volume overload (excess) assessed (1004F) Weight, recorded (2001F) Clinical signs of volume overload (excess) assessed (2002F) | NOT COVERED | | | | |
| 0001U | Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0002M | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH) | no auth | | | | |
| 0002U | Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0003M | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH) | no auth | | | | |
| 0003U | Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score | AUTH REQUIRED | | | MCG:Proteomics - Ovarian Cancer Biomarker Panel (OVA1) ACG: A-0709 (AC) | |
| 0004M | Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0005F | Osteoarthritis assessed (OA) Includes assessment of all the following components: Osteoarthritis symptoms and functional status assessed (1006F) Use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F) Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (2004F) | NOT COVERED | | | | |
| 0005U | Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0006M | Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0007M | Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0007U | Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

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| 0008U | Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next-generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 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, reported as ERBB2 gene amplified or non-amplified | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00100 | Anesthesia for procedures on salivary glands, including biopsy | no auth | | | | |
| 00102 | Anesthesia for procedures involving plastic repair of cleft lip | no auth | | | | |
| 00103 | Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery) | no auth | | | | |
| 00104 | Anesthesia for electroconvulsive therapy | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 0010U | Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0011M | Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade prostate cancer risk | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0011U | Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00120 | Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified | no auth | | | | |
| 00124 | Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy | no auth | | | | |
| 00126 | Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy | no auth | | | | |
| 0012F | Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP): Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F) | NOT COVERED | | | | |
| 0012M | Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0013M | Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00140 | Anesthesia for procedures on eye; not otherwise specified | no auth | | | | |
| 00142 | Anesthesia for procedures on eye; lens surgery | no auth | | | | |
| 00144 | Anesthesia for procedures on eye; corneal transplant | no auth | | | | |
| 00145 | Anesthesia for procedures on eye; vitreoretinal surgery | no auth | | | | |
| 00147 | Anesthesia for procedures on eye; iridectomy | no auth | | | | |
| 00148 | Anesthesia for procedures on eye; ophthalmoscopy | no auth | | | | |

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| 0014F | Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within 12 months prior to cataract surgery (2020F) Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery) (3073F) Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (3325F) | NOT COVERED | | | | |
| 0015F | Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F) Complete physical skin exam performed (2029F) Patient counseled to perform a monthly self skin examination (5005F) | NOT COVERED | | | | |
| 0015M | Adrenal cortical tumor, biochemical assay of 25 steroid markers, utilizing 24-hour urine specimen and clinical parameters, prognostic algorithm reported as a clinical risk and integrated clinical steroid risk for adrenal cortical carcinoma, adenoma, or other adrenal malignancy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00160 | Anesthesia for procedures on nose and accessory sinuses; not otherwise specified | no auth | | | | |
| 00162 | Anesthesia for procedures on nose and accessory sinuses; radical surgery | no auth | | | | |
| 00164 | Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue | no auth | | | | |
| 0016M | Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0016U | Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00170 | Anesthesia for intraoral procedures, including biopsy; not otherwise specified | no auth | | | | |
| 00172 | Anesthesia for intraoral procedures, including biopsy; repair of cleft palate | no auth | | | | |
| 00174 | Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor | no auth | | | | |
| 00176 | Anesthesia for intraoral procedures, including biopsy; radical surgery | no auth | | | | |
| 0017M | Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 detected | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0018M | Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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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 high risk of malignancy | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 00190 | Anesthesia for procedures on facial bones or skull; not otherwise specified | no auth | | | | |
| 00192 | Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism) | no auth | | | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0019U | Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00210 | Anesthesia for intracranial procedures; not otherwise specified | no auth | | | | |
| 00211 | Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma | no auth | | | | |
| 00212 | Anesthesia for intracranial procedures; subdural taps | no auth | | | | |
| 00214 | Anesthesia for intracranial procedures; burr holes, including ventriculography | no auth | | | | |
| 00215 | Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound) | no auth | | | | |
| 00216 | Anesthesia for intracranial procedures; vascular procedures | no auth | | | | |
| 00218 | Anesthesia for intracranial procedures; procedures in sitting position | no auth | | | | |
| 0021U | Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00220 | Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures | no auth | | | | |
| 00222 | Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve | no auth | | | | |
| 0022U | Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | | |
| 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 mutation and indication for or against the use of midostaurin | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | | |
| 0024U | Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0025U | Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0026U | Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy") | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |

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| 0027U | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0029U | Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00300 | Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified | no auth | | | | |
| 0030U | Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0031U | CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00320 | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older | no auth | | | | |
| 00322 | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid | no auth | | | | |
| 00326 | Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age | NOT COVERED | | | | |
| 0032U | COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0033U | HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G]) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0034U | TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00350 | Anesthesia for procedures on major vessels of neck; not otherwise specified | no auth | | | | |
| 00352 | Anesthesia for procedures on major vessels of neck; simple ligation | no auth | | | | |
| 0035U | Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0036U | Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0037U | Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062, LCD 35396 | | |
| 0038U | Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0039U | Deoxyribonucleic acid (DNA) antibody, double stranded, high avidity | no auth | | | | |
| 00400 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified | no auth | | | | |

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| 00402 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps) | no auth | | | | |
| 00404 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast | no auth | | | | |
| 00406 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection | no auth | | | | |
| 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | | |
| 00410 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias | no auth | | | | |
| 0041U | Borrelia burgdorferi, antibody detection of 5 recombinant protein groups, by immunoblot, IgM | no auth | | | | |
| 0042T | Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0042U | Borrelia burgdorferi, antibody detection of 12 recombinant protein groups, by immunoblot, IgG | no auth | | | | |
| 0043U | Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgM | no auth | | | | |
| 0044U | Tick-borne relapsing fever Borrelia group, antibody detection to 4 recombinant protein groups, by immunoblot, IgG | no auth | | | | |
| 00450 | Anesthesia for procedures on clavicle and scapula; not otherwise specified | no auth | | | | |
| 00454 | Anesthesia for procedures on clavicle and scapula; biopsy of clavicle | no auth | | | | |
| 0045U | Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0046U | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00470 | Anesthesia for partial rib resection; not otherwise specified | no auth | | | | |
| 00472 | Anesthesia for partial rib resection; thoracoplasty (any type) | no auth | | | | |
| 00474 | Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum) | no auth | | | | |
| 0047U | Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Prostate Cancer Gene Expression Testing - Oncotype DX ACG: A-0712 (AC) | |
| 0048U | Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s) | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | | |
| 0049U | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

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| 00500 | Anesthesia for all procedures on esophagus | no auth | | | | |
| 0050U | Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0051U | Prescription drug monitoring, evaluation of drugs present by liquid chromatography tandem mass spectrometry (LC-MS/MS), urine or blood, 31 drug panel, reported as quantitative results, detected or not detected, per date of service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00520 | Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified | no auth | | | | |
| 00522 | Anesthesia for closed chest procedures; needle biopsy of pleura | no auth | | | | |
| 00524 | Anesthesia for closed chest procedures; pneumocentesis | no auth | | | | |
| 00528 | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation | no auth | | | | |
| 00529 | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation | no auth | | | | |
| 0052U | Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation | no auth | | | | |
| 00530 | Anesthesia for permanent transvenous pacemaker insertion | no auth | | | | |
| 00532 | Anesthesia for access to central venous circulation | no auth | | | | |
| 00534 | Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator | no auth | | | | |
| 00537 | Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation | no auth | | | | |
| 00539 | Anesthesia for tracheobronchial reconstruction | no auth | | | | |
| 00540 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified | no auth | | | | |
| 00541 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation | no auth | | | | |
| 00542 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication | no auth | | | | |
| 00546 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty | no auth | | | | |
| 00548 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi | no auth | | | | |
| 0054T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0054U | Prescription drug monitoring, 14 or more classes of drugs and substances, definitive tandem mass spectrometry with chromatography, capillary blood, quantitative report with therapeutic and toxic ranges, including steady-state range for the prescribed dose when detected, per date of service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00550 | Anesthesia for sternal debridement | no auth | | | | |

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| 0055T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0055U | Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00560 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator | no auth | | | | |
| 00561 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age | NOT COVERED | | | | |
| 00562 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all noncoronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation | no auth | | | | |
| 00563 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest | no auth | | | | |
| 00566 | Anesthesia for direct coronary artery bypass grafting; without pump oxygenator | no auth | | | | |
| 00567 | Anesthesia for direct coronary artery bypass grafting; with pump oxygenator | no auth | | | | |
| 00580 | Anesthesia for heart transplant or heart/lung transplant | no auth | | | | |
| 0058U | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0059U | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus capsid protein (VP1), serum, reported as positive or negative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00600 | Anesthesia for procedures on cervical spine and cord; not otherwise specified | no auth | | | | |
| 00604 | Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position | no auth | | | | |
| 0060U | Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0061U | Transcutaneous measurement of five biomarkers (tissue oxygenation [StO2], oxyhemoglobin [ctHbO2], deoxyhemoglobin [ctHbR], papillary and reticular dermal hemoglobin concentrations [ctHb1 and ctHb2]), using spatial frequency domain imaging (SFDI) and multi-spectral analysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00620 | Anesthesia for procedures on thoracic spine and cord, not otherwise specified | no auth | | | | |
| 00625 | Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation | no auth | | | | |
| 00626 | Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation | no auth | | | | |
| 0062U | Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00630 | Anesthesia for procedures in lumbar region; not otherwise specified | no auth | | | | |
| 00632 | Anesthesia for procedures in lumbar region; lumbar sympathectomy | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 00635 | Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture | no auth | | | | |
| 0063U | Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00640 | Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine | no auth | | | | |
| 0064U | Antibody, Treponema pallidum, total and rapid plasma reagin (RPR), immunoassay, qualitative | no auth | | | | |
| 0065U | Syphilis test, non-treponemal antibody, immunoassay, qualitative (RPR) | no auth | | | | |
| 00670 | Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures) | no auth | | | | |
| 0067U | Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0068U | Candida species panel (C. albicans, C. glabrata, C. parapsilosis, C. kruseii, C. tropicalis, and C. auris), amplified probe technique with qualitative report of the presence or absence of each species | no auth | | | | |
| 0069U | Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00700 | Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified | no auth | | | | |
| 00702 | Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy | no auth | | | | |
| 0070U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0071T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue | AUTH REQUIRED | | | MCG: MRI-Guided Focused Ultrasound Surgery, Uterus ACG: A-0289 (AC) | |
| 0071U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics, etc.) | |
| 0072T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue | AUTH REQUIRED | | | MCG: MRI-Guided Focused Ultrasound Surgery, Uterus ACG: A-0289 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|----------------------|--|-------------------------------|
| 0072U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics , etc.) | |
| 00730 | Anesthesia for procedures on upper posterior abdominal wall | no auth | | | | |
| 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified | no auth | | | | |
| 00732 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP) | no auth | | | | |
| 0073U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics , etc.) | |
| 0074U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00750 | Anesthesia for hernia repairs in upper abdomen; not otherwise specified | no auth | | | | |
| 00752 | Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence | no auth | | | | |
| 00754 | Anesthesia for hernia repairs in upper abdomen; omphalocele | no auth | | | | |
| 00756 | Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia | no auth | | | | |
| 0075T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |
| 0075U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics , etc.) | |
| 0076T | Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure) | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |
| 0076U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG (Tamoxifen, psychotropic, opioid pharmacogenetics , etc.) | |
| 00770 | Anesthesia for all procedures on major abdominal blood vessels | no auth | | | | |
| 0077U | Immunoglobulin paraprotein (M-protein), qualitative, immunoprecipitation and mass spectrometry, blood or urine, including isotype | no auth | | | | |

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|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| 0078U | Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00790 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified | no auth | | | | |
| 00792 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy) | no auth | | | | |
| 00794 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure) | no auth | | | | |
| 00796 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient) | no auth | | | | |
| 00797 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity | no auth | | | | |
| 0079U | Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification | NOT COVERED | | Not reasonable and necessary for the diagnosis or treatment of an illness or injury. | | |
| 00800 | Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified | no auth | | | | |
| 00802 | Anesthesia for procedures on lower anterior abdominal wall; panniculectomy | no auth | | | | |
| 0080U | Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified | no auth | | | | |
| 00812 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy | no auth | | | | |
| 00813 | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum | no auth | | | | |
| 00820 | Anesthesia for procedures on lower posterior abdominal wall | no auth | | | | |
| 0082U | Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistry analyzer (utilizing immunoassay), urine, report of presence or absence of each drug, drug metabolite or substance with description and severity of significant interactions per date of service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00830 | Anesthesia for hernia repairs in lower abdomen; not otherwise specified | no auth | | | | |
| 00832 | Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias | no auth | | | | |
| 00834 | Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age | NOT COVERED | | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 00836 | Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery | NOT COVERED | | | | |
| 0083U | Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combinations | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00840 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified | no auth | | | | |
| 00842 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis | no auth | | | | |
| 00844 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection | no auth | | | | |
| 00846 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy | no auth | | | | |
| 00848 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration | no auth | | | | |
| 0084U | Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00851 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection | no auth | | | | |
| 00860 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified | no auth | | | | |
| 00862 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy | no auth | | | | |
| 00864 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy | no auth | | | | |
| 00865 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic) | no auth | | | | |
| 00866 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy | no auth | | | | |
| 00868 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient) | no auth | | | | |
| 0086U | Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00870 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy | no auth | | | | |
| 00872 | Anesthesia for lithotripsy, extracorporeal shock wave; with water bath | no auth | | | | |
| 00873 | Anesthesia for lithotripsy, extracorporeal shock wave; without water bath | no auth | | | | |
| 0087U | Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 00880 | Anesthesia for procedures on major lower abdominal vessels; not otherwise specified | no auth | | | | |
| 00882 | Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0088U | Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0089U | Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Melanoma (Cutaneous) - Gene Expression Profiling ACG: A-0837 (AC) | |
| 00902 | Anesthesia for; anorectal procedure | no auth | | | | |
| 00904 | Anesthesia for; radical perineal procedure | no auth | | | | |
| 00906 | Anesthesia for; vulvectomy | no auth | | | | |
| 00908 | Anesthesia for; perineal prostatectomy | no auth | | | | |
| 0090U | Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Melanoma (Cutaneous) - Gene Expression Profiling ACG: A-0837 (AC) | |
| 00910 | Anesthesia for transurethral procedures (including urethrocytoscopy); not otherwise specified | no auth | | | | |
| 00912 | Anesthesia for transurethral procedures (including urethrocytoscopy); transurethral resection of bladder tumor(s) | no auth | | | | |
| 00914 | Anesthesia for transurethral procedures (including urethrocytoscopy); transurethral resection of prostate | no auth | | | | |
| 00916 | Anesthesia for transurethral procedures (including urethrocytoscopy); post-transurethral resection bleeding | no auth | | | | |
| 00918 | Anesthesia for transurethral procedures (including urethrocytoscopy); with fragmentation, manipulation and/or removal of ureteral calculus | no auth | | | | |
| 0091U | Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result | NOT COVERED | | NCD 210.3 STATES NON-COVERED | | |
| 00920 | Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified | no auth | | | | |
| 00921 | Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral | no auth | | | | |
| 00922 | Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles | no auth | | | | |
| 00924 | Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral | no auth | | | | |
| 00926 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal | no auth | | | | |
| 00928 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal | no auth | | | | |
| 0092U | Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00930 | Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral | no auth | | | | |
| 00932 | Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis | no auth | | | | |
| 00934 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy | no auth | | | | |

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|-----------|--|------------------|--|---|---|-------------------------------|
| 00936 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy | no auth | | | | |
| 00938 | Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach) | no auth | | | | |
| 0093U | Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 00940 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified | no auth | | | | |
| 00942 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures | no auth | | | | |
| 00944 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy | no auth | | | | |
| 00948 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage | no auth | | | | |
| 0094U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.) | |
| 00950 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy | no auth | | | | |
| 00952 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography | no auth | | | | |
| 0095T | Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |
| 0095U | Eosinophilic esophagitis (Eotaxin-3 [CCL26 {C-C motif chemokine ligand 26}] and major basic protein [PRG2 {proteoglycan 2, pro eosinophil major basic protein}]), enzyme-linked immunosorbent assays (ELISA), specimen obtained by esophageal string test device, algorithm reported as probability of active or inactive eosinophilic esophagitis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0096U | Human papillomavirus (HPV), high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), male urine | AUTH REQUIRED | | LCD 35062 | | |
| 0098T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |
| 0100T | Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|------------------|-------------------------------|----------------------|--|-------------------------------|
| 0101T | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified | AUTH REQUIRED | | | MCG:Extracorporeal Shock Wave Therapy, Musculoskeletal ACG: A-0223 (AC); Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0101U | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only]) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Colorectal Cancer (Hereditary) - Gene Panel ACG: A-0774 (AC) | |
| 0102T | Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle | AUTH REQUIRED | | | MCG:Extracorporeal Shock Wave Therapy, Musculoskeletal ACG: A-0223 (AC); Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0102U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication]) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); Whole Genome/Exome Sequencing - Cardiovascular Disorders ACG: A-0865 (AC) | |
| 0103U | Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only]) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0105U | Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0106T | Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0106U | Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0107T | Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0107U | Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method | no auth | | | | |
| 0108T | Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0108U | Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0109T | Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0109U | Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0110T | Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0110U | Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01112 | Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest | no auth | | | | |
| 0111U | Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | MCG: Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC) | |
| 01120 | Anesthesia for procedures on bony pelvis | no auth | | | | |
| 0112U | Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01130 | Anesthesia for body cast application or revision | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 0113U | Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01140 | Anesthesia for interpelviabdominal (hindquarter) amputation | no auth | | | | |
| 0114U | Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01150 | Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation | no auth | | | | |
| 0115U | Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected | AUTH REQUIRED | | LCD 38916 | | |
| 01160 | Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint | no auth | | | | |
| 0116U | Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01170 | Anesthesia for open procedures involving symphysis pubis or sacroiliac joint | no auth | | | | |
| 01173 | Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum | no auth | | | | |
| 0117U | Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain | AUTH REQUIRED | | LCD 39063 | | |
| 0118U | Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0119U | Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events | AUTH REQUIRED | | LCD 39082 | | |
| 01200 | Anesthesia for all closed procedures involving hip joint | no auth | | | | |
| 01202 | Anesthesia for arthroscopic procedures of hip joint | no auth | | | | |
| 0120U | Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01210 | Anesthesia for open procedures involving hip joint; not otherwise specified | no auth | | | | |
| 01212 | Anesthesia for open procedures involving hip joint; hip disarticulation | no auth | | | | |
| 01214 | Anesthesia for open procedures involving hip joint; total hip arthroplasty | no auth | | | | |
| 01215 | Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 0121U | Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01220 | Anesthesia for all closed procedures involving upper two-thirds of femur | no auth | | | | |
| 0122U | Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01230 | Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified | no auth | | | | |
| 01232 | Anesthesia for open procedures involving upper two-thirds of femur; amputation | no auth | | | | |
| 01234 | Anesthesia for open procedures involving upper two-thirds of femur; radical resection | no auth | | | | |
| 0123U | Mechanical fragility, RBC, shear stress and spectral analysis profiling | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01250 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg | no auth | | | | |
| 01260 | Anesthesia for all procedures involving veins of upper leg, including exploration | no auth | | | | |
| 01270 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified | no auth | | | | |
| 01272 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation | no auth | | | | |
| 01274 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy | no auth | | | | |
| 0129U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 0130U | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Colorectal Cancer (Hereditary) - Gene Panel ACG: A-0774 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|--|-------------------------------|
| 0131U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 01320 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area | no auth | | | | |
| 0132U | Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 0133U | Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01340 | Anesthesia for all closed procedures on lower one-third of femur | no auth | | | | |
| 0134U | Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC) | |
| 0135U | Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); | |
| 01360 | Anesthesia for all open procedures on lower one-third of femur | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|----------------------|---|-------------------------------|
| 0136U | ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC) | |
| 0137U | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Breast Cancer - PALB2 Gene ACG: A-0989 (AC) | |
| 01380 | Anesthesia for all closed procedures on knee joint | no auth | | | | |
| 01382 | Anesthesia for diagnostic arthroscopic procedures of knee joint | no auth | | | | |
| 0138U | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); | |
| 01390 | Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella | no auth | | | | |
| 01392 | Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella | no auth | | | | |
| 01400 | Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified | no auth | | | | |
| 01402 | Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty | no auth | | | | |
| 01404 | Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee | no auth | | | | |
| 0140U | Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0141U | Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01420 | Anesthesia for all cast applications, removal, or repair involving knee joint | no auth | | | | |
| 0142U | Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01430 | Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified | no auth | | | | |
| 01432 | Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula | no auth | | | | |
| 01440 | Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified | no auth | | | | |
| 01442 | Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft | no auth | | | | |

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|-----------|--|------------------|-------------------------------|----------------------|--------------|-------------------------------|
| 01444 | Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm | no auth | | | | |
| 01462 | Anesthesia for all closed procedures on lower leg, ankle, and foot | no auth | | | | |
| 01464 | Anesthesia for arthroscopic procedures of ankle and/or foot | no auth | | | | |
| 01470 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified | no auth | | | | |
| 01472 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft | no auth | | | | |
| 01474 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure) | no auth | | | | |
| 01480 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified | no auth | | | | |
| 01482 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation) | no auth | | | | |
| 01484 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula | no auth | | | | |
| 01486 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement | no auth | | | | |
| 01490 | Anesthesia for lower leg cast application, removal, or repair | no auth | | | | |
| 01500 | Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified | no auth | | | | |
| 01502 | Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter | no auth | | | | |
| 01520 | Anesthesia for procedures on veins of lower leg; not otherwise specified | no auth | | | | |
| 01522 | Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter | no auth | | | | |
| 0152U | Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0153U | Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0154U | Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0155U | Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0156U | Copy number (eg, intellectual disability, dysmorphism), sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0157U | APC (APC regulator of WNT signaling pathway) (eg, familial adenomatous polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

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|-----------|---|------------------|-------------------------------|------------------------------|---|-------------------------------|
| 0158U | MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); | |
| 0159U | MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0160U | MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01610 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla | no auth | | | | |
| 0161U | PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01620 | Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint | no auth | | | | |
| 01622 | Anesthesia for diagnostic arthroscopic procedures of shoulder joint | no auth | | | | |
| 0162U | Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01630 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified | no auth | | | | |
| 01634 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation | no auth | | | | |
| 01636 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation | no auth | | | | |
| 01638 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement | no auth | | | | |
| 0163U | Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas | AUTH REQUIRED | | NCD 210.3 STATES NON-COVERED | | |
| 0164T | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG) | |

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|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 0164U | Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative results | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01650 | Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified | no auth | | | | |
| 01652 | Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm | no auth | | | | |
| 01654 | Anesthesia for procedures on arteries of shoulder and axilla; bypass graft | no auth | | | | |
| 01656 | Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft | no auth | | | | |
| 0165T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG), MCG: Disk Arthroplasty, Lumbar ACG: A-0948 (AC) | |
| 0165U | Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, individual epitope results and probability of peanut allergy | AUTH REQUIRED | | LCD 36241 | | |
| 0166U | Liver disease, 10 biochemical assays (a2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01670 | Anesthesia for all procedures on veins of shoulder and axilla | no auth | | | | |
| 0167U | Gonadotropin, chorionic (hCG), immunoassay with direct optical observation, blood | no auth | | | | |
| 01680 | Anesthesia for shoulder cast application, removal or repair, not otherwise specified | no auth | | | | |
| 0169U | NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Azathioprine and 6-Mercaptopurine Pharmacogenetics - NUDT15 and TPMT Genes ACG: A-0628 (AC) | |
| 0170U | Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01710 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified | no auth | | | | |
| 01712 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open | no auth | | | | |
| 01714 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 01716 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps | no auth | | | | |
| 0171U | Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 0172U | Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | | |
| 01730 | Anesthesia for all closed procedures on humerus and elbow | no auth | | | | |
| 01732 | Anesthesia for diagnostic arthroscopic procedures of elbow joint | no auth | | | | |
| 0173U | Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Psychotropic Medication Pharmacogenetics - Gene Panels ACG: A-0861 (AC) | |
| 01740 | Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified | no auth | | | | |
| 01742 | Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus | no auth | | | | |
| 01744 | Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus | no auth | | | | |
| 0174T | Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0174U | Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or uncertain benefit of 39 chemotherapy and targeted therapeutic oncology agents | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01756 | Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures | no auth | | | | |
| 01758 | Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus | no auth | | | | |
| 0175T | Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0175U | Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Psychotropic Medication Pharmacogenetics - Gene Panels ACG: A-0861 (AC) | |
| 01760 | Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 0176U | Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 01770 | Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified | no auth | | | | |
| 01772 | Anesthesia for procedures on arteries of upper arm and elbow; embolectomy | no auth | | | | |
| 0177U | Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01780 | Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified | no auth | | | | |
| 01782 | Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy | no auth | | | | |
| 0178U | Peanut allergen-specific quantitative assessment of multiple epitopes using enzyme-linked immunosorbent assay (ELISA), blood, report of minimum eliciting exposure for a clinical reaction | AUTH REQUIRED | | LCD 36241 | | |
| 0179U | Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0180U | Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01810 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand | no auth | | | | |
| 0181U | Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01820 | Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones | no auth | | | | |
| 01829 | Anesthesia for diagnostic arthroscopic procedures on the wrist | no auth | | | | |
| 0182U | Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01830 | Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified | no auth | | | | |
| 01832 | Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement | no auth | | | | |
| 0183U | Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01840 | Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified | no auth | | | | |
| 01842 | Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy | no auth | | | | |
| 01844 | Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|---|-------------------------------|
| 0184T | Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness) | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 0184U | Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01850 | Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified | no auth | | | | |
| 01852 | Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy | no auth | | | | |
| 0185U | Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01860 | Anesthesia for forearm, wrist, or hand cast application, removal, or repair | no auth | | | | |
| 0186U | Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0187U | Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0188U | Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0189U | Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0190U | Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01916 | Anesthesia for diagnostic arteriography/venography | no auth | | | | |
| 0191U | Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01920 | Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter) | no auth | | | | |
| 01922 | Anesthesia for non-invasive imaging or radiation therapy | no auth | | | | |
| 01924 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified | no auth | | | | |
| 01925 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary | no auth | | | | |
| 01926 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic | no auth | | | | |
| 0192U | Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01930 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified | no auth | | | | |
| 01931 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS]) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|----------------------|--------------|-------------------------------|
| 01932 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular | no auth | | | | |
| 01933 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial | no auth | | | | |
| 01937 | Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic | no auth | | | | |
| 01938 | Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral | no auth | | | | |
| 01939 | Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic | no auth | | | | |
| 0193U | Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01940 | Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral | no auth | | | | |
| 01941 | Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic | no auth | | | | |
| 01942 | Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral | no auth | | | | |
| 0194U | Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01951 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area | no auth | | | | |
| 01952 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area | no auth | | | | |
| 01953 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 01958 | Anesthesia for external cephalic version procedure | no auth | | | | |
| 0195U | KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01960 | Anesthesia for vaginal delivery only | no auth | | | | |
| 01961 | Anesthesia for cesarean delivery only | no auth | | | | |
| 01962 | Anesthesia for urgent hysterectomy following delivery | no auth | | | | |
| 01963 | Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care | no auth | | | | |
| 01965 | Anesthesia for incomplete or missed abortion procedures | no auth | | | | |
| 01966 | Anesthesia for induced abortion procedures | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 01967 | Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor) | no auth | | | | |
| 01968 | Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) | no auth | | | | |
| 01969 | Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) | no auth | | | | |
| 0196U | Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0197U | Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0198T | Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0198U | Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 01990 | Physiological support for harvesting of organ(s) from brain-dead patient | no auth | Paid for by recipient's plan. | | | |
| 01991 | Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position | no auth | | | | |
| 01992 | Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position | no auth | | | | |
| 01996 | Daily hospital management of epidural or subarachnoid continuous drug administration | no auth | | | | |
| 01999 | Unlisted anesthesia procedure(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0199U | Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAMP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0200T | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 0200U | Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0201T | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 0201U | Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

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|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0202T | Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 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 | AUTH REQUIRED | | LCD 38916 | | |
| 0203U | Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0204U | Oncology (thyroid), mRNA, gene expression analysis of 593 genes (including BRAF, RAS, RET, PAX8, and NTRK) for sequence variants and rearrangements, utilizing fine needle aspirate, reported as detected or not detected | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0205U | Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Age-Related Macular Degeneration - Gene Panels ACG: A-0913 (AC) | |
| 0206U | Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0207T | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 0207U | Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts, reported as a probability index for Alzheimer disease (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0208T | Pure tone audiometry (threshold), automated; air only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0209T | Pure tone audiometry (threshold), automated; air and bone | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0209U | Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 0210T | Speech audiometry threshold, automated; | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0210U | Syphilis test, non-treponemal antibody, immunoassay, quantitative (RPR) | no auth | | | | |
| 0211T | Speech audiometry threshold, automated; with speech recognition | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0211U | Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association | NOT COVERED | | Medicare Addendum B of OPSS | | |
| 0212T | Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0212U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency , etc.) | |
| 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | no auth | | | | |
| 0213U | Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency , etc.) | |
| 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) | no auth | | | | |
| 0214U | Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency , etc.) | |
| 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0215U | Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG depending on clinical context (Whole genome/exome-cardiovascular, primary immunodeficiency, etc.) | |
| 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | no auth | | | | |
| 0216U | Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) | no auth | | | | |
| 0217U | Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | no auth | | | | |
| 0218U | Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Muscular Dystrophies (Duchenne, Becker) - DMD Gene ACG: A-0608 (AC) | |
| 0219T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0219U | Infectious agent (human immunodeficiency virus), targeted viral next-generation sequence analysis (ie, protease [PR], reverse transcriptase [RT], integrase [INT]), algorithm reported as prediction of antiviral drug susceptibility | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0220T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0220U | Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|---|--|-------------------------------|
| 0221T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |
| 0221U | Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0222T | Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure) | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |
| 0222U | Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 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 | AUTH REQUIRED | | LCD 38916 | | |
| 0224U | Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed | no auth | | | | |
| 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 | AUTH REQUIRED | | LCD 38916 | | |
| 0226U | Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum | no auth | | | | |
| 0227U | Drug assay, presumptive, 30 or more drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, includes sample validation | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0228U | Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morning voided urine, algorithm reported as likelihood of prostate cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0229U | BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 0230U | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0231U | CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 0232T | Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0232U | CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC) | |
| 0233U | FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Friedreich Ataxia - FXN Gene ACG: A-0907 (AC) | |
| 0234T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 0234U | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Rett Syndrome - CDKL5, FOXP1, and MECP2 Genes ACG: A-0687 (AC) | |
| 0235T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 0235U | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0236T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 0236U | SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions | AUTH REQUIRED | | | | |
| 0237T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0237U | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Brugada Syndrome Channelopathy Genes ACG: A-0594 (AC); Catecholaminergic Polymorphic Ventricular Tachycardia Genes ACG: A-0636 (AC); Long QT Syndrome (Hereditary) - Gene Panel ACG: A-0918 (AC) | |
| 0238T | Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0238U | Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC) | |
| 0239U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | | |
| 0240U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected | no auth | | | | |
| 0241U | Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected | no auth | | | | |
| 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 | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | | |
| 0243U | Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|---|-------------------------------|
| 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 paraffin-embedded tumor tissue | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 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 | AUTH REQUIRED | | LCD 35062, LCD 35396 | | |
| 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 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0247U | Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0248U | Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0249U | Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0250U | Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC) | |
| 0251U | Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma | no auth | | | | |
| 0252U | Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy | AUTH REQUIRED | | LCD 35062 | | |
| 0253T | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space | no auth | | | | |
| 0253U | Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0254U | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 0255U | Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 0256U | Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0257U | Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0258U | Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0259U | Nephrology (chronic kidney disease), nuclear magnetic resonance spectroscopy measurement of myo-inositol, valine, and creatinine, algorithmically combined with cystatin C (by immunoassay) and demographic data to determine estimated glomerular filtration rate (GFR), serum, quantitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0260U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping | AUTH REQUIRED | | LCD 35062 | | |
| 0261U | Oncology (colorectal cancer), image analysis with artificial intelligence assessment of 4 histologic and immunohistochemical features (CD3 and CD8 within tumor-stroma border and tumor core), tissue, reported as immune response and recurrence-risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0262U | Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0263T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest | AUTH REQUIRED | | | MCG:Hematology GRG GRG: MG-HEM (ISC GRG) | |
| 0263U | Neurology (autism spectrum disorder [ASD]), quantitative measurements of 16 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, succinate, carnitine, citrate, fumarate, hypoxanthine, inosine, malate, S-sulfocysteine, taurine, urate, and xanthine), liquid chromatography tandem mass spectrometry (LC-MS/MS), plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0264T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest | AUTH REQUIRED | | | MCG:Hematology GRG GRG: MG-HEM (ISC GRG) | |
| 0264U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping | AUTH REQUIRED | | LCD 35062 | | |
| 0265T | Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy | AUTH REQUIRED | | | MCG:Hematology GRG GRG: MG-HEM (ISC GRG) | |
| 0265U | Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0266T | Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0266U | Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0267T | Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0267U | Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0268T | Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0268U | Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0269T | Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0269U | Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0270T | Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0270U | Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0271T | Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0271U | Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0272T | Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 0272U | Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid, comprehensive | AUTH REQUIRED | | LCD 35062 | | |
| 0273T | Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0273U | Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0274T | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic | no auth | | | | |
| 0274U | Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0275T | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar | no auth | | | | |
| 0275U | Hematology (heparin-induced thrombocytopenia), platelet antibody reactivity by flow cytometry, serum | no auth | | | | |
| 0276U | Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0277U | Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0278T | Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0278U | Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid | AUTH REQUIRED | | LCD 35062 | | |
| 0279U | Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen III binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen III binding | no auth | | | | |
| 0280U | Hematology (von Willebrand disease [VWD]), von Willebrand factor (VWF) and collagen IV binding by enzyme-linked immunosorbent assays (ELISA), plasma, report of collagen IV binding | no auth | | | | |
| 0281U | Hematology (von Willebrand disease [VWD]), von Willebrand propeptide, enzyme-linked immunosorbent assays (ELISA), plasma, diagnostic report of von Willebrand factor (VWF) propeptide antigen level | no auth | | | | |
| 0282U | Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 0283U | von Willebrand factor (VWF), type 2B, platelet-binding evaluation, radioimmunoassay, plasma | no auth | | | | |
| 0284U | von Willebrand factor (VWF), type 2N, factor VIII and VWF binding evaluation, enzyme-linked immunosorbent assays (ELISA), plasma | no auth | | | | |
| 0285U | Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score | AUTH REQUIRED | | LCD 35062 | | |
| 0286U | CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants | AUTH REQUIRED | | LCD 35062, LCD 39063 | | |
| 0287U | Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0288U | Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0289U | Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 39063 | | |
| 0290U | Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 39063 | | |
| 0291U | Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score | AUTH REQUIRED | | LCD 35062, LCD 39063 | | |
| 0292U | Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score | AUTH REQUIRED | | LCD 35062, LCD 39063 | | |
| 0293U | Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 39063 | | |
| 0294U | Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score | NOT COVERED | | Medicare Addendum B of OPPS | | |
| 0295U | Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathologic factors (size, age, margin status, palpability), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a recurrence risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0296U | Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0297U | Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification | AUTH REQUIRED | | LCD 35062 | | |

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|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0298U | Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0299U | Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification | AUTH REQUIRED | | LCD 35062 | | |
| 0300U | Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification | AUTH REQUIRED | | LCD 35062 | | |
| 0301U | Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); | AUTH REQUIRED | | LCD 35062 | | |
| 0302U | Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement | AUTH REQUIRED | | LCD 35062 | | |
| 0303U | Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; hypoxic | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0304U | Hematology, red blood cell (RBC) adhesion to endothelial/subendothelial adhesion molecules, functional assessment, whole blood, with algorithmic analysis and result reported as an RBC adhesion index; normoxic | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0305U | Hematology, red blood cell (RBC) functionality and deformity as a function of shear stress, whole blood, reported as a maximum elongation index | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0306U | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0307U | Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0308T | Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis | AUTH REQUIRED | | | MCG:MCG Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0308U | Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]) with 3 clinical parameters (age, sex, history of cardiac intervention), plasma, algorithm reported as a risk score for obstructive CAD | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0309U | Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0310U | Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD | AUTH REQUIRED | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 0311U | Infectious disease (bacterial), quantitative antimicrobial susceptibility reported as phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility for each organism identified | no auth | | | | |
| 0312U | Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorbent immunoassay (ELISA), flow cytometry and indirect immunofluorescence, serum, or plasma and whole blood, individual components reported along with an algorithmic SLE-likelihood assessment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0313U | Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0314U | Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant) | AUTH REQUIRED | | LCD 35062 | | |
| 0315U | Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B) | AUTH REQUIRED | | LCD 35062 | | |
| 0316U | Borrelia burgdorferi (Lyme disease), OspA protein evaluation, urine | no auth | | | | |
| 0317U | Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0318U | Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood | AUTH REQUIRED | | | | |
| 0319U | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0320U | Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0321U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antibiotic-resistance genes, multiplex amplified probe technique | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0322U | Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0323U | Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 0326U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0327U | Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0328U | Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0329T | Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report | NOT COVERED | | Medicare Addendum B of OPPS | | |
| 0329U | Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0330T | Tear film imaging, unilateral or bilateral, with interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0330U | Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0331U | Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0332U | Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy | AUTH REQUIRED | | LCD 35062 | | |
| 0333T | Visual evoked potential, screening of visual acuity, automated, with report | NOT COVERED | | Medicare Addendum B of OPPS | | |
| 0333U | Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result | AUTH REQUIRED | | LCD 35062 | | |
| 0334U | Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|---|-------------------------------|
| 0335T | Insertion of sinus tarsi implant | AUTH REQUIRED | | | MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0335U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 0336U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent) | AUTH REQUIRED | | LCD 35062 | | |
| 0337U | Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells based on differential CD138, CD38, CD19, and CD45 protein biomarker expression, peripheral blood | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0338T | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral | AUTH REQUIRED | | | MCG:Renal Sympathetic Nerve Ablation, Radiofrequency ACG: A-1034 (AC) | |
| 0338U | Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8, 18, and 19, and CD45 protein biomarkers, and quantification of HER2 protein biomarker-expressing cells, peripheral blood | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0339T | Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral | AUTH REQUIRED | | | MCG:Renal Sympathetic Nerve Ablation, Radiofrequency ACG: A-1034 (AC) | |
| 0339U | Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0340U | Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 0341U | Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid | AUTH REQUIRED | | LCD 35062 | | |
| 0342T | Therapeutic apheresis with selective HDL delipidation and plasma reinfusion | AUTH REQUIRED | | | MCG: Apheresis, Therapeutic ACG: A-0173 (AC) | |
| 0342U | Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immunoassay (ECLIA) for CA19-9, serum, diagnostic algorithm reported qualitatively as positive, negative, or borderline | NOT COVERED | | Medicare Addendum B of OPPS | | |
| 0343U | Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0344U | Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0345T | Transcatheter mitral valve repair percutaneous approach via the coronary sinus | AUTH REQUIRED | | NCD 20.33 | MCG: Cardiac Valve Replacement or Repair RRG RRG: S-290-RRG (ISC); Cardiac Valve Replacement or Repair ORG: S-5290 (RFC); Cardiac Valve Replacement or Repair ORG: S-2290 (HC) | |
| 0345U | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0346U | Beta amyloid, AB40 and AB42 by liquid chromatography with tandem mass spectrometry (LC-MS/MS), ratio, plasma | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0347T | Placement of interstitial device(s) in bone for radiostereometric analysis (RSA) | AUTH REQUIRED | | | MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0347U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 0348T | Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed) | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0348U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0349T | Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed) | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0349U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0350T | Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed) | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0350U | Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0351T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0351U | Infectious disease (bacterial or viral), biochemical assays, tumor necrosis factor-related apoptosis-inducing ligand (TRAIL), interferon gamma-induced protein-10 (IP-10), and C-reactive protein, serum, or venous whole blood, algorithm reported as likelihood of bacterial infection | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0352T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0352U | Infectious disease (bacterial vaginosis and vaginitis), multiplex amplified probe technique, for detection of bacterial vaginosis-associated bacteria (BVAB-2, Atopobium vaginae, and Megasphaera type 1), algorithm reported as detected or not detected and separate detection of Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata/Candida krusei, and trichomonas vaginalis, vaginal-fluid specimen, each result reported as detected or not detected | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0353T | Optical coherence tomography of breast, surgical cavity; real-time intraoperative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0353U | Infectious agent detection by nucleic acid (DNA), Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique, urine, vaginal, pharyngeal, or rectal, each pathogen reported as detected or not detected | no auth | | | | |
| 0354T | Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0355U | APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|--------------------------|-------------------------------|---|---|-------------------------------|
| 0356U | Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0358T | Bioelectrical impedance analysis whole body composition assessment, with interpretation and report | AUTH REQUIRED | | | MCG:Bioimpedance Spectroscopy ACG: A-0667 (AC) | |
| 0358U | Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0359U | Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0360U | Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0361U | Neurofilament light chain, digital immunoassay, plasma, quantitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0362T | Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior. | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 0362U | Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0363U | Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0364U | Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | NCCN Guidelines |
| 0365U | Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | NCCN Guidelines |
| 0366U | Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | NCCN Guidelines |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|--------------------------|-------------------------------|---|--------------|-------------------------------|
| 0367U | Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | NCCN Guidelines |
| 0368U | Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer | NOT COVERED | | Medicare Status Indicator E1; CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 11896 | | NCCN Guidelines |
| 0369U | Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0370U | Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0371U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0372U | Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0373T | Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior. | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 0373U | Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0374U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0375U | Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | NCCN Guidelines |
| 0376U | Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | NCCN Guidelines |
| 0377U | Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 0378T | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0378U | RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0379T | Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0379U | Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | NCCN Guidelines |
| 0380U | Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0381U | Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0382U | Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0383U | Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0384U | Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0385U | Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0387U | Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and lorincrin (AMLo) by immunohistochemistry, formalin-fixed paraffin-embedded (FFPE) tissue, report for risk of progression | AUTH REQUIRED | See NCCN Guidelines | | | |
| 0388U | Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection | AUTH REQUIRED | See NCCN Guidelines | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|---|-------------------------------|
| 0389U | Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0390U | Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score | AUTH REQUIRED | See ACOG Guidelines | | | |
| 0391U | Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score | AUTH REQUIRED | See NCCN Guidelines | | | |
| 0392U | Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0393U | Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0394T | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed | AUTH REQUIRED | | | MCG:Brachytherapy ACG: A-0270 (AC) | |
| 0394U | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed | AUTH REQUIRED | | | MCG:Brachytherapy ACG: A-0270 (AC) | |
| 0395U | Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0396U | Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0397T | Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Endoscopic Retrograde Cholangiopancreatography (ERCP), with or without Sphincterotomy or Stent Placement ACG: A-0207 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|--|---|---|-------------------------------|
| 0398T | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed | AUTH REQUIRED | | | MCG:MRI-Guided Focused Ultrasound Surgery, Brain ACG: A-0991 (AC); Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG) | |
| 0398U | Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0399U | Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0400U | Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0401U | Cardiology (coronary heart disease [CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0402T | Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed | AUTH REQUIRED | | | MCG:Corneal Cross-Linking ACG: A-1040 (AC) | |
| 0402U | Infectious agent (sexually transmitted infection), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Mycoplasma genitalium, multiplex amplified probe technique, vaginal, endocervical, or male urine, each pathogen reported as detected or not detected | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0403T | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |
| 0403U | Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0404U | Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0405U | Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0406U | Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0407U | Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0408T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0408U | Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0409T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0410T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0410U | Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0411T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0411U | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0412T | Removal of permanent cardiac contractility modulation system; pulse generator only | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0412U | Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0413T | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0414T | Removal and replacement of permanent cardiac contractility modulation system pulse generator only | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0414U | Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0415T | Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0415U | Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0416T | Relocation of skin pocket for implanted cardiac contractility modulation pulse generator | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 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 with analysis, including review and report, implantable cardiac contractility modulation system | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0418T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0418U | Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0419T | Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas | AUTH REQUIRED | | | MCG: Wound and Skin Management GRG GRG: PG-WS (ISC GRG) | |

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|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0419U | Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0420T | Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas | AUTH REQUIRED | | | MCG: Wound and Skin Management GRG GRG: PG-WS (ISC GRG) | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0421T | Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed) | AUTH REQUIRED | | | MCG: Prostatectomy, Transurethral, Alternatives to Standard Resection RRG: S-972-RRG (ISC); Prostatectomy, Transurethral Resection (TURP) or Alternative Procedures ORG: S-2970 (HC) | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0422T | Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0425U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0426U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| 0427U | Monocyte distribution width, whole blood (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0429U | Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0430U | Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0431U | Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0432U | Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0433U | Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0434U | Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0436U | Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0437T | Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure) | no auth | | | | |
| 0437U | Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 0439T | Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:MCG: Pharmacologic Stress Echocardiography ACG: A-0080 (AC), MCG: Transthoracic Echocardiography (TTE), Resting ACG: A-0111 (AC), MCG: Stress Echocardiography ACG: A-0113 (AC) | |
| 0440T | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve | AUTH REQUIRED | | | MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG) | |
| 0441T | Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve | AUTH REQUIRED | | | MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG) | |
| 0442T | Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve) | AUTH REQUIRED | | | MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG) | |
| 0443T | Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0444T | Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 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 | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0446T | Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training | AUTH REQUIRED | | LCD 38617 | | |
| 0447T | Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision | AUTH REQUIRED | | LCD 38617 | | |
| 0448T | Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation | AUTH REQUIRED | | LCD 38617 | | |

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|------------|--|------------------|-------------------------------|---|---|-------------------------------|
| 0449T | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0450T | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0464T | Visual evoked potential, testing for glaucoma, with interpretation and report | AUTH REQUIRED | | | MCG:Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 0469T | Retinal polarization scan, ocular screening with on-site automated results, bilateral | NOT COVERED | | | | |
| 0472T | Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0473T | Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0474T | Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0479T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0480T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0481T | Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed | AUTH REQUIRED | | LCD 39068 | | |
| 0483T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed | AUTH REQUIRED | | | MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC) | |
| 0484T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical) | AUTH REQUIRED | | | MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC) | |

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|-----------|---|------------------|--|---|--------------|-------------------------------|
| 0485T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0486T | Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0488T | Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |
| 0489T | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0490T | Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0494T | Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0495T | Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0496T | Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0500F | Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0500T | Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0501F | Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------------|---|---|-------------------------------|
| 0502F | Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)] | NOT COVERED | | MEASUREMENT CODE | | |
| 0503F | Postpartum care visit (Prenatal) | NOT COVERED | | MEASUREMENT CODE | | |
| 0505F | Hemodialysis plan of care documented (ESRD, P-ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 0505T | Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0506T | Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0507F | Peritoneal dialysis plan of care documented (ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 0507T | Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0509F | Urinary incontinence plan of care documented (GER) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0509T | Electroretinography (ERG) with interpretation and report, pattern (PERG) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0510T | Removal of sinus tarsi implant | AUTH REQUIRED | | | MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0511T | Removal and reinsertion of sinus tarsi implant | AUTH REQUIRED | | | MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0512T | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound | AUTH REQUIRED | | | MCG: Extracorporeal Shock Wave Therapy, Musculoskeletal ACG: A-0223 (AC) | |
| 0513F | Elevated blood pressure plan of care documented (CKD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0513T | Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG: Extracorporeal Shock Wave Therapy, Musculoskeletal ACG: A-0223 (AC) | |
| 0514F | Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------------|---|---|-------------------------------|
| 0515T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery]) | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0516F | Anemia plan of care documented (ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 0516T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0517F | Glaucoma plan of care documented (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 0517T | Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0518F | Falls plan of care documented (GER) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0518T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0519F | Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 0519T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter) | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0520F | Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of 2 tissue/organ (ONC) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0520T | Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0521F | Plan of care to address pain documented (COA) (ONC) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0521T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0522T | 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, wireless cardiac stimulator for left ventricular pacing | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 0523T | Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG: Cardiac Catheterization and Angiography ACG: A-0001 (AC) | |
| 0524T | Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0525F | Initial visit for episode (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 0525T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor) | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0526F | Subsequent visit for episode (BkP) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0526T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; electrode only | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0527T | Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; implantable monitor only | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0528F | Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0528T | Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0529F | Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0529T | Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0530T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor) | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0531T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0532T | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---|---|--|-------------------------------|
| 0535F | Dyspnea management plan of care, documented (Pall Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 0537T | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day | AUTH REQUIRED | | | | |
| 0538T | Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage) | AUTH REQUIRED | | | | |
| 0539T | Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration | AUTH REQUIRED | | | | |
| 0540F | Glucocorticoid Management Plan Documented (RA) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0540T | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous | AUTH REQUIRED | | NCA CAG-00451N, NCD 110.24 | | |
| 0541T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0542T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0543T | Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae | AUTH REQUIRED | | | MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC) | |
| 0544T | Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transeptal puncture | AUTH REQUIRED | | | MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC) | |
| 0545F | Plan for follow-up care for major depressive disorder, documented (MDD ADOL) | NOT COVERED | | MEASUREMENT CODE | | |
| 0545T | Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach | AUTH REQUIRED | | | MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC) | |
| 0546T | Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0547T | Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0550F | Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH) | NOT COVERED | | MEASUREMENT CODE | | |
| 0551F | Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH) | NOT COVERED | | MEASUREMENT CODE | | |
| 0552T | Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional | no auth | CPT III TEMPORARY CODE NO REIMBURSEMENT | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 0553T | Percutaneous transcatheter placement of iliac arteriovenous anastomosis implant, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0555F | Symptom management plan of care documented (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0556F | Plan of care to achieve lipid control documented (CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0557F | Plan of care to manage anginal symptoms documented (CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0558T | Computed tomography scan taken for the purpose of biomechanical computed tomography analysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0559T | Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0561T | Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0563T | Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0564T | Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0565T | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0566T | Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 0567T | Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound | AUTH REQUIRED | | | MCG: Obstetric and Gynecologic Surgery or Procedure GRG GRG: SG-OBS (ISC GRG) | |
| 0568T | Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0569T | Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis | AUTH REQUIRED | | | MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC) | |
| 0570T | Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Cardiac Valve Replacement or Repair ORG: S-290 (ISC) | |
| 0571T | Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed | AUTH REQUIRED | | | MCG:Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion ORG: M-157 (ISC). Electrophysiologic Study and Implantable Cardioverter-Defibrillator (ICD) Insertion ORG: M-2157 (HC) | |
| 0572T | Insertion of substernal implantable defibrillator electrode | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0573T | Removal of substernal implantable defibrillator electrode | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0574T | Repositioning of previously implanted substernal implantable defibrillator-pacing electrode | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0575F | HIV RNA control plan of care, documented (HIV) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------------|---|---|-------------------------------|
| 0575T | Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0576T | Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0577T | Electrophysiologic evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0578T | Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0579T | Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0580F | Multidisciplinary care plan developed or updated (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 0580T | Removal of substernal implantable defibrillator pulse generator only | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0581F | Patient transferred directly from anesthetizing location to critical care unit (Peri2) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0581T | Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG GRG: SG-GS (ISC GRG) | |
| 0582F | Patient not transferred directly from anesthetizing location to critical care unit (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 0582T | Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance | AUTH REQUIRED | | | MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG) | |
| 0583F | Transfer of care checklist used (Peri2) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 0583T | Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0584F | Transfer of care checklist not used (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 0584T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous | AUTH REQUIRED | | NCD 260.3.1 | MCG:General Surgery or Procedure GRG GRG: SG-GS (ISC GRG) | |
| 0585T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic | AUTH REQUIRED | | NCD 260.3.1 | MCG:General Surgery or Procedure GRG GRG: SG-GS (ISC GRG) | |
| 0586T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open | AUTH REQUIRED | | NCD 260.3.1 | MCG:General Surgery or Procedure GRG GRG: SG-GS (ISC GRG) | |
| 0587T | Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve | AUTH REQUIRED | | | MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG) | |
| 0588T | Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve | AUTH REQUIRED | | | MCG: Neurosurgery or Procedure GRG GRG: SG-NS (ISC GRG) | |
| 0589T | Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (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, posterior tibial nerve, 1-3 parameters | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0590T | Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (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, posterior tibial nerve, 4 or more parameters | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0591T | Health and well-being coaching face-to-face; individual, initial assessment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0592T | Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0593T | Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0594T | Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device | AUTH REQUIRED | | | | |

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|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 0596T | Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement | AUTH REQUIRED | | | MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG) | |
| 0597T | Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement | AUTH REQUIRED | | | MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG) | |
| 0598T | Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0599T | Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0600T | Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous | AUTH REQUIRED | | | MCG: Radiofrequency Ablation of Tumor ACG: A-0718 (AC) | |
| 0601T | Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open | AUTH REQUIRED | | | MCG: Radiofrequency Ablation of Tumor ACG: A-0718 (AC) | |
| 0602T | Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0603T | Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0604T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment | AUTH REQUIRED | | | MCG:Optical Coherence Tomography, Ophthalmic ACG: A-0637 (AC) | |
| 0605T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days | AUTH REQUIRED | | | MCG:Optical Coherence Tomography, Ophthalmic ACG: A-0637 (AC) | |
| 0606T | Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days | AUTH REQUIRED | | | MCG:Optical Coherence Tomography, Ophthalmic ACG: A-0637 (AC) | |

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|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 0607T | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0608T | Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the physician or other qualified health care professional | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (ie, lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0613T | Percutaneous transcatheter implantation of interatrial septal shunt device, including right and left heart catheterization, intracardiac echocardiography, and imaging guidance by the proceduralist, when performed | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0614T | Removal and replacement of substernal implantable defibrillator pulse generator | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0615T | Eye-movement analysis without spatial calibration, with interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0616T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; without removal of crystalline lens or intraocular lens, without insertion of intraocular lens | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0617T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with removal of crystalline lens and insertion of intraocular lens | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 0618T | Insertion of iris prosthesis, including suture fixation and repair or removal of iris, when performed; with secondary intraocular lens placement or intraocular lens exchange | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0619T | Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed | AUTH REQUIRED | | | MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG) | |
| 0620T | Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0621T | Trabeculostomy ab interno by laser | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0622T | Trabeculostomy ab interno by laser; with use of ophthalmic endoscope | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report | AUTH REQUIRED | | | MCG:Cardiac CT Angiography (CTA) ACG: A-0483 (AC) | |
| 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission | AUTH REQUIRED | | | MCG:Cardiac CT Angiography (CTA) ACG: A-0483 (AC) | |
| 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography | AUTH REQUIRED | | | MCG:Cardiac CT Angiography (CTA) ACG: A-0483 (AC) | |
| 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report | AUTH REQUIRED | | | MCG:Cardiac CT Angiography (CTA) ACG: A-0483 (AC) | |
| 0627T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level | AUTH REQUIRED | | LCD 38213 | MCG:Neurosurgery or Procedure GRG: SG-NS (ISC GRG) | |

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|-----------|--|------------------|-------------------------------|---|---|-------------------------------|
| 0628T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Neurosurger y or Procedure GRG: SG-NS (ISC GRG) | |
| 0629T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level | AUTH REQUIRED | | | MCG:Neurosurger y or Procedure GRG: SG-NS (ISC GRG) | |
| 0630T | Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Neurosurger y or Procedure GRG: SG-NS (ISC GRG) | |
| 0631T | Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0632T | Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0639T | Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0640T | 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; first anatomic site | AUTH REQUIRED | | | MCG: Noncontact Normothermic Wound Therapy ACG: A-0351 (AC) | |
| 0643T | Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 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 | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 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 | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0646T | Transcatheter tricuspid valve implantation (TTVI)/replacement with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG GRG: SG-CVS (ISC GRG) | |
| 0647T | Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG GRG: SG-GS (ISC GRG) | |
| 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; single organ | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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); single organ (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | | MCG: Loop Recorder (Cardiac Event Monitor), Implantable ACG: A-0122 (AC) | |
| 0651T | Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report | AUTH REQUIRED | | | MCG: Capsule Endoscopy ACG: A-0134 (AC) | |
| 0652T | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | AUTH REQUIRED | | LCD 34434 | | |
| 0653T | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple | AUTH REQUIRED | | LCD 34434 | | |
| 0654T | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter | AUTH REQUIRED | | LCD 34434 | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|---|-------------------------------|
| 0655T | Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging | AUTH REQUIRED | | | MCG: Laser Surgery, Prostate ACG: A-0260 (AC) | |
| 0656T | Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments | AUTH REQUIRED | | | MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0657T | Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments | AUTH REQUIRED | | | MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0658T | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | | MCG: Myocardial Infarction ORG: M-230 (ISC) | |
| 0660T | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0661T | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0662T | Scalp cooling, mechanical; initial measurement and calibration of cap | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0663T | Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0664T | Donor hysterectomy (including cold preservation); open, from cadaver donor | NOT COVERED | | | | |
| 0665T | Donor hysterectomy (including cold preservation); open, from living donor | NOT COVERED | | | | |
| 0666T | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor | NOT COVERED | | | | |
| 0667T | Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor | NOT COVERED | | | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 0669T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0670T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0671T | Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0672T | Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence | AUTH REQUIRED | | | MCG:Obstetric and Gynecologic Surgery or Procedure GRG GRG: SG-OBS (ISC GRG) | |
| 0673T | Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 0674T | Laparoscopic insertion of new or replacement of permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including an implantable pulse generator and diaphragmatic lead(s) | AUTH REQUIRED | | | MCG:Bioimpedance Spectroscopy ACG: A-0667 (AC) | |
| 0675T | Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first lead | AUTH REQUIRED | | | MCG:Colon Cancer Gene Expression Assay - Oncotype DX ACG: A-0651 (AC) | |
| 0676T | Laparoscopic insertion of new or replacement of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional lead (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC) | |
| 0677T | Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; first repositioned lead | AUTH REQUIRED | | | MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC) | |
| 0678T | Laparoscopic repositioning of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, including connection to an existing pulse generator; each additional repositioned lead (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Fluency Disorders Rehabilitation ACG: A-0558 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0679T | Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function | AUTH REQUIRED | | | MCG:Foot Orthotics, Custom ACG: A-0342 (AC) | |
| 0680T | Insertion or replacement of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing lead(s) | AUTH REQUIRED | | | MCG:Foot Orthotics, Custom ACG: A-0342 (AC) | |
| 0681T | Relocation of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function, with connection to existing dual leads | AUTH REQUIRED | | | MCG:Foot Orthotics, Custom ACG: A-0342 (AC) | |
| 0682T | Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 0683T | 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, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function | AUTH REQUIRED | | LCD 34953 | | |
| 0684T | Peri-procedural device evaluation (in-person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review, and report by a physician or other qualified health care professional, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0685T | Interrogation device evaluation (in-person) with analysis, review and report by a physician or other qualified health care professional, including connection, recording and disconnection per patient encounter, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function | AUTH REQUIRED | | LCD 34953 | | |
| 0686T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG GRG: SG-GS (ISC GRG) | |
| 0687T | Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0688T | Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0689T | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0690T | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0691T | Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0692T | Therapeutic ultrafiltration | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0693T | Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0694T | 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0695T | Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of implant or replacement | AUTH REQUIRED | | | MCG: Cardiac Pacemaker Implantation or Replacement ACG: A-0167 (AC) | |
| 0696T | Body surface-activation mapping of pacemaker or pacing cardioverter-defibrillator lead(s) to optimize electrical synchrony, cardiac resynchronization therapy device, including connection, recording, disconnection, review, and report; at time of follow-up interrogation or programming device evaluation | AUTH REQUIRED | | | MCG: Cardiac Pacemaker Implantation or Replacement ACG: A-0167 (AC) | |
| 0697T | 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; multiple organs | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0698T | 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); multiple organs (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0699T | Injection, posterior chamber of eye, medication | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0700T | Molecular fluorescent imaging of suspicious nevus; first lesion | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0701T | Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 0704T | Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0705T | Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0706T | Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0707T | Injection(s), bone substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization | AUTH REQUIRED | | | MCG: Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 0708T | Intradermal cancer immunotherapy; preparation and initial injection | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0709T | Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0714T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0716T | Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0717T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0718T | Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0719T | Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 0720T | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0721T | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0722T | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0723T | Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained without diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0724T | Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0725T | Vestibular device implantation, unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0726T | Removal of implanted vestibular device, unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0727T | Removal and replacement of implanted vestibular device, unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0728T | Diagnostic analysis of vestibular implant, unilateral; with initial programming | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0729T | Diagnostic analysis of vestibular implant, unilateral; with subsequent programming | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0730T | Trabeculotomy by laser, including optical coherence tomography (OCT) guidance | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0731T | Augmentative AI-based facial phenotype analysis with report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0732T | Immunotherapy administration with electroporation, intramuscular | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0733T | Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0734T | Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 0735T | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0736T | Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0737T | Xenograft implantation into the articular surface | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0738T | Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0739T | Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0740T | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0741T | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0742T | Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0743T | Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 0744T | Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0745T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0746T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0748T | Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 0749T | Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; | NOT COVERED | | Medicare Addendum B of OPPTS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 0750T | Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD | NOT COVERED | | Medicare Addendum B of OPPTS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 0751T | Digitization of glass microscope slides for level II, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0752T | Digitization of glass microscope slides for level III, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0753T | Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0754T | Digitization of glass microscope slides for level V, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0755T | Digitization of glass microscope slides for level VI, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0756T | Digitization of glass microscope slides for special stain, including interpretation and report, group I, for microorganisms (eg, acid fast, methenamine silver) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0757T | Digitization of glass microscope slides for special stain, including interpretation and report, group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0758T | Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0759T | Digitization of glass microscope slides for special stain, including interpretation and report, group III, for enzyme constituents (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0760T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0761T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0762T | Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|--------------------------|-------------------------------|---|--------------|-------------------------------|
| 0763T | Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0764T | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0765T | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0766T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0767T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0770T | Virtual reality technology to assist therapy (List separately in addition to code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 0771T | Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 0772T | Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 0773T | Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 0774T | Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 0776T | Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [SCAT5]), 30 minutes of treatment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0777T | Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0778T | Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0779T | Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0780T | Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0781T | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0782T | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0783T | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0786T | Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0787T | Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0790T | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| 0791T | Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |
| 0792T | Application of silver diamine fluoride 38%, by a physician or other qualified health care professional | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| 0793T | Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |
| 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 | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |
| 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) | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |
| 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) | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |
| 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) | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |
| 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) | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |
| 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 | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |
| 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) | AUTH REQUIRED | | Medicare Reasonable and Neccessary Guidelines | | |

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| 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) | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 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 | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 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) | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 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 | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0805T | Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0806T | Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 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 | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 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 | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0810T | Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| 0811T | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0812T | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0813T | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| 0814T | Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0815T | Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0818T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0819T | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0832T | Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0838T | Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0845T | Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0855T | Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0856T | Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0858T | Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 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 | NOT COVERED | | | | |
| 0861T | Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0862T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0863T | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0864T | Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0865T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion identification, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the brain during the same session | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0866T | Quantitative magnetic resonance image (MRI) analysis of the brain with comparison to prior magnetic resonance (MR) study(ies), including lesion detection, characterization, and quantification, with brain volume(s) quantification and/or severity score, when performed, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the brain (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 10004 | Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 10005 | Fine needle aspiration biopsy, including ultrasound guidance; first lesion | no auth | | | | |
| 10006 | Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 10007 | Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion | no auth | | | | |
| 10008 | Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 10009 | Fine needle aspiration biopsy, including CT guidance; first lesion | no auth | | | | |
| 1000F | Tobacco use assessed (CAD, CAP, COPD, PV) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 10010 | Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 10011 | Fine needle aspiration biopsy, including MR guidance; first lesion | no auth | | | | |
| 10012 | Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 10021 | Fine needle aspiration biopsy, without imaging guidance; first lesion | no auth | | | | |

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| 1002F | Anginal symptoms and level of activity assessed (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 10030 | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous | no auth | | | | |
| 10035 | Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion | no auth | | | | |
| 10036 | Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 1003F | Level of activity assessed (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 10040 | Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 1004F | Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 1005F | Asthma symptoms evaluated (includes documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 10060 | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single | no auth | | | | |
| 10061 | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple | no auth | | | | |
| 1006F | Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire) (OA) [Instructions: Report when osteoarthritis is addressed during the patient encounter] | NOT COVERED | | MEASUREMENT CODE | | |
| 1007F | Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA) | NOT COVERED | | MEASUREMENT CODE | | |
| 10080 | Incision and drainage of pilonidal cyst; simple | no auth | | | | |
| 10081 | Incision and drainage of pilonidal cyst; complicated | no auth | | | | |
| 1008F | Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) (OA) | NOT COVERED | | MEASUREMENT CODE | | |
| 1010F | Severity of angina assessed by level of activity (CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 1011F | Angina present (CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 10120 | Incision and removal of foreign body, subcutaneous tissues; simple | no auth | | | | |
| 10121 | Incision and removal of foreign body, subcutaneous tissues; complicated | no auth | | | | |
| 1012F | Angina absent (CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 10140 | Incision and drainage of hematoma, seroma or fluid collection | no auth | | | | |
| 1015F | Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least 1 of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 10160 | Puncture aspiration of abscess, hematoma, bulla, or cyst | no auth | | | | |
| 10180 | Incision and drainage, complex, postoperative wound infection | no auth | | | | |
| 1018F | Dyspnea assessed, not present (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 1019F | Dyspnea assessed, present (COPD) | NOT COVERED | | MEASUREMENT CODE | | |

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| 1022F | Pneumococcus immunization status assessed (CAP, COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 1026F | Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid conditions) (CAP) | NOT COVERED | | MEASUREMENT CODE | | |
| 1030F | Influenza immunization status assessed (CAP) | NOT COVERED | | MEASUREMENT CODE | | |
| 1031F | Smoking status and exposure to second hand smoke in the home assessed (Asthma) | NOT COVERED | | MEASUREMENT CODE | | |
| 1032F | Current tobacco smoker or currently exposed to secondhand smoke (Asthma) | NOT COVERED | | MEASUREMENT CODE | | |
| 1033F | Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma) | NOT COVERED | | MEASUREMENT CODE | | |
| 1034F | Current tobacco smoker (CAD, CAP, COPD, PV) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 1035F | Current smokeless tobacco user (eg, chew, snuff) (PV) | NOT COVERED | | MEASUREMENT CODE | | |
| 1036F | Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1038F | Persistent asthma (mild, moderate or severe) (Asthma) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1039F | Intermittent asthma (Asthma) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1040F | DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL) | NOT COVERED | | MEASUREMENT CODE | | |
| 1050F | History obtained regarding new or changing moles (ML) | NOT COVERED | | MEASUREMENT CODE | | |
| 1052F | Type, anatomic location, and activity all assessed (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 1055F | Visual functional status assessed (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 1060F | Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 1061F | Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 1065F | Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 1066F | Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 1070F | Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 1071F | Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; 1 or more present (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 1090F | Presence or absence of urinary incontinence assessed (GER) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1091F | Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER) | NOT COVERED | | MEASUREMENT CODE | | |
| 11000 | Debridement of extensive eczematous or infected skin; up to 10% of body surface | no auth | | | | |
| 11001 | Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 11004 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum | no auth | | | | |
| 11005 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure | no auth | | | | |
| 11006 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure | no auth | | | | |

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| 11008 | Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure) | no auth | | | | |
| 1100F | Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year (GER) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 11010 | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues | no auth | | | | |
| 11011 | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle | no auth | | | | |
| 11012 | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone | no auth | | | | |
| 1101F | Patient screened for future fall risk; documentation of no falls in the past year or only 1 fall without injury in the past year (GER) | NOT COVERED | | MEASUREMENT CODE | | |
| 11042 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less | no auth | | | | |
| 11043 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less | no auth | | | | |
| 11044 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less | no auth | | | | |
| 11045 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 11046 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 11047 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 11055 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion | no auth | | | | |
| 11056 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions | no auth | | | | |
| 11057 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions | no auth | | | | |
| 11102 | Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion | no auth | | | | |
| 11103 | Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 11104 | Punch biopsy of skin (including simple closure, when performed); single lesion | no auth | | | | |
| 11105 | Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 11106 | Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion | no auth | | | | |

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| 11107 | Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 1110F | Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER) | NOT COVERED | | MEASUREMENT CODE | | |
| 1111F | Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER) | NOT COVERED | | MEASUREMENT CODE | | |
| 1116F | Auricular or periauricular pain assessed (AOE) | NOT COVERED | | MEASUREMENT CODE | | |
| 1118F | GERD symptoms assessed after 12 months of therapy (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 1119F | Initial evaluation for condition (HEP C) (EPI, DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 11200 | Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions | no auth | | | | |
| 11201 | Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 1121F | Subsequent evaluation for condition (HEP C) (EPI) | NOT COVERED | | MEASUREMENT CODE | | |
| 1123F | Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 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 (DEM) (GER, Pall Cr) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1125F | Pain severity quantified; pain present (COA) (ONC) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1126F | Pain severity quantified; no pain present (COA) (ONC) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1127F | New episode for condition (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 1128F | Subsequent episode for condition (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 11300 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less | no auth | | | | |
| 11301 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm | no auth | | | | |
| 11302 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm | no auth | | | | |
| 11303 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm | no auth | | | | |
| 11305 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less | no auth | | | | |
| 11306 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm | no auth | | | | |
| 11307 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm | no auth | | | | |
| 11308 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm | no auth | | | | |
| 1130F | Back pain and function assessed, including all of the following: Pain assessment and functional status and patient history, including notation of presence or absence of "red flags" (warning signs) and assessment of prior treatment and response, and employment status (BKP) | NOT COVERED | | MEASUREMENT CODE | | |
| 11310 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less | no auth | | | | |

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| 11311 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm | no auth | | | | |
| 11312 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm | no auth | | | | |
| 11313 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm | no auth | | | | |
| 1134F | Episode of back pain lasting 6 weeks or less (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 1135F | Episode of back pain lasting longer than 6 weeks (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 1136F | Episode of back pain lasting 12 weeks or less (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 1137F | Episode of back pain lasting longer than 12 weeks (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 11400 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less | no auth | | | | |
| 11401 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm | no auth | | | | |
| 11402 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm | no auth | | | | |
| 11403 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm | no auth | | | | |
| 11404 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm | no auth | | | | |
| 11406 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm | no auth | | | | |
| 11420 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | no auth | | | | |
| 11421 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm | no auth | | | | |
| 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | no auth | | | | |
| 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | no auth | | | | |
| 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | no auth | | | | |
| 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm | no auth | | | | |
| 11440 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less | no auth | | | | |
| 11441 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm | no auth | | | | |

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| 11442 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm | no auth | | | | |
| 11443 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm | no auth | | | | |
| 11444 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm | no auth | | | | |
| 11446 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm | no auth | | | | |
| 11450 | Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair | no auth | | | | |
| 11451 | Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair | no auth | | | | |
| 11462 | Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair | no auth | | | | |
| 11463 | Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair | no auth | | | | |
| 11470 | Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair | no auth | | | | |
| 11471 | Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair | no auth | | | | |
| 1150F | Documentation that a patient has a substantial risk of death within 1 year (Pall Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 1151F | Documentation that a patient does not have a substantial risk of death within one year (Pall Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 1152F | Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 1153F | Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (Pall Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 1157F | Advance care plan or similar legal document present in the medical record (COA) | NOT COVERED | | MEASUREMENT CODE | | |
| 1158F | Advance care planning discussion documented in the medical record (COA) | NOT COVERED | | MEASUREMENT CODE | | |
| 1159F | Medication list documented in medical record (COA) | NOT COVERED | | MEASUREMENT CODE | | |
| 11600 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less | no auth | | | | |
| 11601 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm | no auth | | | | |
| 11602 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm | no auth | | | | |
| 11603 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm | no auth | | | | |
| 11604 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm | no auth | | | | |
| 11606 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm | no auth | | | | |
| 1160F | Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA) | NOT COVERED | | MEASUREMENT CODE | | |
| 11620 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less | no auth | | | | |
| 11621 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm | no auth | | | | |

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| 11622 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm | no auth | | | | |
| 11623 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm | no auth | | | | |
| 11624 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm | no auth | | | | |
| 11626 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm | no auth | | | | |
| 11640 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less | no auth | | | | |
| 11641 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm | no auth | | | | |
| 11642 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm | no auth | | | | |
| 11643 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm | no auth | | | | |
| 11644 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm | no auth | | | | |
| 11646 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm | no auth | | | | |
| 1170F | Functional status assessed (COA) (RA) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 11719 | Trimming of nondystrophic nails, any number | no auth | | | | |
| 11720 | Debridement of nail(s) by any method(s); 1 to 5 | no auth | | | | |
| 11721 | Debridement of nail(s) by any method(s); 6 or more | no auth | | | | |
| 11730 | Avulsion of nail plate, partial or complete, simple; single | no auth | | | | |
| 11732 | Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure) | no auth | | | | |
| 11740 | Evacuation of subungual hematoma | no auth | | | | |
| 11750 | Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; | no auth | | | | |
| 11755 | Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure) | no auth | | | | |
| 1175F | Functional status for dementia assessed and results reviewed (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 11760 | Repair of nail bed | no auth | | | | |
| 11762 | Reconstruction of nail bed with graft | no auth | | | | |
| 11765 | Wedge excision of skin of nail fold (eg, for ingrown toenail) | no auth | | | | |
| 11770 | Excision of pilonidal cyst or sinus; simple | no auth | | | | |
| 11771 | Excision of pilonidal cyst or sinus; extensive | no auth | | | | |
| 11772 | Excision of pilonidal cyst or sinus; complicated | no auth | | | | |
| 1180F | All specified thromboembolic risk factors assessed (AFIB) | NOT COVERED | | MEASUREMENT CODE | | |
| 1181F | Neuropsychiatric symptoms assessed and results reviewed (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 1182F | Neuropsychiatric symptoms, one or more present (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 1183F | Neuropsychiatric symptoms, absent (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 11900 | Injection, intralesional; up to and including 7 lesions | no auth | | | | |
| 11901 | Injection, intralesional; more than 7 lesions | no auth | | | | |
| 11920 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 11921 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 11922 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 11950 | Subcutaneous injection of filling material (eg, collagen); 1 cc or less | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 11951 | Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 11952 | Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 11954 | Subcutaneous injection of filling material (eg, collagen); over 10.0 cc | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 11960 | Insertion of tissue expander(s) for other than breast, including subsequent expansion | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051 | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 11970 | Replacement of tissue expander with permanent implant | no auth | | | | |
| 11971 | Removal of tissue expander without insertion of implant | no auth | | | | |
| 11976 | Removal, implantable contraceptive capsules | no auth | | | | |
| 11980 | Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin) | no auth | | | | |
| 11981 | Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) | no auth | | | | |
| 11982 | Removal, non-biodegradable drug delivery implant | no auth | | | | |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant | no auth | | | | |
| 12001 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less | no auth | | | | |
| 12002 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm | no auth | | | | |
| 12004 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm | no auth | | | | |
| 12005 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm | no auth | | | | |
| 12006 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm | no auth | | | | |
| 12007 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm | no auth | | | | |
| 1200F | Seizure type(s) and current seizure frequency(ies) documented (EPI) | NOT COVERED | | MEASUREMENT CODE | | |
| 12011 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less | no auth | | | | |
| 12013 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 12014 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm | no auth | | | | |
| 12015 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm | no auth | | | | |
| 12016 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm | no auth | | | | |
| 12017 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm | no auth | | | | |
| 12018 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm | no auth | | | | |
| 12020 | Treatment of superficial wound dehiscence; simple closure | no auth | | | | |
| 12021 | Treatment of superficial wound dehiscence; with packing | no auth | | | | |
| 12031 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less | no auth | | | | |
| 12032 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm | no auth | | | | |
| 12034 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm | no auth | | | | |
| 12035 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm | no auth | | | | |
| 12036 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm | no auth | | | | |
| 12037 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm | no auth | | | | |
| 12041 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less | no auth | | | | |
| 12042 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm | no auth | | | | |
| 12044 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm | no auth | | | | |
| 12045 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm | no auth | | | | |
| 12046 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm | no auth | | | | |
| 12047 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm | no auth | | | | |
| 12051 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less | no auth | | | | |
| 12052 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm | no auth | | | | |
| 12053 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm | no auth | | | | |
| 12054 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm | no auth | | | | |
| 12055 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm | no auth | | | | |
| 12056 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm | no auth | | | | |
| 12057 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm | no auth | | | | |
| 1205F | Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI) | NOT COVERED | | MEASUREMENT CODE | | |
| 1220F | Patient screened for depression (SUD) | NOT COVERED | | MEASUREMENT CODE | | |
| 13100 | Repair, complex, trunk; 1.1 cm to 2.5 cm | no auth | | | | |
| 13101 | Repair, complex, trunk; 2.6 cm to 7.5 cm | no auth | | | | |
| 13102 | Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 13120 | Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm | no auth | | | | |
| 13121 | Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm | no auth | | | | |
| 13122 | Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure) | no auth | | | | |
| 13131 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm | no auth | | | | |
| 13132 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm | no auth | | | | |
| 13133 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure) | no auth | | | | |
| 13151 | Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm | no auth | | | | |
| 13152 | Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm | no auth | | | | |
| 13153 | Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure) | no auth | | | | |
| 13160 | Secondary closure of surgical wound or dehiscence, extensive or complicated | no auth | | | | |
| 14000 | Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less | no auth | | | | |
| 14001 | Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm | no auth | | | | |
| 1400F | Parkinson's disease diagnosis reviewed (Prkns) | NOT COVERED | | MEASUREMENT CODE | | |
| 14020 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less | no auth | | | | |
| 14021 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm | no auth | | | | |
| 14040 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less | no auth | | | | |
| 14041 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm | no auth | | | | |
| 14060 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less | no auth | | | | |
| 14061 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm | no auth | | | | |
| 14301 | Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm | no auth | | | | |
| 14302 | Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 14350 | Filletted finger or toe flap, including preparation of recipient site | no auth | | | | |
| 1450F | Symptoms improved or remained consistent with treatment goals since last assessment (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 1451F | Symptoms demonstrated clinically important deterioration since last assessment (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 1460F | Qualifying cardiac event/diagnosis in previous 12 months (CAD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1461F | No qualifying cardiac event/diagnosis in previous 12 months (CAD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 1490F | Dementia severity classified, mild (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 1491F | Dementia severity classified, moderate (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 1493F | Dementia severity classified, severe (DEM) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 1494F | Cognition assessed and reviewed (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 15002 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children | no auth | | | | |
| 15003 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) | no auth | | | | |
| 15004 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children | no auth | | | | |
| 15005 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) | no auth | | | | |
| 1500F | Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 1501F | Not initial evaluation for condition (DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 1502F | Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 1503F | Patient queried about symptoms of respiratory insufficiency (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 15040 | Harvest of skin for tissue cultured skin autograft, 100 sq cm or less | no auth | | | | |
| 1504F | Patient has respiratory insufficiency (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 15050 | Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter | no auth | | | | |
| 1505F | Patient does not have respiratory insufficiency (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 15100 | Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) | no auth | | | | |
| 15101 | Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15110 | Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children | no auth | | | | |
| 15111 | Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15115 | Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children | no auth | | | | |

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| 15116 | Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15120 | Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) | no auth | | | | |
| 15121 | Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15130 | Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children | no auth | | | | |
| 15131 | Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15135 | Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children | no auth | | | | |
| 15136 | Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15150 | Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less | no auth | | | | |
| 15151 | Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) | no auth | | | | |
| 15152 | Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15155 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less | no auth | | | | |
| 15156 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) | no auth | | | | |
| 15157 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15200 | Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less | no auth | | | | |
| 15201 | Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15220 | Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less | no auth | | | | |

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| 15221 | Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15240 | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less | no auth | | | | |
| 15241 | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15260 | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less | no auth | | | | |
| 15261 | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15271 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | no auth | | | | |
| 15272 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15273 | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | no auth | | | | |
| 15274 | Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15275 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | no auth | | | | |
| 15276 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15277 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | no auth | | | | |
| 15278 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 15570 | Formation of direct or tubed pedicle, with or without transfer; trunk | no auth | | | | |

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| 15572 | Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs | no auth | | | | |
| 15574 | Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet | no auth | | | | |
| 15576 | Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral | no auth | | | | |
| 15600 | Delay of flap or sectioning of flap (division and inset); at trunk | no auth | | | | |
| 15610 | Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs | no auth | | | | |
| 15620 | Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet | no auth | | | | |
| 15630 | Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips | no auth | | | | |
| 15650 | Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location | no auth | | | | |
| 15730 | Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s) | no auth | | | | |
| 15731 | Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap) | no auth | | | | |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) | no auth | | | | |
| 15734 | Muscle, myocutaneous, or fasciocutaneous flap; trunk | no auth | | | | |
| 15736 | Muscle, myocutaneous, or fasciocutaneous flap; upper extremity | no auth | | | | |
| 15738 | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity | no auth | | | | |
| 15740 | Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel | no auth | | | | |
| 15750 | Flap; neurovascular pedicle | no auth | | | | |
| 15756 | Free muscle or myocutaneous flap with microvascular anastomosis | no auth | | | | |
| 15757 | Free skin flap with microvascular anastomosis | no auth | | | | |
| 15758 | Free fascial flap with microvascular anastomosis | no auth | | | | |
| 15760 | Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15770 | Graft; derma-fat-fascia | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--|-------------------------------|
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15775 | Punch graft for hair transplant; 1 to 15 punch grafts | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15776 | Punch graft for hair transplant; more than 15 punch grafts | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15777 | Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15778 | Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Wound and Skin Management GRG GRG: PG-WS (ISC GRG) | |
| 15780 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15781 | Dermabrasion; segmental, face | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | | |
| 15782 | Dermabrasion; regional, other than face | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15783 | Dermabrasion; superficial, any site (eg, tattoo removal) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15786 | Abrasion; single lesion (eg, keratosis, scar) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15787 | Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15788 | Chemical peel, facial; epidermal | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 250.4, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15789 | Chemical peel, facial; dermal | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 250.4, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |

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|-----------|---|------------------|-------------------------------|--|---|-------------------------------|
| 15792 | Chemical peel, nonfacial; epidermal | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 250.4, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15793 | Chemical peel, nonfacial; dermal | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 250.4, LCA 58774, LCD 39051 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15819 | Cervicoplasty | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15820 | Blepharoplasty, lower eyelid; | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 15821 | Blepharoplasty, lower eyelid; with extensive herniated fat pad | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 15822 | Blepharoplasty, upper eyelid; | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 15824 | Rhytidectomy; forehead | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051 | MCG:Migraine Headache, Surgical Treatment ACG: A-0578 (AC) | |
| 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051 | MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 15826 | Rhytidectomy; glabellar frown lines | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051 | MCG:Migraine Headache, Surgical Treatment ACG: A-0578 (AC); Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 15828 | Rhytidectomy; cheek, chin, and neck | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051 | MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |

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|-----------|--|------------------|-------------------------------|--|---|-------------------------------|
| 15829 | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774, LCD 39051 | MCG:Musculoskeletal Surgery or Procedure GRG GRG: SG-MS (ISC GRG) | |
| 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Abdominoplasty ACG: A-0497 (AC); Panniculectomy ACG: A-0498 (AC); Wound and Skin Management GRG GRG: PG-WS (ISC GRG) | |
| 15832 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15833 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15834 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15835 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15836 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15837 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15838 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15839 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.4, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15840 | Graft for facial nerve paralysis; free fascia graft (including obtaining fascia) | no auth | | | | |
| 15841 | Graft for facial nerve paralysis; free muscle graft (including obtaining graft) | no auth | | | | |
| 15842 | Graft for facial nerve paralysis; free muscle flap by microsurgical technique | no auth | | | | |
| 15845 | Graft for facial nerve paralysis; regional muscle transfer | no auth | | | | |
| 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35090, LCA 56587 | MCG:Abdominoplasty ACG: A-0497 (AC); Wound and Skin Management GRG: PG-WS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--|-------------------------------|
| 15851 | Removal of sutures or staples requiring anesthesia (ie, general anesthesia, moderate sedation) | no auth | | | | |
| 15852 | Dressing change (for other than burns) under anesthesia (other than local) | no auth | | | | |
| 15853 | Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 15854 | Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 15860 | Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft | no auth | | | | |
| 15876 | Suction assisted lipectomy; head and neck | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15877 | Suction assisted lipectomy; trunk | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15878 | Suction assisted lipectomy; upper extremity | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15879 | Suction assisted lipectomy; lower extremity | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 15920 | Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture | no auth | | | | |
| 15922 | Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure | no auth | | | | |
| 15931 | Excision, sacral pressure ulcer, with primary suture; | no auth | | | | |
| 15933 | Excision, sacral pressure ulcer, with primary suture; with ostectomy | no auth | | | | |
| 15934 | Excision, sacral pressure ulcer, with skin flap closure; | no auth | | | | |
| 15935 | Excision, sacral pressure ulcer, with skin flap closure; with ostectomy | no auth | | | | |
| 15936 | Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; | no auth | | | | |
| 15937 | Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy | no auth | | | | |
| 15940 | Excision, ischial pressure ulcer, with primary suture; | no auth | | | | |
| 15941 | Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy) | no auth | | | | |
| 15944 | Excision, ischial pressure ulcer, with skin flap closure; | no auth | | | | |
| 15945 | Excision, ischial pressure ulcer, with skin flap closure; with ostectomy | no auth | | | | |
| 15946 | Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure | no auth | | | | |
| 15950 | Excision, trochanteric pressure ulcer, with primary suture; | no auth | | | | |
| 15951 | Excision, trochanteric pressure ulcer, with primary suture; with ostectomy | no auth | | | | |
| 15952 | Excision, trochanteric pressure ulcer, with skin flap closure; | no auth | | | | |
| 15953 | Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 15956 | Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; | no auth | | | | |
| 15958 | Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy | no auth | | | | |
| 15999 | Unlisted procedure, excision pressure ulcer | AUTH REQUIRED | | | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 16000 | Initial treatment, first degree burn, when no more than local treatment is required | no auth | | | | |
| 16020 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) | no auth | | | | |
| 16025 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area) | no auth | | | | |
| 16030 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area) | no auth | | | | |
| 16035 | Escharotomy; initial incision | no auth | | | | |
| 16036 | Escharotomy; each additional incision (List separately in addition to code for primary procedure) | no auth | | | | |
| 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); first lesion | no auth | | | | |
| 17003 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) | no auth | | | | |
| 17004 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses), 15 or more lesions | no auth | | | | |
| 17106 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm | no auth | | | | |
| 17107 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm | no auth | | | | |
| 17108 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm | no auth | | | | |
| 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions | no auth | | | | |
| 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions | no auth | | | | |
| 17250 | Chemical cauterization of granulation tissue (ie, proud flesh) | no auth | | | | |
| 17260 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), trunk, arms or legs; lesion diameter 0.5 cm or less | no auth | | | | |
| 17261 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 17262 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm | no auth | | | | |
| 17263 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm | no auth | | | | |
| 17264 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm | no auth | | | | |
| 17266 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm | no auth | | | | |
| 17270 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less | no auth | | | | |
| 17271 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm | no auth | | | | |
| 17272 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm | no auth | | | | |
| 17273 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm | no auth | | | | |
| 17274 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm | no auth | | | | |
| 17276 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm | no auth | | | | |
| 17280 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less | no auth | | | | |
| 17281 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm | no auth | | | | |
| 17282 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm | no auth | | | | |
| 17283 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 17284 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm | no auth | | | | |
| 17286 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm | no auth | | | | |
| 17311 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks | no auth | | | | |
| 17312 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure) | no auth | | | | |
| 17313 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks | no auth | | | | |
| 17314 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure) | no auth | | | | |
| 17315 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure) | no auth | | | | |
| 17340 | Cryotherapy (CO2 slush, liquid N2) for acne | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 34938, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 17360 | Chemical exfoliation for acne (eg, acne paste, acid) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 17380 | Electrolysis epilation, each 30 minutes | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 58774 | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |

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|-----------|--|-------------------------------------|--|-------------------|---|-------------------------------|
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue | AUTH REQUIRED | | | MCG:Wound and Skin Management GRG: PG-WS (ISC GRG) | |
| 19000 | Puncture aspiration of cyst of breast; | no auth | | | | |
| 19001 | Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure) | no auth | | | | |
| 19020 | Mastotomy with exploration or drainage of abscess, deep | no auth | | | | |
| 19030 | Injection procedure only for mammary ductogram or galactogram | no auth | | | | |
| 19081 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance | no auth | | | | |
| 19082 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) | no auth | | | | |
| 19083 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 19084 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) | no auth | | | | |
| 19085 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance | no auth | | | | |
| 19086 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) | no auth | | | | |
| 19100 | Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure) | no auth | | | | |
| 19101 | Biopsy of breast; open, incisional | no auth | | | | |
| 19105 | Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma | no auth | | | | |
| 19110 | Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct | no auth | | | | |
| 19112 | Excision of lactiferous duct fistula | no auth | | | | |
| 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions | no auth | | | | |
| 19125 | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion | no auth | | | | |
| 19126 | Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|---|-------------------------------|
| 19281 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance | no auth | | | | |
| 19282 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure) | no auth | | | | |
| 19283 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance | no auth | | | | |
| 19284 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) | no auth | | | | |
| 19285 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance | no auth | | | | |
| 19286 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) | no auth | | | | |
| 19287 | Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance | no auth | | | | |
| 19288 | Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) | no auth | | | | |
| 19294 | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure) | no auth | | | | |
| 19296 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy | no auth | | | | |
| 19297 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure) | no auth | | | | |
| 19298 | Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance | no auth | | | | |
| 19300 | Mastectomy for gynecomastia | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCD 35090, LCA 56587, LCD 39051 | MCG: Mastectomy for Gynecomastia ACG: A-0273 (AC) | |
| 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); | no auth | | | | |
| 19302 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy | no auth | | | | |
| 19303 | Mastectomy, simple, complete | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--|-------------------------------|
| 19305 | Mastectomy, radical, including pectoral muscles, axillary lymph nodes | no auth | | | | |
| 19306 | Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation) | no auth | | | | |
| 19307 | Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle | no auth | | | | |
| 19316 | Mastopexy | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | | |
| 19318 | Breast reduction | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | MCG:Reduction Mammoplasty (Mammoplasty) ACG: A-0274 (AC) | |
| 19325 | Breast augmentation with implant | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | | |
| 19328 | Removal of intact breast implant | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | | |
| 19330 | Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel) | no auth | | | | |
| 19340 | Insertion of breast implant on same day of mastectomy (ie, immediate) | no auth | | | | |
| 19342 | Insertion or replacement of breast implant on separate day from mastectomy | no auth | | | | |
| 19350 | Nipple/areola reconstruction | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | | |
| 19355 | Correction of inverted nipples | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCA 58774 | | |
| 19357 | Tissue expander placement in breast reconstruction, including subsequent expansion(s) | no auth | | | | |
| 19361 | Breast reconstruction; with latissimus dorsi flap | no auth | | | | |
| 19364 | Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap) | no auth | | | | |
| 19367 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap | no auth | | | | |
| 19368 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging) | no auth | | | | |
| 19369 | Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap | no auth | | | | |
| 19370 | Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | | |
| 19371 | Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|--|---|-------------------------------|
| 19380 | Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | | |
| 19396 | Preparation of moulage for custom breast implant | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, NCD 140.2, LCD 35090, LCA 56587 | | |
| 19499 | Unlisted procedure, breast | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 2000F | Blood pressure measured (CKD)(DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 2001F | Weight recorded (PAG) | NOT COVERED | | MEASUREMENT CODE | | |
| 2002F | Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 2004F | Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (OA) [Instructions: Report only for initial osteoarthritis visit or for visits for new joint involvement] | NOT COVERED | | MEASUREMENT CODE | | |
| 20100 | Exploration of penetrating wound (separate procedure); neck | no auth | | | | |
| 20101 | Exploration of penetrating wound (separate procedure); chest | no auth | | | | |
| 20102 | Exploration of penetrating wound (separate procedure); abdomen/flank/back | no auth | | | | |
| 20103 | Exploration of penetrating wound (separate procedure); extremity | no auth | | | | |
| 2010F | Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM) | NOT COVERED | | MEASUREMENT CODE | | |
| 2014F | Mental status assessed (CAP) (EM) | NOT COVERED | | MEASUREMENT CODE | | |
| 20150 | Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision | no auth | | | | |
| 2015F | Asthma impairment assessed (Asthma) | NOT COVERED | | MEASUREMENT CODE | | |
| 2016F | Asthma risk assessed (Asthma) | NOT COVERED | | MEASUREMENT CODE | | |
| 2018F | Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP) | NOT COVERED | | MEASUREMENT CODE | | |
| 2019F | Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage and the level of macular degeneration severity (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 20200 | Biopsy, muscle; superficial | no auth | | | | |
| 20205 | Biopsy, muscle; deep | no auth | | | | |
| 20206 | Biopsy, muscle, percutaneous needle | no auth | | | | |
| 2020F | Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 2021F | Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 20220 | Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs) | no auth | | | | |
| 20225 | Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) | no auth | | | | |
| 2022F | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 2023F | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 20240 | Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx) | no auth | | | | |
| 20245 | Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft) | no auth | | | | |
| 2024F | 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 20250 | Biopsy, vertebral body, open; thoracic | no auth | | | | |
| 20251 | Biopsy, vertebral body, open; lumbar or cervical | no auth | | | | |
| 2025F | 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 2026F | Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 2027F | Optic nerve head evaluation performed (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 2028F | Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 2029F | Complete physical skin exam performed (ML) | NOT COVERED | | MEASUREMENT CODE | | |
| 2030F | Hydration status documented, normally hydrated (PAG) | NOT COVERED | | MEASUREMENT CODE | | |
| 2031F | Hydration status documented, dehydrated (PAG) | NOT COVERED | | MEASUREMENT CODE | | |
| 2033F | Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 2035F | Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME) | NOT COVERED | | MEASUREMENT CODE | | |
| 2040F | Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 2044F | Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than 6 weeks (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 20500 | Injection of sinus tract; therapeutic (separate procedure) | no auth | | | | |
| 20501 | Injection of sinus tract; diagnostic (sinogram) | no auth | | | | |
| 2050F | Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (CWC) | NOT COVERED | | MEASUREMENT CODE | | |
| 20520 | Removal of foreign body in muscle or tendon sheath; simple | no auth | | | | |
| 20525 | Removal of foreign body in muscle or tendon sheath; deep or complicated | no auth | | | | |
| 20526 | Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel | no auth | | | | |
| 20527 | Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture) | no auth | | | | |
| 20550 | Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia") | no auth | | | | |
| 20551 | Injection(s); single tendon origin/insertion | no auth | | | | |
| 20552 | Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) | no auth | | | | |
| 20553 | Injection(s); single or multiple trigger point(s), 3 or more muscles | no auth | | | | |

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|-----------|---|------------------|--|-------------------|--------------|-------------------------------|
| 20555 | Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure) | no auth | | | | |
| 20560 | Needle insertion(s) without injection(s); 1 or 2 muscle(s) | AUTH REQUIRED | Dry needling is covered only for chronic low back pain | NCD 30.3.3 | | |
| 20561 | Needle insertion(s) without injection(s); 3 or more muscles | AUTH REQUIRED | Dry needling is covered only for chronic low back pain | NCD 30.3.3 | | |
| 20600 | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance | no auth | | | | |
| 20604 | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting | no auth | | | | |
| 20605 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance | no auth | | | | |
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | no auth | | | | |
| 2060F | Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL) | NOT COVERED | | MEASUREMENT CODE | | |
| 20610 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance | no auth | | | | |
| 20611 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting | no auth | | | | |
| 20612 | Aspiration and/or injection of ganglion cyst(s) any location | no auth | | | | |
| 20615 | Aspiration and injection for treatment of bone cyst | no auth | | | | |
| 20650 | Insertion of wire or pin with application of skeletal traction, including removal (separate procedure) | no auth | | | | |
| 20660 | Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure) | no auth | | | | |
| 20661 | Application of halo, including removal; cranial | no auth | | | | |
| 20662 | Application of halo, including removal; pelvic | no auth | | | | |
| 20663 | Application of halo, including removal; femoral | no auth | | | | |
| 20664 | Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta) | no auth | | | | |
| 20665 | Removal of tongs or halo applied by another individual | no auth | | | | |
| 20670 | Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) | no auth | | | | |
| 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) | no auth | | | | |
| 20690 | Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system | no auth | | | | |
| 20692 | Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type) | no auth | | | | |
| 20693 | Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s]) | no auth | | | | |
| 20694 | Removal, under anesthesia, of external fixation system | no auth | | | | |

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|-----------|---|------------------|---------------------------------|-------------------|--------------|-------------------------------|
| 20696 | Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s) | no auth | | | | |
| 20697 | Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each | no auth | | | | |
| 20700 | Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure) | no auth | | | | |
| 20701 | Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure) | no auth | | | | |
| 20702 | Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure) | no auth | | | | |
| 20703 | Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure) | no auth | | | | |
| 20704 | Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure) | no auth | | | | |
| 20705 | Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure) | no auth | | | | |
| 20802 | Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation | no auth | | | | |
| 20805 | Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation | no auth | | | | |
| 20808 | Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation | no auth | | | | |
| 20816 | Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation | no auth | | | | |
| 20822 | Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation | no auth | | | | |
| 20824 | Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation | no auth | | | | |
| 20827 | Replantation, thumb (includes distal tip to MP joint), complete amputation | no auth | | | | |
| 20838 | Replantation, foot, complete amputation | no auth | | | | |
| 20900 | Bone graft, any donor area; minor or small (eg, dowel or button) | no auth | | | | |
| 20902 | Bone graft, any donor area; major or large | no auth | | | | |
| 20910 | Cartilage graft; costochondral | no auth | | | | |
| 20912 | Cartilage graft; nasal septum | no auth | | | | |
| 20920 | Fascia lata graft; by stripper | no auth | | | | |
| 20922 | Fascia lata graft; by incision and area exposure, complex or sheet | no auth | | | | |
| 20924 | Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris) | no auth | | | | |
| 20930 | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 20931 | Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---------------------------------|-------------------|--|-------------------------------|
| 20932 | Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure) | no auth | | | | |
| 20933 | Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure) | no auth | | | | |
| 20934 | Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure) | no auth | | | | |
| 20936 | Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or lamina fragments) obtained from same incision (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 20937 | Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure) | no auth | | | | |
| 20938 | Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure) | no auth | | | | |
| 20939 | Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure) | no auth | | | | |
| 20950 | Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome | no auth | | | | |
| 20955 | Bone graft with microvascular anastomosis; fibula | no auth | | | | |
| 20956 | Bone graft with microvascular anastomosis; iliac crest | no auth | | | | |
| 20957 | Bone graft with microvascular anastomosis; metatarsal | no auth | | | | |
| 20962 | Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal | no auth | | | | |
| 20969 | Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe | no auth | | | | |
| 20970 | Free osteocutaneous flap with microvascular anastomosis; iliac crest | no auth | | | | |
| 20972 | Free osteocutaneous flap with microvascular anastomosis; metatarsal | no auth | | | | |
| 20973 | Free osteocutaneous flap with microvascular anastomosis; great toe with web space | no auth | | | | |
| 20974 | Electrical stimulation to aid bone healing; noninvasive (nonoperative) | AUTH REQUIRED | | NCD 150.2 | MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC) | |
| 20975 | Electrical stimulation to aid bone healing; invasive (operative) | AUTH REQUIRED | | NCD 150.2 | MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 20979 | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) | AUTH REQUIRED | | NCD 150.2 | MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC) | |
| 20982 | Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency | no auth | | | | |
| 20983 | Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation | no auth | | | | |
| 20985 | Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure) | no auth | | | | |
| 20999 | Unlisted procedure, musculoskeletal system, general | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 21010 | Arthrotomy, temporomandibular joint | no auth | | | | |
| 21011 | Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm | no auth | | | | |
| 21012 | Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater | no auth | | | | |
| 21013 | Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm | no auth | | | | |
| 21014 | Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater | no auth | | | | |
| 21015 | Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm | no auth | | | | |
| 21016 | Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater | no auth | | | | |
| 21025 | Excision of bone (eg, for osteomyelitis or bone abscess); mandible | no auth | | | | |
| 21026 | Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s) | no auth | | | | |
| 21029 | Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia) | no auth | | | | |
| 21030 | Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage | no auth | | | | |
| 21031 | Excision of torus mandibularis | no auth | | | | |
| 21032 | Excision of maxillary torus palatinus | no auth | | | | |
| 21034 | Excision of malignant tumor of maxilla or zygoma | no auth | | | | |
| 21040 | Excision of benign tumor or cyst of mandible, by enucleation and/or curettage | no auth | | | | |
| 21044 | Excision of malignant tumor of mandible; | no auth | | | | |
| 21045 | Excision of malignant tumor of mandible; radical resection | no auth | | | | |
| 21046 | Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s]) | no auth | | | | |
| 21047 | Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s]) | no auth | | | | |

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| 21048 | Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s]) | no auth | | | | |
| 21049 | Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s]) | no auth | | | | |
| 21050 | Condylectomy, temporomandibular joint (separate procedure) | no auth | | | | |
| 21060 | Meniscectomy, partial or complete, temporomandibular joint (separate procedure) | no auth | | | | |
| 21070 | Coronoidectomy (separate procedure) | no auth | | | | |
| 21073 | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) | no auth | | | | |
| 21076 | Impression and custom preparation; surgical obturator prosthesis | no auth | | | | |
| 21077 | Impression and custom preparation; orbital prosthesis | no auth | | | | |
| 21079 | Impression and custom preparation; interim obturator prosthesis | no auth | | | | |
| 21080 | Impression and custom preparation; definitive obturator prosthesis | no auth | | | | |
| 21081 | Impression and custom preparation; mandibular resection prosthesis | no auth | | | | |
| 21082 | Impression and custom preparation; palatal augmentation prosthesis | no auth | | | | |
| 21083 | Impression and custom preparation; palatal lift prosthesis | no auth | | | | |
| 21084 | Impression and custom preparation; speech aid prosthesis | no auth | | | | |
| 21085 | Impression and custom preparation; oral surgical splint | no auth | | | | |
| 21086 | Impression and custom preparation; auricular prosthesis | no auth | | | | |
| 21087 | Impression and custom preparation; nasal prosthesis | no auth | | | | |
| 21088 | Impression and custom preparation; facial prosthesis | no auth | | | | |
| 21089 | Unlisted maxillofacial prosthetic procedure | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21100 | Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) | no auth | | | | |
| 21110 | Application of interdental fixation device for conditions other than fracture or dislocation, includes removal | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | | |
| 21116 | Injection procedure for temporomandibular joint arthrography | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21121 | Genioplasty; sliding osteotomy, single piece | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21122 | Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

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| 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21125 | Augmentation, mandibular body or angle; prosthetic material | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21137 | Reduction forehead; contouring only | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21141 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21142 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21143 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21146 | Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21147 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

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| 21150 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21151 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21159 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21175 | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21181 | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

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| 21183 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21184 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Neurosurgery or Procedure GRG: SG-NS (ISC GRG) | |
| 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21198 | Osteotomy, mandible, segmental; | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Mandibular Osteotomy ACG: A-0247 (AC), Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21199 | Osteotomy, mandible, segmental; with genioglossus advancement | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Mandibular Osteotomy ACG: A-0247 (AC), Maxillomandibular Osteotomy and Advancement ACG: A-0248 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

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| 21206 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Maxillomandibular Osteotomy and Advancement ACG: A-0248 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Mandibular Osteotomy ACG: A-0247 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21209 | Osteoplasty, facial bones; reduction | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Mandibular Osteotomy ACG: A-0247 (AC), Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21215 | Graft, bone; mandible (includes obtaining graft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

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| 21242 | Arthroplasty, temporomandibular joint, with allograft | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21248 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21249 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21255 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21256 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

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| 21260 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21261 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21263 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21267 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21268 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21270 | Malar augmentation, prosthetic material | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21275 | Secondary revision of orbitocraniofacial reconstruction | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21280 | Medial canthopexy (separate procedure) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21282 | Lateral canthopexy | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21295 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21296 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21299 | Unlisted craniofacial and maxillofacial procedure | AUTH REQUIRED | | | MCG: Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

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| 21315 | Closed treatment of nasal bone fracture with manipulation; without stabilization | no auth | | | | |
| 21320 | Closed treatment of nasal bone fracture with manipulation; with stabilization | no auth | | | | |
| 21325 | Open treatment of nasal fracture; uncomplicated | no auth | | | | |
| 21330 | Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation | no auth | | | | |
| 21335 | Open treatment of nasal fracture; with concomitant open treatment of fractured septum | no auth | | | | |
| 21336 | Open treatment of nasal septal fracture, with or without stabilization | no auth | | | | |
| 21337 | Closed treatment of nasal septal fracture, with or without stabilization | no auth | | | | |
| 21338 | Open treatment of nasoethmoid fracture; without external fixation | no auth | | | | |
| 21339 | Open treatment of nasoethmoid fracture; with external fixation | no auth | | | | |
| 21340 | Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus | no auth | | | | |
| 21343 | Open treatment of depressed frontal sinus fracture | no auth | | | | |
| 21344 | Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches | no auth | | | | |
| 21345 | Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint | no auth | | | | |
| 21346 | Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation | no auth | | | | |
| 21347 | Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches | no auth | | | | |
| 21348 | Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft) | no auth | | | | |
| 21355 | Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation | no auth | | | | |
| 21356 | Open treatment of depressed zygomatic arch fracture (eg, Gillies approach) | no auth | | | | |
| 21360 | Open treatment of depressed malar fracture, including zygomatic arch and malar tripod | no auth | | | | |
| 21365 | Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches | no auth | | | | |
| 21366 | Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft) | no auth | | | | |
| 21385 | Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation) | no auth | | | | |
| 21386 | Open treatment of orbital floor blowout fracture; periorbital approach | no auth | | | | |
| 21387 | Open treatment of orbital floor blowout fracture; combined approach | no auth | | | | |
| 21390 | Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant | no auth | | | | |
| 21395 | Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft) | no auth | | | | |
| 21400 | Closed treatment of fracture of orbit, except blowout; without manipulation | no auth | | | | |

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| 21401 | Closed treatment of fracture of orbit, except blowout; with manipulation | no auth | | | | |
| 21406 | Open treatment of fracture of orbit, except blowout; without implant | no auth | | | | |
| 21407 | Open treatment of fracture of orbit, except blowout; with implant | no auth | | | | |
| 21408 | Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft) | no auth | | | | |
| 21421 | Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint | no auth | | | | |
| 21422 | Open treatment of palatal or maxillary fracture (LeFort I type); | no auth | | | | |
| 21423 | Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches | no auth | | | | |
| 21431 | Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint | no auth | | | | |
| 21432 | Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation | no auth | | | | |
| 21433 | Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches | no auth | | | | |
| 21435 | Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation) | no auth | | | | |
| 21436 | Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft) | no auth | | | | |
| 21440 | Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) | no auth | | | | |
| 21445 | Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) | no auth | | | | |
| 21450 | Closed treatment of mandibular fracture; without manipulation | no auth | | | | |
| 21451 | Closed treatment of mandibular fracture; with manipulation | no auth | | | | |
| 21452 | Percutaneous treatment of mandibular fracture, with external fixation | no auth | | | | |
| 21453 | Closed treatment of mandibular fracture with interdental fixation | no auth | | | | |
| 21454 | Open treatment of mandibular fracture with external fixation | no auth | | | | |
| 21461 | Open treatment of mandibular fracture; without interdental fixation | no auth | | | | |
| 21462 | Open treatment of mandibular fracture; with interdental fixation | no auth | | | | |
| 21465 | Open treatment of mandibular condylar fracture | no auth | | | | |
| 21470 | Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints | no auth | | | | |
| 21480 | Closed treatment of temporomandibular dislocation; initial or subsequent | no auth | | | | |
| 21485 | Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent | no auth | | | | |
| 21490 | Open treatment of temporomandibular dislocation | no auth | | | | |
| 21497 | Interdental wiring, for condition other than fracture | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | | |

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|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 21499 | Unlisted musculoskeletal procedure, head | AUTH REQUIRED | | | MCG: Temporomandibular Joint Modified Condylotomy ACG: A-0521 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 21501 | Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; | no auth | | | | |
| 21502 | Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib osteotomy | no auth | | | | |
| 21510 | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax | no auth | | | | |
| 21550 | Biopsy, soft tissue of neck or thorax | no auth | | | | |
| 21552 | Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater | no auth | | | | |
| 21554 | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater | no auth | | | | |
| 21555 | Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm | no auth | | | | |
| 21556 | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm | no auth | | | | |
| 21557 | Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm | no auth | | | | |
| 21558 | Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater | no auth | | | | |
| 21600 | Excision of rib, partial | no auth | | | | |
| 21601 | Excision of chest wall tumor including rib(s) | no auth | | | | |
| 21602 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy | no auth | | | | |
| 21603 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy | no auth | | | | |
| 21610 | Costotransversectomy (separate procedure) | no auth | | | | |
| 21615 | Excision first and/or cervical rib; | no auth | | | | |
| 21616 | Excision first and/or cervical rib; with sympathectomy | no auth | | | | |
| 21620 | Osteotomy of sternum, partial | no auth | | | | |
| 21627 | Sternal debridement | no auth | | | | |
| 21630 | Radical resection of sternum; | no auth | | | | |
| 21632 | Radical resection of sternum; with mediastinal lymphadenectomy | no auth | | | | |
| 21685 | Hyoid myotomy and suspension | no auth | | | | |
| 21700 | Division of scalenus anticus; without resection of cervical rib | no auth | | | | |
| 21705 | Division of scalenus anticus; with resection of cervical rib | no auth | | | | |
| 21720 | Division of sternocleidomastoid for torticollis, open operation; without cast application | no auth | | | | |
| 21725 | Division of sternocleidomastoid for torticollis, open operation; with cast application | no auth | | | | |
| 21740 | Reconstructive repair of pectus excavatum or carinatum; open | no auth | | | | |
| 21742 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy | no auth | | | | |

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| 21743 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG) | |
| 21750 | Closure of median sternotomy separation with or without debridement (separate procedure) | no auth | | | | |
| 21811 | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs | no auth | | | | |
| 21812 | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs | no auth | | | | |
| 21813 | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs | no auth | | | | |
| 21820 | Closed treatment of sternum fracture | no auth | | | | |
| 21825 | Open treatment of sternum fracture with or without skeletal fixation | no auth | | | | |
| 21899 | Unlisted procedure, neck or thorax | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 21920 | Biopsy, soft tissue of back or flank; superficial | no auth | | | | |
| 21925 | Biopsy, soft tissue of back or flank; deep | no auth | | | | |
| 21930 | Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm | no auth | | | | |
| 21931 | Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater | no auth | | | | |
| 21932 | Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm | no auth | | | | |
| 21933 | Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater | no auth | | | | |
| 21935 | Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm | no auth | | | | |
| 21936 | Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater | no auth | | | | |
| 22010 | Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic | no auth | | | | |
| 22015 | Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral | no auth | | | | |
| 22100 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical | no auth | | | | |
| 22101 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic | no auth | | | | |
| 22102 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar | no auth | | | | |
| 22103 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 22110 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical | no auth | | | | |

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| 22112 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic | no auth | | | | |
| 22114 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar | no auth | | | | |
| 22116 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 22206 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic | no auth | | | | |
| 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar | no auth | | | | |
| 22208 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical | no auth | | | | |
| 22212 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic | no auth | | | | |
| 22214 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar | no auth | | | | |
| 22216 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure) | no auth | | | | |
| 22220 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical | no auth | | | | |
| 22222 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic | no auth | | | | |
| 22224 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar | no auth | | | | |
| 22226 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 22310 | Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing | no auth | | | | |
| 22315 | Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction | no auth | | | | |
| 22318 | Open treatment and/or reduction of odontoid fracture(s) and/or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting | no auth | | | | |
| 22319 | Open treatment and/or reduction of odontoid fracture(s) and/or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting | no auth | | | | |
| 22325 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar | no auth | | | | |
| 22326 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical | no auth | | | | |
| 22327 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic | no auth | | | | |

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| 22328 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 22505 | Manipulation of spine requiring anesthesia, any region | no auth | | | | |
| 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic | no auth | | | | |
| 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral | no auth | | | | |
| 22512 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure) | no auth | | | | |
| 22513 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic | no auth | | | | |
| 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar | no auth | | | | |
| 22515 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) | no auth | | | | |
| 22526 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level | NOT COVERED | | NCD 150.11 STATES NOT COVERED | | |
| 22527 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure) | NOT COVERED | | NCD 150.11 STATES NOT COVERED | | |
| 22532 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | no auth | | | | |
| 22533 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | no auth | | | | |
| 22534 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 22548 | Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process | no auth | | | | |
| 22551 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2 | no auth | | | | |

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| 22552 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) | no auth | | | | |
| 22554 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 | no auth | | | | |
| 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic | no auth | | | | |
| 22558 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | no auth | | | | |
| 22585 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) | no auth | | | | |
| 22586 | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace | no auth | | | | |
| 22590 | Arthrodesis, posterior technique, craniocervical (occiput-C2) | no auth | | | | |
| 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) | no auth | | | | |
| 22600 | Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment | no auth | | | | |
| 22610 | Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed) | no auth | | | | |
| 22612 | Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed) | no auth | | | | |
| 22614 | Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure) | no auth | | | | |
| 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; | no auth | | | | |
| 22632 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure) | no auth | | | | |
| 22633 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; | no auth | | | | |
| 22634 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure) | no auth | | | | |
| 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | no auth | | | | |
| 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | no auth | | | | |

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| 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | no auth | | | | |
| 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | no auth | | | | |
| 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | no auth | | | | |
| 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | no auth | | | | |
| 22818 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments | no auth | | | | |
| 22819 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments | no auth | | | | |
| 22830 | Exploration of spinal fusion | no auth | | | | |
| 22836 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 22837 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 22838 | Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) | no auth | | | | |
| 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 22842 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure) | no auth | | | | |
| 22843 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure) | no auth | | | | |
| 22844 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure) | no auth | | | | |
| 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | no auth | | | | |
| 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) | no auth | | | | |
| 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) | no auth | | | | |
| 22848 | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure) | no auth | | | | |
| 22849 | Reinsertion of spinal fixation device | no auth | | | | |
| 22850 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) | no auth | | | | |
| 22852 | Removal of posterior segmental instrumentation | no auth | | | | |

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| 22853 | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure) | no auth | | | | |
| 22854 | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | no auth | | | | |
| 22855 | Removal of anterior instrumentation | no auth | | | | |
| 22856 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical | no auth | | | | |
| 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar | no auth | | | | |
| 22858 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure) | no auth | | | | |
| 22859 | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | no auth | | | | |
| 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) | AUTH REQUIRED | | NCD 150.10 | | |
| 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | no auth | | | | |
| 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | no auth | | | | |
| 22864 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | no auth | | | | |
| 22865 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | no auth | | | | |
| 22867 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level | no auth | | | | |
| 22868 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) | no auth | | | | |
| 22869 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level | no auth | | | | |

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| 22870 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure) | no auth | | | | |
| 22899 | Unlisted procedure, spine | AUTH REQUIRED | | NCD 150.11 | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 22900 | Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm | no auth | | | | |
| 22901 | Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater | no auth | | | | |
| 22902 | Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm | no auth | | | | |
| 22903 | Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater | no auth | | | | |
| 22904 | Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm | no auth | | | | |
| 22905 | Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater | no auth | | | | |
| 22999 | Unlisted procedure, abdomen, musculoskeletal system | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 23000 | Removal of subdeltoid calcareous deposits, open | no auth | | | | |
| 23020 | Capsular contracture release (eg, Sever type procedure) | no auth | | | | |
| 23030 | Incision and drainage, shoulder area; deep abscess or hematoma | no auth | | | | |
| 23031 | Incision and drainage, shoulder area; infected bursa | no auth | | | | |
| 23035 | Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area | no auth | | | | |
| 23040 | Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body | no auth | | | | |
| 23044 | Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body | no auth | | | | |
| 23065 | Biopsy, soft tissue of shoulder area; superficial | no auth | | | | |
| 23066 | Biopsy, soft tissue of shoulder area; deep | no auth | | | | |
| 23071 | Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater | no auth | | | | |
| 23073 | Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater | no auth | | | | |
| 23075 | Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm | no auth | | | | |
| 23076 | Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm | no auth | | | | |
| 23077 | Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm | no auth | | | | |
| 23078 | Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater | no auth | | | | |
| 23100 | Arthrotomy, glenohumeral joint, including biopsy | no auth | | | | |
| 23101 | Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage | no auth | | | | |
| 23105 | Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 23106 | Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy | no auth | | | | |
| 23107 | Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body | no auth | | | | |
| 23120 | Claviclectomy; partial | no auth | | | | |
| 23125 | Claviclectomy; total | no auth | | | | |
| 23130 | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release | no auth | | | | |
| 23140 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; | no auth | | | | |
| 23145 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft) | no auth | | | | |
| 23146 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft | no auth | | | | |
| 23150 | Excision or curettage of bone cyst or benign tumor of proximal humerus; | no auth | | | | |
| 23155 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft) | no auth | | | | |
| 23156 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft | no auth | | | | |
| 23170 | Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle | no auth | | | | |
| 23172 | Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula | no auth | | | | |
| 23174 | Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck | no auth | | | | |
| 23180 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle | no auth | | | | |
| 23182 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula | no auth | | | | |
| 23184 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus | no auth | | | | |
| 23190 | Ostectomy of scapula, partial (eg, superior medial angle) | no auth | | | | |
| 23195 | Resection, humeral head | no auth | | | | |
| 23200 | Radical resection of tumor; clavicle | no auth | | | | |
| 23210 | Radical resection of tumor; scapula | no auth | | | | |
| 23220 | Radical resection of tumor, proximal humerus | no auth | | | | |
| 23330 | Removal of foreign body, shoulder; subcutaneous | no auth | | | | |
| 23333 | Removal of foreign body, shoulder; deep (subfascial or intramuscular) | no auth | | | | |
| 23334 | Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component | no auth | | | | |
| 23335 | Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder) | no auth | | | | |
| 23350 | Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 23395 | Muscle transfer, any type, shoulder or upper arm; single | no auth | | | | |
| 23397 | Muscle transfer, any type, shoulder or upper arm; multiple | no auth | | | | |
| 23400 | Scapulopexy (eg, Sprengels deformity or for paralysis) | no auth | | | | |
| 23405 | Tenotomy, shoulder area; single tendon | no auth | | | | |
| 23406 | Tenotomy, shoulder area; multiple tendons through same incision | no auth | | | | |
| 23410 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 23412 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic | no auth | | | | |
| 23415 | Coracoacromial ligament release, with or without acromioplasty | no auth | | | | |
| 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | no auth | | | | |
| 23430 | Tenodesis of long tendon of biceps | no auth | | | | |
| 23440 | Resection or transplantation of long tendon of biceps | no auth | | | | |
| 23450 | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation | no auth | | | | |
| 23455 | Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure) | no auth | | | | |
| 23460 | Capsulorrhaphy, anterior, any type; with bone block | no auth | | | | |
| 23462 | Capsulorrhaphy, anterior, any type; with coracoid process transfer | no auth | | | | |
| 23465 | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block | no auth | | | | |
| 23466 | Capsulorrhaphy, glenohumeral joint, any type multi-directional instability | no auth | | | | |
| 23470 | Arthroplasty, glenohumeral joint; hemiarthroplasty | no auth | | | | |
| 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) | no auth | | | | |
| 23473 | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component | no auth | | | | |
| 23474 | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component | no auth | | | | |
| 23480 | Osteotomy, clavicle, with or without internal fixation; | no auth | | | | |
| 23485 | Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation) | no auth | | | | |
| 23490 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle | no auth | | | | |
| 23491 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus | no auth | | | | |
| 23500 | Closed treatment of clavicular fracture; without manipulation | no auth | | | | |
| 23505 | Closed treatment of clavicular fracture; with manipulation | no auth | | | | |
| 23515 | Open treatment of clavicular fracture, includes internal fixation, when performed | no auth | | | | |
| 23520 | Closed treatment of sternoclavicular dislocation; without manipulation | no auth | | | | |
| 23525 | Closed treatment of sternoclavicular dislocation; with manipulation | no auth | | | | |
| 23530 | Open treatment of sternoclavicular dislocation, acute or chronic; | no auth | | | | |
| 23532 | Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) | no auth | | | | |
| 23540 | Closed treatment of acromioclavicular dislocation; without manipulation | no auth | | | | |
| 23545 | Closed treatment of acromioclavicular dislocation; with manipulation | no auth | | | | |
| 23550 | Open treatment of acromioclavicular dislocation, acute or chronic; | no auth | | | | |
| 23552 | Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) | no auth | | | | |
| 23570 | Closed treatment of scapular fracture; without manipulation | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 23575 | Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement) | no auth | | | | |
| 23585 | Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed | no auth | | | | |
| 23600 | Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation | no auth | | | | |
| 23605 | Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction | no auth | | | | |
| 23615 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; | no auth | | | | |
| 23616 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement | no auth | | | | |
| 23620 | Closed treatment of greater humeral tuberosity fracture; without manipulation | no auth | | | | |
| 23625 | Closed treatment of greater humeral tuberosity fracture; with manipulation | no auth | | | | |
| 23630 | Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed | no auth | | | | |
| 23650 | Closed treatment of shoulder dislocation, with manipulation; without anesthesia | no auth | | | | |
| 23655 | Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia | no auth | | | | |
| 23660 | Open treatment of acute shoulder dislocation | no auth | | | | |
| 23665 | Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation | no auth | | | | |
| 23670 | Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed | no auth | | | | |
| 23675 | Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation | no auth | | | | |
| 23680 | Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed | no auth | | | | |
| 23700 | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) | no auth | | | | |
| 23800 | Arthrodesis, glenohumeral joint; | no auth | | | | |
| 23802 | Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft) | no auth | | | | |
| 23900 | Interthoracoscapular amputation (forequarter) | no auth | | | | |
| 23920 | Disarticulation of shoulder; | no auth | | | | |
| 23921 | Disarticulation of shoulder; secondary closure or scar revision | no auth | | | | |
| 23929 | Unlisted procedure, shoulder | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 23930 | Incision and drainage, upper arm or elbow area; deep abscess or hematoma | no auth | | | | |
| 23931 | Incision and drainage, upper arm or elbow area; bursa | no auth | | | | |
| 23935 | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow | no auth | | | | |
| 24000 | Arthrotomy, elbow, including exploration, drainage, or removal of foreign body | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 24006 | Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure) | no auth | | | | |
| 24065 | Biopsy, soft tissue of upper arm or elbow area; superficial | no auth | | | | |
| 24066 | Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular) | no auth | | | | |
| 24071 | Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater | no auth | | | | |
| 24073 | Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater | no auth | | | | |
| 24075 | Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm | no auth | | | | |
| 24076 | Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm | no auth | | | | |
| 24077 | Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm | no auth | | | | |
| 24079 | Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater | no auth | | | | |
| 24100 | Arthrotomy, elbow; with synovial biopsy only | no auth | | | | |
| 24101 | Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body | no auth | | | | |
| 24102 | Arthrotomy, elbow; with synovectomy | no auth | | | | |
| 24105 | Excision, olecranon bursa | no auth | | | | |
| 24110 | Excision or curettage of bone cyst or benign tumor, humerus; | no auth | | | | |
| 24115 | Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft) | no auth | | | | |
| 24116 | Excision or curettage of bone cyst or benign tumor, humerus; with allograft | no auth | | | | |
| 24120 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; | no auth | | | | |
| 24125 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft) | no auth | | | | |
| 24126 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft | no auth | | | | |
| 24130 | Excision, radial head | no auth | | | | |
| 24134 | Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus | no auth | | | | |
| 24136 | Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck | no auth | | | | |
| 24138 | Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process | no auth | | | | |
| 24140 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus | no auth | | | | |
| 24145 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck | no auth | | | | |
| 24147 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process | no auth | | | | |
| 24149 | Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure) | no auth | | | | |
| 24150 | Radical resection of tumor, shaft or distal humerus | no auth | | | | |
| 24152 | Radical resection of tumor, radial head or neck | no auth | | | | |
| 24155 | Resection of elbow joint (arthrectomy) | no auth | | | | |
| 24160 | Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components | no auth | | | | |
| 24164 | Removal of prosthesis, includes debridement and synovectomy when performed; radial head | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 24200 | Removal of foreign body, upper arm or elbow area; subcutaneous | no auth | | | | |
| 24201 | Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular) | no auth | | | | |
| 24220 | Injection procedure for elbow arthrography | no auth | | | | |
| 24300 | Manipulation, elbow, under anesthesia | no auth | | | | |
| 24301 | Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331) | no auth | | | | |
| 24305 | Tendon lengthening, upper arm or elbow, each tendon | no auth | | | | |
| 24310 | Tenotomy, open, elbow to shoulder, each tendon | no auth | | | | |
| 24320 | Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure) | no auth | | | | |
| 24330 | Flexor-plasty, elbow (eg, Steindler type advancement); | no auth | | | | |
| 24331 | Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement | no auth | | | | |
| 24332 | Tenolysis, triceps | no auth | | | | |
| 24340 | Tenodesis of biceps tendon at elbow (separate procedure) | no auth | | | | |
| 24341 | Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff) | no auth | | | | |
| 24342 | Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft | no auth | | | | |
| 24343 | Repair lateral collateral ligament, elbow, with local tissue | no auth | | | | |
| 24344 | Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft) | no auth | | | | |
| 24345 | Repair medial collateral ligament, elbow, with local tissue | no auth | | | | |
| 24346 | Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft) | no auth | | | | |
| 24357 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous | no auth | | | | |
| 24358 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open | no auth | | | | |
| 24359 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment | no auth | | | | |
| 24360 | Arthroplasty, elbow; with membrane (eg, fascial) | no auth | | | | |
| 24361 | Arthroplasty, elbow; with distal humeral prosthetic replacement | no auth | | | | |
| 24362 | Arthroplasty, elbow; with implant and fascia lata ligament reconstruction | no auth | | | | |
| 24363 | Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow) | no auth | | | | |
| 24365 | Arthroplasty, radial head; | no auth | | | | |
| 24366 | Arthroplasty, radial head; with implant | no auth | | | | |
| 24370 | Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component | no auth | | | | |
| 24371 | Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component | no auth | | | | |
| 24400 | Osteotomy, humerus, with or without internal fixation | no auth | | | | |
| 24410 | Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure) | no auth | | | | |
| 24420 | Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876) | no auth | | | | |
| 24430 | Repair of nonunion or malunion, humerus; without graft (eg, compression technique) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 24435 | Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft) | no auth | | | | |
| 24470 | Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus) | no auth | | | | |
| 24495 | Decompression fasciotomy, forearm, with brachial artery exploration | no auth | | | | |
| 24498 | Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft | no auth | | | | |
| 24500 | Closed treatment of humeral shaft fracture; without manipulation | no auth | | | | |
| 24505 | Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction | no auth | | | | |
| 24515 | Open treatment of humeral shaft fracture with plate/screws, with or without cerclage | no auth | | | | |
| 24516 | Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws | no auth | | | | |
| 24530 | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation | no auth | | | | |
| 24535 | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction | no auth | | | | |
| 24538 | Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension | no auth | | | | |
| 24545 | Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension | no auth | | | | |
| 24546 | Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension | no auth | | | | |
| 24560 | Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation | no auth | | | | |
| 24565 | Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation | no auth | | | | |
| 24566 | Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation | no auth | | | | |
| 24575 | Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed | no auth | | | | |
| 24576 | Closed treatment of humeral condylar fracture, medial or lateral; without manipulation | no auth | | | | |
| 24577 | Closed treatment of humeral condylar fracture, medial or lateral; with manipulation | no auth | | | | |
| 24579 | Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed | no auth | | | | |
| 24582 | Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation | no auth | | | | |
| 24586 | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); | no auth | | | | |
| 24587 | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty | no auth | | | | |
| 24600 | Treatment of closed elbow dislocation; without anesthesia | no auth | | | | |
| 24605 | Treatment of closed elbow dislocation; requiring anesthesia | no auth | | | | |
| 24615 | Open treatment of acute or chronic elbow dislocation | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 24620 | Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation | no auth | | | | |
| 24635 | Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed | no auth | | | | |
| 24640 | Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation | no auth | | | | |
| 24650 | Closed treatment of radial head or neck fracture; without manipulation | no auth | | | | |
| 24655 | Closed treatment of radial head or neck fracture; with manipulation | no auth | | | | |
| 24665 | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; | no auth | | | | |
| 24666 | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement | no auth | | | | |
| 24670 | Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process(es)); without manipulation | no auth | | | | |
| 24675 | Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process(es)); with manipulation | no auth | | | | |
| 24685 | Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process(es)), includes internal fixation, when performed | no auth | | | | |
| 24800 | Arthrodesis, elbow joint; local | no auth | | | | |
| 24802 | Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft) | no auth | | | | |
| 24900 | Amputation, arm through humerus; with primary closure | no auth | | | | |
| 24920 | Amputation, arm through humerus; open, circular (guillotine) | no auth | | | | |
| 24925 | Amputation, arm through humerus; secondary closure or scar revision | no auth | | | | |
| 24930 | Amputation, arm through humerus; re-amputation | no auth | | | | |
| 24931 | Amputation, arm through humerus; with implant | no auth | | | | |
| 24935 | Stump elongation, upper extremity | no auth | | | | |
| 24940 | Cineplasty, upper extremity, complete procedure | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 24999 | Unlisted procedure, humerus or elbow | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 25000 | Incision, extensor tendon sheath, wrist (eg, deQuervains disease) | no auth | | | | |
| 25001 | Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis) | no auth | | | | |
| 25020 | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve | no auth | | | | |
| 25023 | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve | no auth | | | | |
| 25024 | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 25025 | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve | no auth | | | | |
| 25028 | Incision and drainage, forearm and/or wrist; deep abscess or hematoma | no auth | | | | |
| 25031 | Incision and drainage, forearm and/or wrist; bursa | no auth | | | | |
| 25035 | Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess) | no auth | | | | |
| 25040 | Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body | no auth | | | | |
| 25065 | Biopsy, soft tissue of forearm and/or wrist; superficial | no auth | | | | |
| 25066 | Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular) | no auth | | | | |
| 25071 | Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater | no auth | | | | |
| 25073 | Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater | no auth | | | | |
| 25075 | Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm | no auth | | | | |
| 25076 | Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm | no auth | | | | |
| 25077 | Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm | no auth | | | | |
| 25078 | Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater | no auth | | | | |
| 25085 | Capsulotomy, wrist (eg, contracture) | no auth | | | | |
| 25100 | Arthrotomy, wrist joint; with biopsy | no auth | | | | |
| 25101 | Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body | no auth | | | | |
| 25105 | Arthrotomy, wrist joint; with synovectomy | no auth | | | | |
| 25107 | Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex | no auth | | | | |
| 25109 | Excision of tendon, forearm and/or wrist, flexor or extensor, each | no auth | | | | |
| 25110 | Excision, lesion of tendon sheath, forearm and/or wrist | no auth | | | | |
| 25111 | Excision of ganglion, wrist (dorsal or volar); primary | no auth | | | | |
| 25112 | Excision of ganglion, wrist (dorsal or volar); recurrent | no auth | | | | |
| 25115 | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors | no auth | | | | |
| 25116 | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum | no auth | | | | |
| 25118 | Synovectomy, extensor tendon sheath, wrist, single compartment; | no auth | | | | |
| 25119 | Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna | no auth | | | | |
| 25120 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); | no auth | | | | |
| 25125 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft) | no auth | | | | |
| 25126 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 25130 | Excision or curettage of bone cyst or benign tumor of carpal bones; | no auth | | | | |
| 25135 | Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft) | no auth | | | | |
| 25136 | Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft | no auth | | | | |
| 25145 | Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist | no auth | | | | |
| 25150 | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna | no auth | | | | |
| 25151 | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius | no auth | | | | |
| 25170 | Radical resection of tumor, radius or ulna | no auth | | | | |
| 25210 | Carpectomy; 1 bone | no auth | | | | |
| 25215 | Carpectomy; all bones of proximal row | no auth | | | | |
| 25230 | Radial styloidectomy (separate procedure) | no auth | | | | |
| 25240 | Excision distal ulna partial or complete (eg, Darrach type or matched resection) | no auth | | | | |
| 25246 | Injection procedure for wrist arthrography | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 25248 | Exploration with removal of deep foreign body, forearm or wrist | no auth | | | | |
| 25250 | Removal of wrist prosthesis; (separate procedure) | no auth | | | | |
| 25251 | Removal of wrist prosthesis; complicated, including total wrist | no auth | | | | |
| 25259 | Manipulation, wrist, under anesthesia | no auth | | | | |
| 25260 | Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle | no auth | | | | |
| 25263 | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle | no auth | | | | |
| 25265 | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle | no auth | | | | |
| 25270 | Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle | no auth | | | | |
| 25272 | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle | no auth | | | | |
| 25274 | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle | no auth | | | | |
| 25275 | Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation) | no auth | | | | |
| 25280 | Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon | no auth | | | | |
| 25290 | Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon | no auth | | | | |
| 25295 | Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon | no auth | | | | |
| 25300 | Tenodesis at wrist; flexors of fingers | no auth | | | | |
| 25301 | Tenodesis at wrist; extensors of fingers | no auth | | | | |
| 25310 | Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon | no auth | | | | |
| 25312 | Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon | no auth | | | | |
| 25315 | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|---|-------------------------------|
| 25316 | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer | no auth | | | | |
| 25320 | Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability | no auth | | | | |
| 25332 | Arthroplasty, wrist, with or without interposition, with or without external or internal fixation | no auth | | | | |
| 25335 | Centralization of wrist on ulna (eg, radial club hand) | no auth | | | | |
| 25337 | Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint | no auth | | | | |
| 25350 | Osteotomy, radius; distal third | no auth | | | | |
| 25355 | Osteotomy, radius; middle or proximal third | no auth | | | | |
| 25360 | Osteotomy; ulna | no auth | | | | |
| 25365 | Osteotomy; radius AND ulna | no auth | | | | |
| 25370 | Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna | no auth | | | | |
| 25375 | Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna | no auth | | | | |
| 25390 | Osteoplasty, radius OR ulna; shortening | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 25391 | Osteoplasty, radius OR ulna; lengthening with autograft | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 25392 | Osteoplasty, radius AND ulna; shortening (excluding 64876) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 25393 | Osteoplasty, radius AND ulna; lengthening with autograft | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 25394 | Osteoplasty, carpal bone, shortening | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 25400 | Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique) | no auth | | | | |
| 25405 | Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft) | no auth | | | | |
| 25415 | Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique) | no auth | | | | |
| 25420 | Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft) | no auth | | | | |
| 25425 | Repair of defect with autograft; radius OR ulna | no auth | | | | |
| 25426 | Repair of defect with autograft; radius AND ulna | no auth | | | | |
| 25430 | Insertion of vascular pedicle into carpal bone (eg, Hori procedure) | no auth | | | | |
| 25431 | Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 25440 | Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation) | no auth | | | | |
| 25441 | Arthroplasty with prosthetic replacement; distal radius | no auth | | | | |
| 25442 | Arthroplasty with prosthetic replacement; distal ulna | no auth | | | | |
| 25443 | Arthroplasty with prosthetic replacement; scaphoid carpal (navicular) | no auth | | | | |
| 25444 | Arthroplasty with prosthetic replacement; lunate | no auth | | | | |
| 25445 | Arthroplasty with prosthetic replacement; trapezium | no auth | | | | |
| 25446 | Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist) | no auth | | | | |
| 25447 | Arthroplasty, interposition, intercarpal or carpometacarpal joints | no auth | | | | |
| 25449 | Revision of arthroplasty, including removal of implant, wrist joint | no auth | | | | |
| 25450 | Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna | no auth | | | | |
| 25455 | Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna | no auth | | | | |
| 25490 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius | no auth | | | | |
| 25491 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna | no auth | | | | |
| 25492 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna | no auth | | | | |
| 25500 | Closed treatment of radial shaft fracture; without manipulation | no auth | | | | |
| 25505 | Closed treatment of radial shaft fracture; with manipulation | no auth | | | | |
| 25515 | Open treatment of radial shaft fracture, includes internal fixation, when performed | no auth | | | | |
| 25520 | Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation) | no auth | | | | |
| 25525 | Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed | no auth | | | | |
| 25526 | Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex | no auth | | | | |
| 25530 | Closed treatment of ulnar shaft fracture; without manipulation | no auth | | | | |
| 25535 | Closed treatment of ulnar shaft fracture; with manipulation | no auth | | | | |
| 25545 | Open treatment of ulnar shaft fracture, includes internal fixation, when performed | no auth | | | | |
| 25560 | Closed treatment of radial and ulnar shaft fractures; without manipulation | no auth | | | | |
| 25565 | Closed treatment of radial and ulnar shaft fractures; with manipulation | no auth | | | | |
| 25574 | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna | no auth | | | | |
| 25575 | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna | no auth | | | | |
| 25600 | Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 25605 | Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation | no auth | | | | |
| 25606 | Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation | no auth | | | | |
| 25607 | Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation | no auth | | | | |
| 25608 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments | no auth | | | | |
| 25609 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments | no auth | | | | |
| 25622 | Closed treatment of carpal scaphoid (navicular) fracture; without manipulation | no auth | | | | |
| 25624 | Closed treatment of carpal scaphoid (navicular) fracture; with manipulation | no auth | | | | |
| 25628 | Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed | no auth | | | | |
| 25630 | Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone | no auth | | | | |
| 25635 | Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone | no auth | | | | |
| 25645 | Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone | no auth | | | | |
| 25650 | Closed treatment of ulnar styloid fracture | no auth | | | | |
| 25651 | Percutaneous skeletal fixation of ulnar styloid fracture | no auth | | | | |
| 25652 | Open treatment of ulnar styloid fracture | no auth | | | | |
| 25660 | Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation | no auth | | | | |
| 25670 | Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones | no auth | | | | |
| 25671 | Percutaneous skeletal fixation of distal radioulnar dislocation | no auth | | | | |
| 25675 | Closed treatment of distal radioulnar dislocation with manipulation | no auth | | | | |
| 25676 | Open treatment of distal radioulnar dislocation, acute or chronic | no auth | | | | |
| 25680 | Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation | no auth | | | | |
| 25685 | Open treatment of trans-scaphoperilunar type of fracture dislocation | no auth | | | | |
| 25690 | Closed treatment of lunate dislocation, with manipulation | no auth | | | | |
| 25695 | Open treatment of lunate dislocation | no auth | | | | |
| 25800 | Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints) | no auth | | | | |
| 25805 | Arthrodesis, wrist; with sliding graft | no auth | | | | |
| 25810 | Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft) | no auth | | | | |
| 25820 | Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal) | no auth | | | | |
| 25825 | Arthrodesis, wrist; with autograft (includes obtaining graft) | no auth | | | | |
| 25830 | Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure) | no auth | | | | |
| 25900 | Amputation, forearm, through radius and ulna; | no auth | | | | |
| 25905 | Amputation, forearm, through radius and ulna; open, circular (guillotine) | no auth | | | | |
| 25907 | Amputation, forearm, through radius and ulna; secondary closure or scar revision | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 25909 | Amputation, forearm, through radius and ulna; re-amputation | no auth | | | | |
| 25915 | Krukenberg procedure | no auth | | | | |
| 25920 | Disarticulation through wrist; | no auth | | | | |
| 25922 | Disarticulation through wrist; secondary closure or scar revision | no auth | | | | |
| 25924 | Disarticulation through wrist; re-amputation | no auth | | | | |
| 25927 | Transmetacarpal amputation; | no auth | | | | |
| 25929 | Transmetacarpal amputation; secondary closure or scar revision | no auth | | | | |
| 25931 | Transmetacarpal amputation; re-amputation | no auth | | | | |
| 25999 | Unlisted procedure, forearm or wrist | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 26010 | Drainage of finger abscess; simple | no auth | | | | |
| 26011 | Drainage of finger abscess; complicated (eg, felon) | no auth | | | | |
| 26020 | Drainage of tendon sheath, digit and/or palm, each | no auth | | | | |
| 26025 | Drainage of palmar bursa; single, bursa | no auth | | | | |
| 26030 | Drainage of palmar bursa; multiple bursa | no auth | | | | |
| 26034 | Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess) | no auth | | | | |
| 26035 | Decompression fingers and/or hand, injection injury (eg, grease gun) | no auth | | | | |
| 26037 | Decompressive fasciotomy, hand (excludes 26035) | no auth | | | | |
| 26040 | Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous | no auth | | | | |
| 26045 | Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial | no auth | | | | |
| 26055 | Tendon sheath incision (eg, for trigger finger) | no auth | | | | |
| 26060 | Tenotomy, percutaneous, single, each digit | no auth | | | | |
| 26070 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint | no auth | | | | |
| 26075 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each | no auth | | | | |
| 26080 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each | no auth | | | | |
| 26100 | Arthrotomy with biopsy; carpometacarpal joint, each | no auth | | | | |
| 26105 | Arthrotomy with biopsy; metacarpophalangeal joint, each | no auth | | | | |
| 26110 | Arthrotomy with biopsy; interphalangeal joint, each | no auth | | | | |
| 26111 | Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater | no auth | | | | |
| 26113 | Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater | no auth | | | | |
| 26115 | Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm | no auth | | | | |
| 26116 | Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm | no auth | | | | |
| 26117 | Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm | no auth | | | | |
| 26118 | Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater | no auth | | | | |
| 26121 | Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 26123 | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); | no auth | | | | |
| 26125 | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure) | no auth | | | | |
| 26130 | Synovectomy, carpometacarpal joint | no auth | | | | |
| 26135 | Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit | no auth | | | | |
| 26140 | Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint | no auth | | | | |
| 26145 | Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon | no auth | | | | |
| 26160 | Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger | no auth | | | | |
| 26170 | Excision of tendon, palm, flexor or extensor, single, each tendon | no auth | | | | |
| 26180 | Excision of tendon, finger, flexor or extensor, each tendon | no auth | | | | |
| 26185 | Sesamoidectomy, thumb or finger (separate procedure) | no auth | | | | |
| 26200 | Excision or curettage of bone cyst or benign tumor of metacarpal; | no auth | | | | |
| 26205 | Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft) | no auth | | | | |
| 26210 | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; | no auth | | | | |
| 26215 | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft) | no auth | | | | |
| 26230 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal | no auth | | | | |
| 26235 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger | no auth | | | | |
| 26236 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger | no auth | | | | |
| 26250 | Radical resection of tumor, metacarpal | no auth | | | | |
| 26260 | Radical resection of tumor, proximal or middle phalanx of finger | no auth | | | | |
| 26262 | Radical resection of tumor, distal phalanx of finger | no auth | | | | |
| 26320 | Removal of implant from finger or hand | no auth | | | | |
| 26340 | Manipulation, finger joint, under anesthesia, each joint | no auth | | | | |
| 26341 | Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord | no auth | | | | |
| 26350 | Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon | no auth | | | | |
| 26352 | Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon | no auth | | | | |
| 26356 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 26357 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon | no auth | | | | |
| 26358 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon | no auth | | | | |
| 26370 | Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon | no auth | | | | |
| 26372 | Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon | no auth | | | | |
| 26373 | Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon | no auth | | | | |
| 26390 | Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod | no auth | | | | |
| 26392 | Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod | no auth | | | | |
| 26410 | Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon | no auth | | | | |
| 26412 | Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon | no auth | | | | |
| 26415 | Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod | no auth | | | | |
| 26416 | Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod | no auth | | | | |
| 26418 | Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon | no auth | | | | |
| 26420 | Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon | no auth | | | | |
| 26426 | Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger | no auth | | | | |
| 26428 | Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger | no auth | | | | |
| 26432 | Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger) | no auth | | | | |
| 26433 | Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger) | no auth | | | | |
| 26434 | Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft) | no auth | | | | |
| 26437 | Realignment of extensor tendon, hand, each tendon | no auth | | | | |
| 26440 | Tenolysis, flexor tendon; palm OR finger, each tendon | no auth | | | | |
| 26442 | Tenolysis, flexor tendon; palm AND finger, each tendon | no auth | | | | |
| 26445 | Tenolysis, extensor tendon, hand OR finger, each tendon | no auth | | | | |
| 26449 | Tenolysis, complex, extensor tendon, finger, including forearm, each tendon | no auth | | | | |
| 26450 | Tenotomy, flexor, palm, open, each tendon | no auth | | | | |
| 26455 | Tenotomy, flexor, finger, open, each tendon | no auth | | | | |
| 26460 | Tenotomy, extensor, hand or finger, open, each tendon | no auth | | | | |
| 26471 | Tenodesis; of proximal interphalangeal joint, each joint | no auth | | | | |
| 26474 | Tenodesis; of distal joint, each joint | no auth | | | | |
| 26476 | Lengthening of tendon, extensor, hand or finger, each tendon | no auth | | | | |
| 26477 | Shortening of tendon, extensor, hand or finger, each tendon | no auth | | | | |
| 26478 | Lengthening of tendon, flexor, hand or finger, each tendon | no auth | | | | |
| 26479 | Shortening of tendon, flexor, hand or finger, each tendon | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 26480 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon | no auth | | | | |
| 26483 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon | no auth | | | | |
| 26485 | Transfer or transplant of tendon, palmar; without free tendon graft, each tendon | no auth | | | | |
| 26489 | Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon | no auth | | | | |
| 26490 | Opponensplasty; superficialis tendon transfer type, each tendon | no auth | | | | |
| 26492 | Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon | no auth | | | | |
| 26494 | Opponensplasty; hypothenar muscle transfer | no auth | | | | |
| 26496 | Opponensplasty; other methods | no auth | | | | |
| 26497 | Transfer of tendon to restore intrinsic function; ring and small finger | no auth | | | | |
| 26498 | Transfer of tendon to restore intrinsic function; all 4 fingers | no auth | | | | |
| 26499 | Correction claw finger, other methods | no auth | | | | |
| 26500 | Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure) | no auth | | | | |
| 26502 | Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure) | no auth | | | | |
| 26508 | Release of thenar muscle(s) (eg, thumb contracture) | no auth | | | | |
| 26510 | Cross intrinsic transfer, each tendon | no auth | | | | |
| 26516 | Capsulodesis, metacarpophalangeal joint; single digit | no auth | | | | |
| 26517 | Capsulodesis, metacarpophalangeal joint; 2 digits | no auth | | | | |
| 26518 | Capsulodesis, metacarpophalangeal joint; 3 or 4 digits | no auth | | | | |
| 26520 | Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint | no auth | | | | |
| 26525 | Capsulectomy or capsulotomy; interphalangeal joint, each joint | no auth | | | | |
| 26530 | Arthroplasty, metacarpophalangeal joint; each joint | no auth | | | | |
| 26531 | Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint | no auth | | | | |
| 26535 | Arthroplasty, interphalangeal joint; each joint | no auth | | | | |
| 26536 | Arthroplasty, interphalangeal joint; with prosthetic implant, each joint | no auth | | | | |
| 26540 | Repair of collateral ligament, metacarpophalangeal or interphalangeal joint | no auth | | | | |
| 26541 | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft) | no auth | | | | |
| 26542 | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement) | no auth | | | | |
| 26545 | Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint | no auth | | | | |
| 26546 | Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation) | no auth | | | | |
| 26548 | Repair and reconstruction, finger, volar plate, interphalangeal joint | no auth | | | | |
| 26550 | Pollicization of a digit | no auth | | | | |
| 26551 | Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft | no auth | | | | |
| 26553 | Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 26554 | Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double | no auth | | | | |
| 26555 | Transfer, finger to another position without microvascular anastomosis | no auth | | | | |
| 26556 | Transfer, free toe joint, with microvascular anastomosis | no auth | | | | |
| 26560 | Repair of syndactyly (web finger) each web space; with skin flaps | no auth | | | | |
| 26561 | Repair of syndactyly (web finger) each web space; with skin flaps and grafts | no auth | | | | |
| 26562 | Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails) | no auth | | | | |
| 26565 | Osteotomy; metacarpal, each | no auth | | | | |
| 26567 | Osteotomy; phalanx of finger, each | no auth | | | | |
| 26568 | Osteoplasty, lengthening, metacarpal or phalanx | no auth | | | | |
| 26580 | Repair cleft hand | no auth | | | | |
| 26587 | Reconstruction of polydactylous digit, soft tissue and bone | no auth | | | | |
| 26590 | Repair macrodactylia, each digit | no auth | | | | |
| 26591 | Repair, intrinsic muscles of hand, each muscle | no auth | | | | |
| 26593 | Release, intrinsic muscles of hand, each muscle | no auth | | | | |
| 26596 | Excision of constricting ring of finger, with multiple Z-plasties | no auth | | | | |
| 26600 | Closed treatment of metacarpal fracture, single; without manipulation, each bone | no auth | | | | |
| 26605 | Closed treatment of metacarpal fracture, single; with manipulation, each bone | no auth | | | | |
| 26607 | Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone | no auth | | | | |
| 26608 | Percutaneous skeletal fixation of metacarpal fracture, each bone | no auth | | | | |
| 26615 | Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone | no auth | | | | |
| 26641 | Closed treatment of carpometacarpal dislocation, thumb, with manipulation | no auth | | | | |
| 26645 | Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation | no auth | | | | |
| 26650 | Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation | no auth | | | | |
| 26665 | Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed | no auth | | | | |
| 26670 | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia | no auth | | | | |
| 26675 | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia | no auth | | | | |
| 26676 | Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint | no auth | | | | |
| 26685 | Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint | no auth | | | | |
| 26686 | Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction | no auth | | | | |
| 26700 | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia | no auth | | | | |
| 26705 | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia | no auth | | | | |
| 26706 | Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation | no auth | | | | |
| 26715 | Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 26720 | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each | no auth | | | | |
| 26725 | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each | no auth | | | | |
| 26727 | Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each | no auth | | | | |
| 26735 | Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each | no auth | | | | |
| 26740 | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each | no auth | | | | |
| 26742 | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each | no auth | | | | |
| 26746 | Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each | no auth | | | | |
| 26750 | Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each | no auth | | | | |
| 26755 | Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each | no auth | | | | |
| 26756 | Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each | no auth | | | | |
| 26765 | Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each | no auth | | | | |
| 26770 | Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia | no auth | | | | |
| 26775 | Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia | no auth | | | | |
| 26776 | Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation | no auth | | | | |
| 26785 | Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single | no auth | | | | |
| 26820 | Fusion in opposition, thumb, with autogenous graft (includes obtaining graft) | no auth | | | | |
| 26841 | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; | no auth | | | | |
| 26842 | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft) | no auth | | | | |
| 26843 | Arthrodesis, carpometacarpal joint, digit, other than thumb, each; | no auth | | | | |
| 26844 | Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft) | no auth | | | | |
| 26850 | Arthrodesis, metacarpophalangeal joint, with or without internal fixation; | no auth | | | | |
| 26852 | Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) | no auth | | | | |
| 26860 | Arthrodesis, interphalangeal joint, with or without internal fixation; | no auth | | | | |
| 26861 | Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure) | no auth | | | | |
| 26862 | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 26863 | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure) | no auth | | | | |
| 26910 | Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer | no auth | | | | |
| 26951 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure | no auth | | | | |
| 26952 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood) | no auth | | | | |
| 26989 | Unlisted procedure, hands or fingers | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 26990 | Incision and drainage, pelvis or hip joint area; deep abscess or hematoma | no auth | | | | |
| 26991 | Incision and drainage, pelvis or hip joint area; infected bursa | no auth | | | | |
| 26992 | Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess) | no auth | | | | |
| 27000 | Tenotomy, adductor of hip, percutaneous (separate procedure) | no auth | | | | |
| 27001 | Tenotomy, adductor of hip, open | no auth | | | | |
| 27003 | Tenotomy, adductor, subcutaneous, open, with obturator neurectomy | no auth | | | | |
| 27005 | Tenotomy, hip flexor(s), open (separate procedure) | no auth | | | | |
| 27006 | Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure) | no auth | | | | |
| 27025 | Fasciotomy, hip or thigh, any type | no auth | | | | |
| 27027 | Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral | no auth | | | | |
| 27030 | Arthrotomy, hip, with drainage (eg, infection) | no auth | | | | |
| 27033 | Arthrotomy, hip, including exploration or removal of loose or foreign body | no auth | | | | |
| 27035 | Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves | no auth | | | | |
| 27036 | Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas) | no auth | | | | |
| 27040 | Biopsy, soft tissue of pelvis and hip area; superficial | no auth | | | | |
| 27041 | Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular | no auth | | | | |
| 27043 | Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater | no auth | | | | |
| 27045 | Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater | no auth | | | | |
| 27047 | Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm | no auth | | | | |
| 27048 | Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm | no auth | | | | |
| 27049 | Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm | no auth | | | | |
| 27050 | Arthrotomy, with biopsy; sacroiliac joint | no auth | | | | |
| 27052 | Arthrotomy, with biopsy; hip joint | no auth | | | | |

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|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 27054 | Arthrotomy with synovectomy, hip joint | no auth | | | | |
| 27057 | Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral | no auth | | | | |
| 27059 | Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater | no auth | | | | |
| 27060 | Excision; ischial bursa | no auth | | | | |
| 27062 | Excision; trochanteric bursa or calcification | no auth | | | | |
| 27065 | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed | no auth | | | | |
| 27066 | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed | no auth | | | | |
| 27067 | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision | no auth | | | | |
| 27070 | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial | no auth | | | | |
| 27071 | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular) | no auth | | | | |
| 27075 | Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis | no auth | | | | |
| 27076 | Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum | no auth | | | | |
| 27077 | Radical resection of tumor; innominate bone, total | no auth | | | | |
| 27078 | Radical resection of tumor; ischial tuberosity and greater trochanter of femur | no auth | | | | |
| 27080 | Coccygectomy, primary | no auth | | | | |
| 27086 | Removal of foreign body, pelvis or hip; subcutaneous tissue | no auth | | | | |
| 27087 | Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular) | no auth | | | | |
| 27090 | Removal of hip prosthesis; (separate procedure) | no auth | | | | |
| 27091 | Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer | no auth | | | | |
| 27093 | Injection procedure for hip arthrography; without anesthesia | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 27095 | Injection procedure for hip arthrography; with anesthesia | no auth | | | | |
| 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed | no auth | | | | |
| 27097 | Release or recession, hamstring, proximal | no auth | | | | |
| 27098 | Transfer, adductor to ischium | no auth | | | | |
| 27100 | Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft) | no auth | | | | |
| 27105 | Transfer paraspinal muscle to hip (includes fascial or tendon extension graft) | no auth | | | | |
| 27110 | Transfer iliopsoas; to greater trochanter of femur | no auth | | | | |
| 27111 | Transfer iliopsoas; to femoral neck | no auth | | | | |
| 27120 | Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 27122 | Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure) | no auth | | | | |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) | no auth | | | | |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | no auth | | | | |
| 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft | no auth | | | | |
| 27134 | Revision of total hip arthroplasty; both components, with or without autograft or allograft | no auth | | | | |
| 27137 | Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft | no auth | | | | |
| 27138 | Revision of total hip arthroplasty; femoral component only, with or without allograft | no auth | | | | |
| 27140 | Osteotomy and transfer of greater trochanter of femur (separate procedure) | no auth | | | | |
| 27146 | Osteotomy, iliac, acetabular or innominate bone; | no auth | | | | |
| 27147 | Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip | no auth | | | | |
| 27151 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy | no auth | | | | |
| 27156 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip | no auth | | | | |
| 27158 | Osteotomy, pelvis, bilateral (eg, congenital malformation) | no auth | | | | |
| 27161 | Osteotomy, femoral neck (separate procedure) | no auth | | | | |
| 27165 | Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast | no auth | | | | |
| 27170 | Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft) | no auth | | | | |
| 27175 | Treatment of slipped femoral epiphysis; by traction, without reduction | no auth | | | | |
| 27176 | Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ | no auth | | | | |
| 27177 | Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft) | no auth | | | | |
| 27178 | Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning | no auth | | | | |
| 27179 | Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure) | no auth | | | | |
| 27181 | Open treatment of slipped femoral epiphysis; osteotomy and internal fixation | no auth | | | | |
| 27185 | Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur | no auth | | | | |
| 27187 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur | no auth | | | | |
| 27197 | Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 27198 | Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural) | no auth | | | | |
| 27200 | Closed treatment of coccygeal fracture | no auth | | | | |
| 27202 | Open treatment of coccygeal fracture | no auth | | | | |
| 27215 | Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 27216 | Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 27217 | Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 27218 | Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 27220 | Closed treatment of acetabulum (hip socket) fracture(s); without manipulation | no auth | | | | |
| 27222 | Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction | no auth | | | | |
| 27226 | Open treatment of posterior or anterior acetabular wall fracture, with internal fixation | no auth | | | | |
| 27227 | Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation | no auth | | | | |
| 27228 | Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation | no auth | | | | |
| 27230 | Closed treatment of femoral fracture, proximal end, neck; without manipulation | no auth | | | | |
| 27232 | Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction | no auth | | | | |
| 27235 | Percutaneous skeletal fixation of femoral fracture, proximal end, neck | no auth | | | | |
| 27236 | Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement | no auth | | | | |
| 27238 | Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 27240 | Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction | no auth | | | | |
| 27244 | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage | no auth | | | | |
| 27245 | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage | no auth | | | | |
| 27246 | Closed treatment of greater trochanteric fracture, without manipulation | no auth | | | | |
| 27248 | Open treatment of greater trochanteric fracture, includes internal fixation, when performed | no auth | | | | |
| 27250 | Closed treatment of hip dislocation, traumatic; without anesthesia | no auth | | | | |
| 27252 | Closed treatment of hip dislocation, traumatic; requiring anesthesia | no auth | | | | |
| 27253 | Open treatment of hip dislocation, traumatic, without internal fixation | no auth | | | | |
| 27254 | Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation | no auth | | | | |
| 27256 | Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation | no auth | | | | |
| 27257 | Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia | no auth | | | | |
| 27258 | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); | no auth | | | | |
| 27259 | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening | no auth | | | | |
| 27265 | Closed treatment of post hip arthroplasty dislocation; without anesthesia | no auth | | | | |
| 27266 | Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia | no auth | | | | |
| 27267 | Closed treatment of femoral fracture, proximal end, head; without manipulation | no auth | | | | |
| 27268 | Closed treatment of femoral fracture, proximal end, head; with manipulation | no auth | | | | |
| 27269 | Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed | no auth | | | | |
| 27275 | Manipulation, hip joint, requiring general anesthesia | no auth | | | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | no auth | | | | |
| 27280 | Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed | no auth | | | | |
| 27282 | Arthrodesis, symphysis pubis (including obtaining graft) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 27284 | Arthrodesis, hip joint (including obtaining graft); | no auth | | | | |
| 27286 | Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy | no auth | | | | |
| 27290 | Interpelviabdominal amputation (hindquarter amputation) | no auth | | | | |
| 27295 | Disarticulation of hip | no auth | | | | |
| 27299 | Unlisted procedure, pelvis or hip joint | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 27301 | Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region | no auth | | | | |
| 27303 | Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess) | no auth | | | | |
| 27305 | Fasciotomy, iliotibial (tenotomy), open | no auth | | | | |
| 27306 | Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure) | no auth | | | | |
| 27307 | Tenotomy, percutaneous, adductor or hamstring; multiple tendons | no auth | | | | |
| 27310 | Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection) | no auth | | | | |
| 27323 | Biopsy, soft tissue of thigh or knee area; superficial | no auth | | | | |
| 27324 | Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular) | no auth | | | | |
| 27325 | Neurectomy, hamstring muscle | no auth | | | | |
| 27326 | Neurectomy, popliteal (gastrocnemius) | no auth | | | | |
| 27327 | Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm | no auth | | | | |
| 27328 | Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm | no auth | | | | |
| 27329 | Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm | no auth | | | | |
| 27330 | Arthrotomy, knee; with synovial biopsy only | no auth | | | | |
| 27331 | Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies | no auth | | | | |
| 27332 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral | no auth | | | | |
| 27333 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral | no auth | | | | |
| 27334 | Arthrotomy, with synovectomy, knee; anterior OR posterior | no auth | | | | |
| 27335 | Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area | no auth | | | | |
| 27337 | Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater | no auth | | | | |
| 27339 | Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater | no auth | | | | |
| 27340 | Excision, prepatellar bursa | no auth | | | | |
| 27345 | Excision of synovial cyst of popliteal space (eg, Baker's cyst) | no auth | | | | |
| 27347 | Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee | no auth | | | | |
| 27350 | Patellectomy or hemipatellectomy | no auth | | | | |
| 27355 | Excision or curettage of bone cyst or benign tumor of femur; | no auth | | | | |
| 27356 | Excision or curettage of bone cyst or benign tumor of femur; with allograft | no auth | | | | |
| 27357 | Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft) | no auth | | | | |

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|-----------|---|-------------------------------------|--|-------------------|--|-------------------------------|
| 27358 | Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure) | no auth | | | | |
| 27360 | Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess) | no auth | | | | |
| 27364 | Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater | no auth | | | | |
| 27365 | Radical resection of tumor, femur or knee | no auth | | | | |
| 27369 | Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 27372 | Removal of foreign body, deep, thigh region or knee area | no auth | | | | |
| 27380 | Suture of infrapatellar tendon; primary | no auth | | | | |
| 27381 | Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft | no auth | | | | |
| 27385 | Suture of quadriceps or hamstring muscle rupture; primary | no auth | | | | |
| 27386 | Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft | no auth | | | | |
| 27390 | Tenotomy, open, hamstring, knee to hip; single tendon | no auth | | | | |
| 27391 | Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg | no auth | | | | |
| 27392 | Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral | no auth | | | | |
| 27393 | Lengthening of hamstring tendon; single tendon | no auth | | | | |
| 27394 | Lengthening of hamstring tendon; multiple tendons, 1 leg | no auth | | | | |
| 27395 | Lengthening of hamstring tendon; multiple tendons, bilateral | no auth | | | | |
| 27396 | Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon | no auth | | | | |
| 27397 | Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons | no auth | | | | |
| 27400 | Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure) | no auth | | | | |
| 27403 | Arthrotomy with meniscus repair, knee | no auth | | | | |
| 27405 | Repair, primary, torn ligament and/or capsule, knee; collateral | no auth | | | | |
| 27407 | Repair, primary, torn ligament and/or capsule, knee; cruciate | no auth | | | | |
| 27409 | Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments | no auth | | | | |
| 27412 | Autologous chondrocyte implantation, knee | AUTH REQUIRED | | | MCG:Autologous Chondrocyte Implantation, Knee ACG: A-0415 (AC) | |
| 27415 | Osteochondral allograft, knee, open | no auth | | | | |
| 27416 | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) | no auth | | | | |
| 27418 | Anterior tibial tubercleplasty (eg, Maquet type procedure) | no auth | | | | |
| 27420 | Reconstruction of dislocating patella; (eg, Hauser type procedure) | no auth | | | | |
| 27422 | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure) | no auth | | | | |
| 27424 | Reconstruction of dislocating patella; with patellectomy | no auth | | | | |
| 27425 | Lateral retinacular release, open | no auth | | | | |
| 27427 | Ligamentous reconstruction (augmentation), knee; extra-articular | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 27428 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) | no auth | | | | |
| 27429 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular | no auth | | | | |
| 27430 | Quadricepsplasty (eg, Bennett or Thompson type) | no auth | | | | |
| 27435 | Capsulotomy, posterior capsular release, knee | no auth | | | | |
| 27437 | Arthroplasty, patella; without prosthesis | no auth | | | | |
| 27438 | Arthroplasty, patella; with prosthesis | no auth | | | | |
| 27440 | Arthroplasty, knee, tibial plateau; | no auth | | | | |
| 27441 | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy | no auth | | | | |
| 27442 | Arthroplasty, femoral condyles or tibial plateau(s), knee; | no auth | | | | |
| 27443 | Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy | no auth | | | | |
| 27445 | Arthroplasty, knee, hinge prosthesis (eg, Walldius type) | no auth | | | | |
| 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment | no auth | | | | |
| 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | no auth | | | | |
| 27448 | Osteotomy, femur, shaft or supracondylar; without fixation | no auth | | | | |
| 27450 | Osteotomy, femur, shaft or supracondylar; with fixation | no auth | | | | |
| 27454 | Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure) | no auth | | | | |
| 27455 | Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure | no auth | | | | |
| 27457 | Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure | no auth | | | | |
| 27465 | Osteoplasty, femur; shortening (excluding 64876) | no auth | | | | |
| 27466 | Osteoplasty, femur; lengthening | no auth | | | | |
| 27468 | Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer | no auth | | | | |
| 27470 | Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique) | no auth | | | | |
| 27472 | Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft) | no auth | | | | |
| 27475 | Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur | no auth | | | | |
| 27477 | Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal | no auth | | | | |
| 27479 | Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula | no auth | | | | |
| 27485 | Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus) | no auth | | | | |
| 27486 | Revision of total knee arthroplasty, with or without allograft; 1 component | AUTH REQUIRED | | | | |
| 27487 | Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component | AUTH REQUIRED | | | | |
| 27488 | Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee | no auth | | | | |
| 27495 | Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur | no auth | | | | |
| 27496 | Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 27497 | Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve | no auth | | | | |
| 27498 | Decompression fasciotomy, thigh and/or knee, multiple compartments; | no auth | | | | |
| 27499 | Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve | no auth | | | | |
| 27500 | Closed treatment of femoral shaft fracture, without manipulation | no auth | | | | |
| 27501 | Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation | no auth | | | | |
| 27502 | Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction | no auth | | | | |
| 27503 | Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction | no auth | | | | |
| 27506 | Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws | no auth | | | | |
| 27507 | Open treatment of femoral shaft fracture with plate/screws, with or without cerclage | no auth | | | | |
| 27508 | Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation | no auth | | | | |
| 27509 | Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation | no auth | | | | |
| 27510 | Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation | no auth | | | | |
| 27511 | Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed | no auth | | | | |
| 27513 | Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed | no auth | | | | |
| 27514 | Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed | no auth | | | | |
| 27516 | Closed treatment of distal femoral epiphyseal separation; without manipulation | no auth | | | | |
| 27517 | Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction | no auth | | | | |
| 27519 | Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed | no auth | | | | |
| 27520 | Closed treatment of patellar fracture, without manipulation | no auth | | | | |
| 27524 | Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair | no auth | | | | |
| 27530 | Closed treatment of tibial fracture, proximal (plateau); without manipulation | no auth | | | | |
| 27532 | Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction | no auth | | | | |
| 27535 | Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed | no auth | | | | |
| 27536 | Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation | no auth | | | | |
| 27538 | Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 27540 | Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed | no auth | | | | |
| 27550 | Closed treatment of knee dislocation; without anesthesia | no auth | | | | |
| 27552 | Closed treatment of knee dislocation; requiring anesthesia | no auth | | | | |
| 27556 | Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction | no auth | | | | |
| 27557 | Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair | no auth | | | | |
| 27558 | Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction | no auth | | | | |
| 27560 | Closed treatment of patellar dislocation; without anesthesia | no auth | | | | |
| 27562 | Closed treatment of patellar dislocation; requiring anesthesia | no auth | | | | |
| 27566 | Open treatment of patellar dislocation, with or without partial or total patellectomy | no auth | | | | |
| 27570 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) | no auth | | | | |
| 27580 | Arthrodesis, knee, any technique | no auth | | | | |
| 27590 | Amputation, thigh, through femur, any level; | no auth | | | | |
| 27591 | Amputation, thigh, through femur, any level; immediate fitting technique including first cast | no auth | | | | |
| 27592 | Amputation, thigh, through femur, any level; open, circular (guillotine) | no auth | | | | |
| 27594 | Amputation, thigh, through femur, any level; secondary closure or scar revision | no auth | | | | |
| 27596 | Amputation, thigh, through femur, any level; re-amputation | no auth | | | | |
| 27598 | Disarticulation at knee | no auth | | | | |
| 27599 | Unlisted procedure, femur or knee | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 27600 | Decompression fasciotomy, leg; anterior and/or lateral compartments only | no auth | | | | |
| 27601 | Decompression fasciotomy, leg; posterior compartment(s) only | no auth | | | | |
| 27602 | Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s) | no auth | | | | |
| 27603 | Incision and drainage, leg or ankle; deep abscess or hematoma | no auth | | | | |
| 27604 | Incision and drainage, leg or ankle; infected bursa | no auth | | | | |
| 27605 | Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia | no auth | | | | |
| 27606 | Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia | no auth | | | | |
| 27607 | Incision (eg, osteomyelitis or bone abscess), leg or ankle | no auth | | | | |
| 27610 | Arthrotomy, ankle, including exploration, drainage, or removal of foreign body | no auth | | | | |
| 27612 | Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening | no auth | | | | |
| 27613 | Biopsy, soft tissue of leg or ankle area; superficial | no auth | | | | |
| 27614 | Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular) | no auth | | | | |
| 27615 | Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm | no auth | | | | |

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|-----------|---|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 27616 | Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater | no auth | | | | |
| 27618 | Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm | no auth | | | | |
| 27619 | Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm | no auth | | | | |
| 27620 | Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body | no auth | | | | |
| 27625 | Arthrotomy, with synovectomy, ankle; | no auth | | | | |
| 27626 | Arthrotomy, with synovectomy, ankle; including tenosynovectomy | no auth | | | | |
| 27630 | Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle | no auth | | | | |
| 27632 | Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater | no auth | | | | |
| 27634 | Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater | no auth | | | | |
| 27635 | Excision or curettage of bone cyst or benign tumor, tibia or fibula; | no auth | | | | |
| 27637 | Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft) | no auth | | | | |
| 27638 | Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft | no auth | | | | |
| 27640 | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia | no auth | | | | |
| 27641 | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula | no auth | | | | |
| 27645 | Radical resection of tumor; tibia | no auth | | | | |
| 27646 | Radical resection of tumor; fibula | no auth | | | | |
| 27647 | Radical resection of tumor; talus or calcaneus | no auth | | | | |
| 27648 | Injection procedure for ankle arthrography | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 27650 | Repair, primary, open or percutaneous, ruptured Achilles tendon; | no auth | | | | |
| 27652 | Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft) | no auth | | | | |
| 27654 | Repair, secondary, Achilles tendon, with or without graft | no auth | | | | |
| 27656 | Repair, fascial defect of leg | no auth | | | | |
| 27658 | Repair, flexor tendon, leg; primary, without graft, each tendon | no auth | | | | |
| 27659 | Repair, flexor tendon, leg; secondary, with or without graft, each tendon | no auth | | | | |
| 27664 | Repair, extensor tendon, leg; primary, without graft, each tendon | no auth | | | | |
| 27665 | Repair, extensor tendon, leg; secondary, with or without graft, each tendon | no auth | | | | |
| 27675 | Repair, dislocating peroneal tendons; without fibular osteotomy | no auth | | | | |
| 27676 | Repair, dislocating peroneal tendons; with fibular osteotomy | no auth | | | | |
| 27680 | Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon | no auth | | | | |
| 27681 | Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s]) | no auth | | | | |
| 27685 | Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure) | no auth | | | | |
| 27686 | Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each | no auth | | | | |
| 27687 | Gastrocnemius recession (eg, Strayer procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 27690 | Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot) | no auth | | | | |
| 27691 | Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) | no auth | | | | |
| 27692 | Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure) | no auth | | | | |
| 27695 | Repair, primary, disrupted ligament, ankle; collateral | no auth | | | | |
| 27696 | Repair, primary, disrupted ligament, ankle; both collateral ligaments | no auth | | | | |
| 27698 | Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure) | no auth | | | | |
| 27700 | Arthroplasty, ankle; | no auth | | | | |
| 27702 | Arthroplasty, ankle; with implant (total ankle) | no auth | | | | |
| 27703 | Arthroplasty, ankle; revision, total ankle | no auth | | | | |
| 27704 | Removal of ankle implant | no auth | | | | |
| 27705 | Osteotomy; tibia | no auth | | | | |
| 27707 | Osteotomy; fibula | no auth | | | | |
| 27709 | Osteotomy; tibia and fibula | no auth | | | | |
| 27712 | Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure) | no auth | | | | |
| 27715 | Osteoplasty, tibia and fibula, lengthening or shortening | no auth | | | | |
| 27720 | Repair of nonunion or malunion, tibia; without graft, (eg, compression technique) | no auth | | | | |
| 27722 | Repair of nonunion or malunion, tibia; with sliding graft | no auth | | | | |
| 27724 | Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft) | no auth | | | | |
| 27725 | Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method | no auth | | | | |
| 27726 | Repair of fibula nonunion and/or malunion with internal fixation | no auth | | | | |
| 27727 | Repair of congenital pseudarthrosis, tibia | no auth | | | | |
| 27730 | Arrest, epiphyseal (epiphysiodesis), open; distal tibia | no auth | | | | |
| 27732 | Arrest, epiphyseal (epiphysiodesis), open; distal fibula | no auth | | | | |
| 27734 | Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula | no auth | | | | |
| 27740 | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; | no auth | | | | |
| 27742 | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur | no auth | | | | |
| 27745 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia | no auth | | | | |
| 27750 | Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation | no auth | | | | |
| 27752 | Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction | no auth | | | | |
| 27756 | Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws) | no auth | | | | |
| 27758 | Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage | no auth | | | | |
| 27759 | Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 27760 | Closed treatment of medial malleolus fracture; without manipulation | no auth | | | | |
| 27762 | Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction | no auth | | | | |
| 27766 | Open treatment of medial malleolus fracture, includes internal fixation, when performed | no auth | | | | |
| 27767 | Closed treatment of posterior malleolus fracture; without manipulation | no auth | | | | |
| 27768 | Closed treatment of posterior malleolus fracture; with manipulation | no auth | | | | |
| 27769 | Open treatment of posterior malleolus fracture, includes internal fixation, when performed | no auth | | | | |
| 27780 | Closed treatment of proximal fibula or shaft fracture; without manipulation | no auth | | | | |
| 27781 | Closed treatment of proximal fibula or shaft fracture; with manipulation | no auth | | | | |
| 27784 | Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed | no auth | | | | |
| 27786 | Closed treatment of distal fibular fracture (lateral malleolus); without manipulation | no auth | | | | |
| 27788 | Closed treatment of distal fibular fracture (lateral malleolus); with manipulation | no auth | | | | |
| 27792 | Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed | no auth | | | | |
| 27808 | Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation | no auth | | | | |
| 27810 | Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation | no auth | | | | |
| 27814 | Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed | no auth | | | | |
| 27816 | Closed treatment of trimalleolar ankle fracture; without manipulation | no auth | | | | |
| 27818 | Closed treatment of trimalleolar ankle fracture; with manipulation | no auth | | | | |
| 27822 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip | no auth | | | | |
| 27823 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip | no auth | | | | |
| 27824 | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation | no auth | | | | |
| 27825 | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation | no auth | | | | |
| 27826 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only | no auth | | | | |
| 27827 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only | no auth | | | | |
| 27828 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 27829 | Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed | no auth | | | | |
| 27830 | Closed treatment of proximal tibiofibular joint dislocation; without anesthesia | no auth | | | | |
| 27831 | Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia | no auth | | | | |
| 27832 | Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula | no auth | | | | |
| 27840 | Closed treatment of ankle dislocation; without anesthesia | no auth | | | | |
| 27842 | Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation | no auth | | | | |
| 27846 | Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation | no auth | | | | |
| 27848 | Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation | no auth | | | | |
| 27860 | Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus) | no auth | | | | |
| 27870 | Arthrodesis, ankle, open | no auth | | | | |
| 27871 | Arthrodesis, tibiofibular joint, proximal or distal | no auth | | | | |
| 27880 | Amputation, leg, through tibia and fibula; | no auth | | | | |
| 27881 | Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast | no auth | | | | |
| 27882 | Amputation, leg, through tibia and fibula; open, circular (guillotine) | no auth | | | | |
| 27884 | Amputation, leg, through tibia and fibula; secondary closure or scar revision | no auth | | | | |
| 27886 | Amputation, leg, through tibia and fibula; re-amputation | no auth | | | | |
| 27888 | Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves | no auth | | | | |
| 27889 | Ankle disarticulation | no auth | | | | |
| 27892 | Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve | no auth | | | | |
| 27893 | Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve | no auth | | | | |
| 27894 | Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve | no auth | | | | |
| 27899 | Unlisted procedure, leg or ankle | AUTH REQUIRED | | | MCG: Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 28001 | Incision and drainage, bursa, foot | no auth | | | | |
| 28002 | Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space | no auth | | | | |
| 28003 | Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas | no auth | | | | |
| 28005 | Incision, bone cortex (eg, osteomyelitis or bone abscess), foot | no auth | | | | |
| 28008 | Fasciotomy, foot and/or toe | no auth | | | | |
| 28010 | Tenotomy, percutaneous, toe; single tendon | no auth | | | | |
| 28011 | Tenotomy, percutaneous, toe; multiple tendons | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 28020 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint | no auth | | | | |
| 28022 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint | no auth | | | | |
| 28024 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint | no auth | | | | |
| 28035 | Release, tarsal tunnel (posterior tibial nerve decompression) | no auth | | | | |
| 28039 | Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater | no auth | | | | |
| 28041 | Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater | no auth | | | | |
| 28043 | Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm | no auth | | | | |
| 28045 | Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm | no auth | | | | |
| 28046 | Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm | no auth | | | | |
| 28047 | Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater | no auth | | | | |
| 28050 | Arthrotomy with biopsy; intertarsal or tarsometatarsal joint | no auth | | | | |
| 28052 | Arthrotomy with biopsy; metatarsophalangeal joint | no auth | | | | |
| 28054 | Arthrotomy with biopsy; interphalangeal joint | no auth | | | | |
| 28055 | Neurectomy, intrinsic musculature of foot | no auth | | | | |
| 28060 | Fasciectomy, plantar fascia; partial (separate procedure) | no auth | | | | |
| 28062 | Fasciectomy, plantar fascia; radical (separate procedure) | no auth | | | | |
| 28070 | Synovectomy; intertarsal or tarsometatarsal joint, each | no auth | | | | |
| 28072 | Synovectomy; metatarsophalangeal joint, each | no auth | | | | |
| 28080 | Excision, interdigital (Morton) neuroma, single, each | no auth | | | | |
| 28086 | Synovectomy, tendon sheath, foot; flexor | no auth | | | | |
| 28088 | Synovectomy, tendon sheath, foot; extensor | no auth | | | | |
| 28090 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot | no auth | | | | |
| 28092 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each | no auth | | | | |
| 28100 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; | no auth | | | | |
| 28102 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft) | no auth | | | | |
| 28103 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft | no auth | | | | |
| 28104 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; | no auth | | | | |
| 28106 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft) | no auth | | | | |
| 28107 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft | no auth | | | | |
| 28108 | Excision or curettage of bone cyst or benign tumor, phalanges of foot | no auth | | | | |
| 28110 | Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure) | no auth | | | | |
| 28111 | Ostectomy, complete excision; first metatarsal head | no auth | | | | |
| 28112 | Ostectomy, complete excision; other metatarsal head (second, third or fourth) | no auth | | | | |
| 28113 | Ostectomy, complete excision; fifth metatarsal head | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 28114 | Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure) | no auth | | | | |
| 28116 | Ostectomy, excision of tarsal coalition | no auth | | | | |
| 28118 | Ostectomy, calcaneus; | no auth | | | | |
| 28119 | Ostectomy, calcaneus; for spur, with or without plantar fascial release | no auth | | | | |
| 28120 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus | no auth | | | | |
| 28122 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus | no auth | | | | |
| 28124 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe | no auth | | | | |
| 28126 | Resection, partial or complete, phalangeal base, each toe | no auth | | | | |
| 28130 | Talectomy (astragalectomy) | no auth | | | | |
| 28140 | Metatarsectomy | no auth | | | | |
| 28150 | Phalangectomy, toe, each toe | no auth | | | | |
| 28153 | Resection, condyle(s), distal end of phalanx, each toe | no auth | | | | |
| 28160 | Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each | no auth | | | | |
| 28171 | Radical resection of tumor; tarsal (except talus or calcaneus) | no auth | | | | |
| 28173 | Radical resection of tumor; metatarsal | no auth | | | | |
| 28175 | Radical resection of tumor; phalanx of toe | no auth | | | | |
| 28190 | Removal of foreign body, foot; subcutaneous | no auth | | | | |
| 28192 | Removal of foreign body, foot; deep | no auth | | | | |
| 28193 | Removal of foreign body, foot; complicated | no auth | | | | |
| 28200 | Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon | no auth | | | | |
| 28202 | Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft) | no auth | | | | |
| 28208 | Repair, tendon, extensor, foot; primary or secondary, each tendon | no auth | | | | |
| 28210 | Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft) | no auth | | | | |
| 28220 | Tenolysis, flexor, foot; single tendon | no auth | | | | |
| 28222 | Tenolysis, flexor, foot; multiple tendons | no auth | | | | |
| 28225 | Tenolysis, extensor, foot; single tendon | no auth | | | | |
| 28226 | Tenolysis, extensor, foot; multiple tendons | no auth | | | | |
| 28230 | Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure) | no auth | | | | |
| 28232 | Tenotomy, open, tendon flexor; toe, single tendon (separate procedure) | no auth | | | | |
| 28234 | Tenotomy, open, extensor, foot or toe, each tendon | no auth | | | | |
| 28238 | Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure) | no auth | | | | |
| 28240 | Tenotomy, lengthening, or release, abductor hallucis muscle | no auth | | | | |
| 28250 | Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure) | no auth | | | | |
| 28260 | Capsulotomy, midfoot; medial release only (separate procedure) | no auth | | | | |
| 28261 | Capsulotomy, midfoot; with tendon lengthening | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 28262 | Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity) | no auth | | | | |
| 28264 | Capsulotomy, midtarsal (eg, Heyman type procedure) | no auth | | | | |
| 28270 | Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure) | no auth | | | | |
| 28272 | Capsulotomy; interphalangeal joint, each joint (separate procedure) | no auth | | | | |
| 28280 | Syndactylization, toes (eg, webbing or Kelikian type procedure) | no auth | | | | |
| 28285 | Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) | no auth | | | | |
| 28286 | Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure) | no auth | | | | |
| 28288 | Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head | no auth | | | | |
| 28289 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant | no auth | | | | |
| 28291 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant | no auth | | | | |
| 28292 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method | no auth | | | | |
| 28295 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method | no auth | | | | |
| 28296 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method | no auth | | | | |
| 28297 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method | no auth | | | | |
| 28298 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method | no auth | | | | |
| 28299 | Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method | no auth | | | | |
| 28300 | Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation | no auth | | | | |
| 28302 | Osteotomy; talus | no auth | | | | |
| 28304 | Osteotomy, tarsal bones, other than calcaneus or talus; | no auth | | | | |
| 28305 | Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type) | no auth | | | | |
| 28306 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal | no auth | | | | |
| 28307 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe) | no auth | | | | |
| 28308 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each | no auth | | | | |
| 28309 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure) | no auth | | | | |
| 28310 | Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 28312 | Osteotomy, shortening, angular or rotational correction; other phalanges, any toe | no auth | | | | |
| 28313 | Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes) | no auth | | | | |
| 28315 | Sesamoidectomy, first toe (separate procedure) | no auth | | | | |
| 28320 | Repair, nonunion or malunion; tarsal bones | no auth | | | | |
| 28322 | Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft) | no auth | | | | |
| 28340 | Reconstruction, toe, macrodactyly; soft tissue resection | no auth | | | | |
| 28341 | Reconstruction, toe, macrodactyly; requiring bone resection | no auth | | | | |
| 28344 | Reconstruction, toe(s); polydactyly | no auth | | | | |
| 28345 | Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web | no auth | | | | |
| 28360 | Reconstruction, cleft foot | no auth | | | | |
| 28400 | Closed treatment of calcaneal fracture; without manipulation | no auth | | | | |
| 28405 | Closed treatment of calcaneal fracture; with manipulation | no auth | | | | |
| 28406 | Percutaneous skeletal fixation of calcaneal fracture, with manipulation | no auth | | | | |
| 28415 | Open treatment of calcaneal fracture, includes internal fixation, when performed; | no auth | | | | |
| 28420 | Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft) | no auth | | | | |
| 28430 | Closed treatment of talus fracture; without manipulation | no auth | | | | |
| 28435 | Closed treatment of talus fracture; with manipulation | no auth | | | | |
| 28436 | Percutaneous skeletal fixation of talus fracture, with manipulation | no auth | | | | |
| 28445 | Open treatment of talus fracture, includes internal fixation, when performed | no auth | | | | |
| 28446 | Open osteochondral autograft, talus (includes obtaining graft(s)) | no auth | | | | |
| 28450 | Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each | no auth | | | | |
| 28455 | Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each | no auth | | | | |
| 28456 | Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each | no auth | | | | |
| 28465 | Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each | no auth | | | | |
| 28470 | Closed treatment of metatarsal fracture; without manipulation, each | no auth | | | | |
| 28475 | Closed treatment of metatarsal fracture; with manipulation, each | no auth | | | | |
| 28476 | Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each | no auth | | | | |
| 28485 | Open treatment of metatarsal fracture, includes internal fixation, when performed, each | no auth | | | | |
| 28490 | Closed treatment of fracture great toe, phalanx or phalanges; without manipulation | no auth | | | | |
| 28495 | Closed treatment of fracture great toe, phalanx or phalanges; with manipulation | no auth | | | | |
| 28496 | Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation | no auth | | | | |
| 28505 | Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 28510 | Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each | no auth | | | | |
| 28515 | Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each | no auth | | | | |
| 28525 | Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each | no auth | | | | |
| 28530 | Closed treatment of sesamoid fracture | no auth | | | | |
| 28531 | Open treatment of sesamoid fracture, with or without internal fixation | no auth | | | | |
| 28540 | Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia | no auth | | | | |
| 28545 | Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia | no auth | | | | |
| 28546 | Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation | no auth | | | | |
| 28555 | Open treatment of tarsal bone dislocation, includes internal fixation, when performed | no auth | | | | |
| 28570 | Closed treatment of talotarsal joint dislocation; without anesthesia | no auth | | | | |
| 28575 | Closed treatment of talotarsal joint dislocation; requiring anesthesia | no auth | | | | |
| 28576 | Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation | no auth | | | | |
| 28585 | Open treatment of talotarsal joint dislocation, includes internal fixation, when performed | no auth | | | | |
| 28600 | Closed treatment of tarsometatarsal joint dislocation; without anesthesia | no auth | | | | |
| 28605 | Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia | no auth | | | | |
| 28606 | Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation | no auth | | | | |
| 28615 | Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed | no auth | | | | |
| 28630 | Closed treatment of metatarsophalangeal joint dislocation; without anesthesia | no auth | | | | |
| 28635 | Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia | no auth | | | | |
| 28636 | Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation | no auth | | | | |
| 28645 | Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed | no auth | | | | |
| 28660 | Closed treatment of interphalangeal joint dislocation; without anesthesia | no auth | | | | |
| 28665 | Closed treatment of interphalangeal joint dislocation; requiring anesthesia | no auth | | | | |
| 28666 | Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation | no auth | | | | |
| 28675 | Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed | no auth | | | | |
| 28705 | Arthrodesis; pantalar | no auth | | | | |
| 28715 | Arthrodesis; triple | no auth | | | | |
| 28725 | Arthrodesis; subtalar | no auth | | | | |
| 28730 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; | no auth | | | | |
| 28735 | Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction) | no auth | | | | |
| 28737 | Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 28740 | Arthrodesis, midtarsal or tarsometatarsal, single joint | no auth | | | | |
| 28750 | Arthrodesis, great toe; metatarsophalangeal joint | no auth | | | | |
| 28755 | Arthrodesis, great toe; interphalangeal joint | no auth | | | | |
| 28760 | Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure) | no auth | | | | |
| 28800 | Amputation, foot; midtarsal (eg, Chopart type procedure) | no auth | | | | |
| 28805 | Amputation, foot; transmetatarsal | no auth | | | | |
| 28810 | Amputation, metatarsal, with toe, single | no auth | | | | |
| 28820 | Amputation, toe; metatarsophalangeal joint | no auth | | | | |
| 28825 | Amputation, toe; interphalangeal joint | no auth | | | | |
| 28890 | Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia | no auth | | | | |
| 28899 | Unlisted procedure, foot or toes | AUTH REQUIRED | | | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG), Osteochondral Allograft ACG: A-0506 (AC) | |
| 29000 | Application of halo type body cast (see 20661-20663 for insertion) | no auth | | | | |
| 29010 | Application of Risser jacket, localizer, body; only | no auth | | | | |
| 29015 | Application of Risser jacket, localizer, body; including head | no auth | | | | |
| 29035 | Application of body cast, shoulder to hips; | no auth | | | | |
| 29040 | Application of body cast, shoulder to hips; including head, Minerva type | no auth | | | | |
| 29044 | Application of body cast, shoulder to hips; including 1 thigh | no auth | | | | |
| 29046 | Application of body cast, shoulder to hips; including both thighs | no auth | | | | |
| 29049 | Application, cast; figure-of-eight | no auth | | | | |
| 29055 | Application, cast; shoulder spica | no auth | | | | |
| 29058 | Application, cast; plaster Velpeau | no auth | | | | |
| 29065 | Application, cast; shoulder to hand (long arm) | no auth | | | | |
| 29075 | Application, cast; elbow to finger (short arm) | no auth | | | | |
| 29085 | Application, cast; hand and lower forearm (gauntlet) | no auth | | | | |
| 29086 | Application, cast; finger (eg, contracture) | no auth | | | | |
| 29105 | Application of long arm splint (shoulder to hand) | no auth | | | | |
| 29125 | Application of short arm splint (forearm to hand); static | no auth | | | | |
| 29126 | Application of short arm splint (forearm to hand); dynamic | no auth | | | | |
| 29130 | Application of finger splint; static | no auth | | | | |
| 29131 | Application of finger splint; dynamic | no auth | | | | |
| 29200 | Strapping; thorax | no auth | | | | |
| 29240 | Strapping; shoulder (eg, Velpeau) | no auth | | | | |
| 29260 | Strapping; elbow or wrist | no auth | | | | |
| 29280 | Strapping; hand or finger | no auth | | | | |
| 29305 | Application of hip spica cast; 1 leg | no auth | | | | |
| 29325 | Application of hip spica cast; 1 and one-half spica or both legs | no auth | | | | |
| 29345 | Application of long leg cast (thigh to toes); | no auth | | | | |
| 29355 | Application of long leg cast (thigh to toes); walker or ambulatory type | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 29358 | Application of long leg cast brace | no auth | | | | |
| 29365 | Application of cylinder cast (thigh to ankle) | no auth | | | | |
| 29405 | Application of short leg cast (below knee to toes); | no auth | | | | |
| 29425 | Application of short leg cast (below knee to toes); walking or ambulatory type | no auth | | | | |
| 29435 | Application of patellar tendon bearing (PTB) cast | no auth | | | | |
| 29440 | Adding walker to previously applied cast | no auth | | | | |
| 29445 | Application of rigid total contact leg cast | no auth | | | | |
| 29450 | Application of clubfoot cast with molding or manipulation, long or short leg | no auth | | | | |
| 29505 | Application of long leg splint (thigh to ankle or toes) | no auth | | | | |
| 29515 | Application of short leg splint (calf to foot) | no auth | | | | |
| 29520 | Strapping; hip | no auth | | | | |
| 29530 | Strapping; knee | no auth | | | | |
| 29540 | Strapping; ankle and/or foot | no auth | | | | |
| 29550 | Strapping; toes | no auth | | | | |
| 29580 | Strapping; Unna boot | no auth | | | | |
| 29581 | Application of multi-layer compression system; leg (below knee), including ankle and foot | no auth | | | | |
| 29584 | Application of multi-layer compression system; upper arm, forearm, hand, and fingers | no auth | | | | |
| 29700 | Removal or bivalving; gauntlet, boot or body cast | no auth | | | | |
| 29705 | Removal or bivalving; full arm or full leg cast | no auth | | | | |
| 29710 | Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc. | no auth | | | | |
| 29720 | Repair of spica, body cast or jacket | no auth | | | | |
| 29730 | Windowing of cast | no auth | | | | |
| 29740 | Wedging of cast (except clubfoot casts) | no auth | | | | |
| 29750 | Wedging of clubfoot cast | no auth | | | | |
| 29799 | Unlisted procedure, casting or strapping | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 29800 | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) | no auth | | | | |
| 29804 | Arthroscopy, temporomandibular joint, surgical | no auth | | | | |
| 29805 | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) | no auth | | | | |
| 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | no auth | | | | |
| 29807 | Arthroscopy, shoulder, surgical; repair of SLAP lesion | no auth | | | | |
| 29819 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body | no auth | | | | |
| 29820 | Arthroscopy, shoulder, surgical; synovectomy, partial | no auth | | | | |
| 29821 | Arthroscopy, shoulder, surgical; synovectomy, complete | no auth | | | | |
| 29822 | Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) | no auth | | | | |
| 29823 | Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) | no auth | | | | |
| 29825 | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation | no auth | | | | |
| 29826 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure) | no auth | | | | |
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | no auth | | | | |
| 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis | no auth | | | | |
| 29830 | Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure) | no auth | | | | |
| 29834 | Arthroscopy, elbow, surgical; with removal of loose body or foreign body | no auth | | | | |
| 29835 | Arthroscopy, elbow, surgical; synovectomy, partial | no auth | | | | |
| 29836 | Arthroscopy, elbow, surgical; synovectomy, complete | no auth | | | | |
| 29837 | Arthroscopy, elbow, surgical; debridement, limited | no auth | | | | |
| 29838 | Arthroscopy, elbow, surgical; debridement, extensive | no auth | | | | |
| 29840 | Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure) | no auth | | | | |
| 29843 | Arthroscopy, wrist, surgical; for infection, lavage and drainage | no auth | | | | |
| 29844 | Arthroscopy, wrist, surgical; synovectomy, partial | no auth | | | | |
| 29845 | Arthroscopy, wrist, surgical; synovectomy, complete | no auth | | | | |
| 29846 | Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement | no auth | | | | |
| 29847 | Arthroscopy, wrist, surgical; internal fixation for fracture or instability | no auth | | | | |
| 29848 | Endoscopy, wrist, surgical, with release of transverse carpal ligament | no auth | | | | |
| 29850 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) | no auth | | | | |
| 29851 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) | no auth | | | | |
| 29855 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy) | no auth | | | | |
| 29856 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy) | no auth | | | | |
| 29860 | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) | no auth | | | | |
| 29861 | Arthroscopy, hip, surgical; with removal of loose body or foreign body | no auth | | | | |
| 29862 | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum | no auth | | | | |
| 29863 | Arthroscopy, hip, surgical; with synovectomy | no auth | | | | |
| 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft(s)) | no auth | | | | |
| 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) | no auth | | | | |
| 29868 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 29870 | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) | no auth | | | | |
| 29871 | Arthroscopy, knee, surgical; for infection, lavage and drainage | no auth | | | | |
| 29873 | Arthroscopy, knee, surgical; with lateral release | no auth | | | | |
| 29874 | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation) | no auth | | | | |
| 29875 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure) | no auth | | | | |
| 29876 | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral) | no auth | | | | |
| 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) | no auth | | | | |
| 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture | no auth | | | | |
| 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | no auth | | | | |
| 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | no auth | | | | |
| 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) | no auth | | | | |
| 29883 | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral) | no auth | | | | |
| 29884 | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) | no auth | | | | |
| 29885 | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) | no auth | | | | |
| 29886 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion | no auth | | | | |
| 29887 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation | no auth | | | | |
| 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | no auth | | | | |
| 29889 | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction | no auth | | | | |
| 29891 | Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect | no auth | | | | |
| 29892 | Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy) | no auth | | | | |
| 29893 | Endoscopic plantar fasciotomy | no auth | | | | |
| 29894 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body | no auth | | | | |
| 29895 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial | no auth | | | | |
| 29897 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited | no auth | | | | |
| 29898 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive | no auth | | | | |
| 29899 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------------|-------------------|---|-------------------------------|
| 29900 | Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy | no auth | | | | |
| 29901 | Arthroscopy, metacarpophalangeal joint, surgical; with debridement | no auth | | | | |
| 29902 | Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion) | no auth | | | | |
| 29904 | Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body | no auth | | | | |
| 29905 | Arthroscopy, subtalar joint, surgical; with synovectomy | no auth | | | | |
| 29906 | Arthroscopy, subtalar joint, surgical; with debridement | no auth | | | | |
| 29907 | Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis | no auth | | | | |
| 29914 | Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion) | no auth | | | | |
| 29915 | Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion) | no auth | | | | |
| 29916 | Arthroscopy, hip, surgical; with labral repair | no auth | | | | |
| 29999 | Unlisted procedure, arthroscopy | AUTH REQUIRED | | NCD 150.9 | MCG:Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC GRG) | |
| 30000 | Drainage abscess or hematoma, nasal, internal approach | no auth | | | | |
| 30020 | Drainage abscess or hematoma, nasal septum | no auth | | | | |
| 3006F | Chest X-ray results documented and reviewed (CAP) | NOT COVERED | | MEASUREMENT CODE | | |
| 3008F | Body Mass Index (BMI), documented (PV) | NOT COVERED | | MEASUREMENT CODE | | |
| 30100 | Biopsy, intranasal | no auth | | | | |
| 30110 | Excision, nasal polyp(s), simple | no auth | | | | |
| 30115 | Excision, nasal polyp(s), extensive | no auth | | | | |
| 30117 | Excision or destruction (eg, laser), intranasal lesion; internal approach | no auth | | | | |
| 30118 | Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy) | no auth | | | | |
| 3011F | Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 30120 | Excision or surgical planing of skin of nose for rhinophyma | no auth | | | | |
| 30124 | Excision dermoid cyst, nose; simple, skin, subcutaneous | no auth | | | | |
| 30125 | Excision dermoid cyst, nose; complex, under bone or cartilage | no auth | | | | |
| 30130 | Excision inferior turbinate, partial or complete, any method | no auth | | | | |
| 30140 | Submucous resection inferior turbinate, partial or complete, any method | no auth | | | | |
| 3014F | Screening mammography results documented and reviewed (PV) | NOT COVERED | | MEASUREMENT CODE | | |
| 30150 | Rhinectomy; partial | no auth | | | | |
| 3015F | Cervical cancer screening results documented and reviewed (PV) | NOT COVERED | | MEASUREMENT CODE | | |
| 30160 | Rhinectomy; total | no auth | | | | |
| 3016F | Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 3017F | Colorectal cancer screening results documented and reviewed (PV) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------------|--|----------------------------------|-------------------------------|
| 3018F | Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (End/Polyp) | NOT COVERED | | MEASUREMENT CODE | | |
| 3019F | Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 30200 | Injection into turbinate(s), therapeutic | no auth | | | | |
| 3020F | Left ventricular function (LVF) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (Includes quantitative or qualitative assessment results) (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 30210 | Displacement therapy (Proetz type) | no auth | | | | |
| 3021F | Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (CAD, HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 30220 | Insertion, nasal septal prosthesis (button) | no auth | | | | |
| 3022F | Left ventricular ejection fraction (LVEF) greater than or equal to 40% or documentation as normal or mildly depressed left ventricular systolic function (CAD, HF) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 3023F | Spirometry results documented and reviewed (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3025F | Spirometry test results demonstrate FEV1/FVC less than 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing) (CAP, COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3027F | Spirometry test results demonstrate FEV1/FVC greater than or equal to 70% or patient does not have COPD symptoms (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3028F | Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement) (CAP, COPD) (EM) | NOT COVERED | | MEASUREMENT CODE | | |
| 30300 | Removal foreign body, intranasal; office type procedure | no auth | | | | |
| 30310 | Removal foreign body, intranasal; requiring general anesthesia | no auth | | | | |
| 30320 | Removal foreign body, intranasal; by lateral rhinotomy | no auth | | | | |
| 3035F | Oxygen saturation less than or equal to 88% or a PaO2 less than or equal to 55 mm Hg (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3037F | Oxygen saturation greater than 88% or PaO2 greater than 55 mm Hg (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3038F | Pulmonary function test performed within 12 months prior to surgery (Lung/Esop Cx) | NOT COVERED | | MEASUREMENT CODE | | |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 3040F | Functional expiratory volume (FEV1) less than 40% of predicted value (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 30420 | Rhinoplasty, primary; including major septal repair | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 3042F | Functional expiratory volume (FEV1) greater than or equal to 40% of predicted value (COPD) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------------|--|--|-------------------------------|
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 3044F | Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | | |
| 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Rhinoplasty ACG: A-0184 (AC) | |
| 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 3046F | Most recent hemoglobin A1c level greater than 9.0% (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3048F | Most recent LDL-C less than 100 mg/dL (CAD) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3049F | Most recent LDL-C 100-129 mg/dL (CAD) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3050F | Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3051F | Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120, LCA 56587, LCD 35090, LCD 39051 | MCG:Septoplasty ACG: A-0182 (AC) | |
| 3052F | Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 30540 | Repair choanal atresia; intranasal | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 30545 | Repair choanal atresia; transpalatine | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 3055F | Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 30560 | Lysis intranasal synechia | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 3056F | Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 30580 | Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) | no auth | | | | |
| 30600 | Repair fistula; oronasal | no auth | | | | |
| 3060F | Positive microalbuminuria test result documented and reviewed (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3061F | Negative microalbuminuria test result documented and reviewed (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 30620 | Septal or other intranasal dermatoplasty (does not include obtaining graft) | no auth | | | | |
| 3062F | Positive macroalbuminuria test result documented and reviewed (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 30630 | Repair nasal septal perforations | no auth | | | | |
| 3066F | Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3072F | Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 3073F | Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within 12 months prior to surgery (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 3074F | Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3075F | Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3077F | Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3078F | Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3079F | Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 30801 | Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial | no auth | | | | |
| 30802 | Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal) | no auth | | | | |
| 3080F | Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 3082F | Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3083F | Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3084F | Kt/V greater than or equal to 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3085F | Suicide risk assessed (MDD, MDD ADOL) | NOT COVERED | | MEASUREMENT CODE | | |
| 3088F | Major depressive disorder, mild (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3089F | Major depressive disorder, moderate (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 30901 | Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method | no auth | | | | |
| 30903 | Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method | no auth | | | | |
| 30905 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial | no auth | | | | |
| 30906 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--|-------------------------------|
| 3090F | Major depressive disorder, severe without psychotic features (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 30915 | Ligation arteries; ethmoidal | no auth | | | | |
| 3091F | Major depressive disorder, severe with psychotic features (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 30920 | Ligation arteries; internal maxillary artery, transantral | no auth | | | | |
| 3092F | Major depressive disorder, in remission (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 30930 | Fracture nasal inferior turbinate(s), therapeutic | no auth | | | | |
| 3093F | Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3095F | Central dual-energy X-ray absorptiometry (DXA) results documented (OP) (IBD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 3096F | Central dual-energy X-ray absorptiometry (DXA) ordered (OP) (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 30999 | Unlisted procedure, nose | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 31000 | Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium) | no auth | | | | |
| 31002 | Lavage by cannulation; sphenoid sinus | no auth | | | | |
| 3100F | Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement) (STR, RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 31020 | Sinusotomy, maxillary (antrotomy); intranasal | no auth | | | | |
| 31030 | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps | no auth | | | | |
| 31032 | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps | no auth | | | | |
| 31040 | Pterygomaxillary fossa surgery, any approach | no auth | | | | |
| 31050 | Sinusotomy, sphenoid, with or without biopsy; | no auth | | | | |
| 31051 | Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s) | no auth | | | | |
| 31070 | Sinusotomy frontal; external, simple (trephine operation) | no auth | | | | |
| 31075 | Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type) | no auth | | | | |
| 31080 | Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation) | no auth | | | | |
| 31081 | Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation) | no auth | | | | |
| 31084 | Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision | no auth | | | | |
| 31085 | Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision | no auth | | | | |
| 31086 | Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision | no auth | | | | |
| 31087 | Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision | no auth | | | | |
| 31090 | Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid) | no auth | | | | |
| 3110F | Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction (STR) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 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 intracranial hemorrhage (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 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 initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 3115F | Quantitative results of an evaluation of current level of activity and clinical symptoms (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 3117F | Heart failure disease specific structured assessment tool completed (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 3118F | New York Heart Association (NYHA) Class documented (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 3119F | No evaluation of level of activity or clinical symptoms (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 31200 | Ethmoidectomy; intranasal, anterior | no auth | | | | |
| 31201 | Ethmoidectomy; intranasal, total | no auth | | | | |
| 31205 | Ethmoidectomy; extranasal, total | no auth | | | | |
| 3120F | 12-Lead ECG Performed (EM) | NOT COVERED | | MEASUREMENT CODE | | |
| 31225 | Maxillectomy; without orbital exenteration | no auth | | | | |
| 31230 | Maxillectomy; with orbital exenteration (en bloc) | no auth | | | | |
| 31231 | Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) | no auth | | | | |
| 31233 | Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture) | no auth | | | | |
| 31235 | Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium) | no auth | | | | |
| 31237 | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure) | no auth | | | | |
| 31238 | Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage | no auth | | | | |
| 31239 | Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy | no auth | | | | |
| 31240 | Nasal/sinus endoscopy, surgical; with concha bullosa resection | no auth | | | | |
| 31241 | Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery | no auth | | | | |
| 31242 | Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 31243 | Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 31253 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed | no auth | | | | |
| 31254 | Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior) | no auth | | | | |
| 31255 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior) | no auth | | | | |
| 31256 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; | no auth | | | | |
| 31257 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy | no auth | | | | |
| 31259 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus | no auth | | | | |
| 31267 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--|-------------------------------|
| 3126F | Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 31276 | Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed | no auth | | | | |
| 31287 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; | no auth | | | | |
| 31288 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus | no auth | | | | |
| 31290 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region | no auth | | | | |
| 31291 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region | no auth | | | | |
| 31292 | Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall | no auth | | | | |
| 31293 | Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall | no auth | | | | |
| 31294 | Nasal/sinus endoscopy, surgical, with optic nerve decompression | no auth | | | | |
| 31295 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa | no auth | | | | |
| 31296 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium | no auth | | | | |
| 31297 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium | no auth | | | | |
| 31298 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia | no auth | | | | |
| 31299 | Unlisted procedure, accessory sinuses | AUTH REQUIRED | | | MCG: Sinuplasty ACG: A-0478 (AC), Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 31300 | Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy | no auth | | | | |
| 3130F | Upper gastrointestinal endoscopy performed (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3132F | Documentation of referral for upper gastrointestinal endoscopy (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 31360 | Laryngectomy; total, without radical neck dissection | no auth | | | | |
| 31365 | Laryngectomy; total, with radical neck dissection | no auth | | | | |
| 31367 | Laryngectomy; subtotal supraglottic, without radical neck dissection | no auth | | | | |
| 31368 | Laryngectomy; subtotal supraglottic, with radical neck dissection | no auth | | | | |
| 31370 | Partial laryngectomy (hemilaryngectomy); horizontal | no auth | | | | |
| 31375 | Partial laryngectomy (hemilaryngectomy); laterovertical | no auth | | | | |
| 31380 | Partial laryngectomy (hemilaryngectomy); anterovertical | no auth | | | | |
| 31382 | Partial laryngectomy (hemilaryngectomy); antero-latero-vertical | no auth | | | | |
| 31390 | Pharyngolaryngectomy, with radical neck dissection; without reconstruction | no auth | | | | |
| 31395 | Pharyngolaryngectomy, with radical neck dissection; with reconstruction | no auth | | | | |
| 31400 | Arytenoidectomy or arytenoidopexy, external approach | no auth | | | | |
| 3140F | Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 3141F | Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 31420 | Epiglottidectomy | no auth | | | | |
| 3142F | Barium swallow test ordered (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 31500 | Intubation, endotracheal, emergency procedure | no auth | | | | |
| 31502 | Tracheotomy tube change prior to establishment of fistula tract | no auth | | | | |
| 31505 | Laryngoscopy, indirect; diagnostic (separate procedure) | no auth | | | | |
| 3150F | Forceps esophageal biopsy performed (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 31510 | Laryngoscopy, indirect; with biopsy | no auth | | | | |
| 31511 | Laryngoscopy, indirect; with removal of foreign body | no auth | | | | |
| 31512 | Laryngoscopy, indirect; with removal of lesion | no auth | | | | |
| 31513 | Laryngoscopy, indirect; with vocal cord injection | no auth | | | | |
| 31515 | Laryngoscopy direct, with or without tracheoscopy; for aspiration | no auth | | | | |
| 31520 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn | no auth | | | | |
| 31525 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn | no auth | | | | |
| 31526 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope | no auth | | | | |
| 31527 | Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator | no auth | | | | |
| 31528 | Laryngoscopy direct, with or without tracheoscopy; with dilation, initial | no auth | | | | |
| 31529 | Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent | no auth | | | | |
| 31530 | Laryngoscopy, direct, operative, with foreign body removal; | no auth | | | | |
| 31531 | Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope | no auth | | | | |
| 31535 | Laryngoscopy, direct, operative, with biopsy; | no auth | | | | |
| 31536 | Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope | no auth | | | | |
| 31540 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; | no auth | | | | |
| 31541 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope | no auth | | | | |
| 31545 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s) | no auth | | | | |
| 31546 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft) | no auth | | | | |
| 31551 | Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age | AUTH REQUIRED | | | | |
| 31552 | Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older | no auth | | | | |
| 31553 | Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age | AUTH REQUIRED | | | | |
| 31554 | Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older | no auth | | | | |
| 3155F | Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 31560 | Laryngoscopy, direct, operative, with arytenoidectomy; | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 31561 | Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope | no auth | | | | |
| 31570 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; | no auth | | | | |
| 31571 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope | no auth | | | | |
| 31572 | Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral | no auth | | | | |
| 31573 | Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral | no auth | | | | |
| 31574 | Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral | no auth | | | | |
| 31575 | Laryngoscopy, flexible; diagnostic | no auth | | | | |
| 31576 | Laryngoscopy, flexible; with biopsy(ies) | no auth | | | | |
| 31577 | Laryngoscopy, flexible; with removal of foreign body(s) | no auth | | | | |
| 31578 | Laryngoscopy, flexible; with removal of lesion(s), non-laser | no auth | | | | |
| 31579 | Laryngoscopy, flexible or rigid telescopic, with stroboscopy | no auth | | | | |
| 31580 | Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion | no auth | | | | |
| 31584 | Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed | no auth | | | | |
| 31587 | Laryngoplasty, cricoid split, without graft placement | no auth | | | | |
| 31590 | Laryngeal reinnervation by neuromuscular pedicle | no auth | | | | |
| 31591 | Laryngoplasty, medialization, unilateral | no auth | | | | |
| 31592 | Cricotracheal resection | no auth | | | | |
| 31599 | Unlisted procedure, larynx | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 31600 | Tracheostomy, planned (separate procedure); | no auth | | | | |
| 31601 | Tracheostomy, planned (separate procedure); younger than 2 years | no auth | | | | |
| 31603 | Tracheostomy, emergency procedure; transtracheal | no auth | | | | |
| 31605 | Tracheostomy, emergency procedure; cricothyroid membrane | no auth | | | | |
| 3160F | Documentation of iron stores prior to initiating erythropoietin therapy (HEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 31610 | Tracheostomy, fenestration procedure with skin flaps | no auth | | | | |
| 31611 | Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis) | no auth | | | | |
| 31612 | Tracheal puncture, percutaneous with transtracheal aspiration and/or injection | no auth | | | | |
| 31613 | Tracheostoma revision; simple, without flap rotation | no auth | | | | |
| 31614 | Tracheostoma revision; complex, with flap rotation | no auth | | | | |
| 31615 | Tracheobronchoscopy through established tracheostomy incision | no auth | | | | |
| 31622 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) | no auth | | | | |
| 31623 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings | no auth | | | | |
| 31624 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 31625 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites | no auth | | | | |
| 31626 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple | no auth | | | | |
| 31627 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure(s)) | no auth | | | | |
| 31628 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe | no auth | | | | |
| 31629 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) | no auth | | | | |
| 31630 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture | no auth | | | | |
| 31631 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) | no auth | | | | |
| 31632 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure) | no auth | | | | |
| 31633 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure) | no auth | | | | |
| 31634 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed | no auth | | | | |
| 31635 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body | no auth | | | | |
| 31636 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus | no auth | | | | |
| 31637 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure) | no auth | | | | |
| 31638 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required) | no auth | | | | |
| 31640 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor | no auth | | | | |
| 31641 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy) | no auth | | | | |
| 31643 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 31645 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial | no auth | | | | |
| 31646 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay | no auth | | | | |
| 31647 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe | no auth | | | | |
| 31648 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe | no auth | | | | |
| 31649 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure) | no auth | | | | |
| 31651 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s]) | no auth | | | | |
| 31652 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures | no auth | | | | |
| 31653 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures | no auth | | | | |
| 31654 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s]) | no auth | | | | |
| 31660 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe | no auth | | | | |
| 31661 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes | no auth | | | | |
| 3170F | Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 31717 | Catheterization with bronchial brush biopsy | no auth | | | | |
| 31720 | Catheter aspiration (separate procedure); nasotracheal | no auth | | | | |
| 31725 | Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside | no auth | | | | |
| 31730 | Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy | no auth | | | | |
| 31750 | Tracheoplasty; cervical | no auth | | | | |
| 31755 | Tracheoplasty; tracheopharyngeal fistulization, each stage | no auth | | | | |
| 31760 | Tracheoplasty; intrathoracic | no auth | | | | |
| 31766 | Carinal reconstruction | no auth | | | | |
| 31770 | Bronchoplasty; graft repair | no auth | | | | |
| 31775 | Bronchoplasty; excision stenosis and anastomosis | no auth | | | | |
| 31780 | Excision tracheal stenosis and anastomosis; cervical | no auth | | | | |

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|-----------|--|------------------|-------------------------------------|-------------------|--|-------------------------------|
| 31781 | Excision tracheal stenosis and anastomosis; cervicothoracic | no auth | | | | |
| 31785 | Excision of tracheal tumor or carcinoma; cervical | no auth | | | | |
| 31786 | Excision of tracheal tumor or carcinoma; thoracic | no auth | | | | |
| 31800 | Suture of tracheal wound or injury; cervical | no auth | | | | |
| 31805 | Suture of tracheal wound or injury; intrathoracic | no auth | | | | |
| 31820 | Surgical closure tracheostomy or fistula; without plastic repair | no auth | | | | |
| 31825 | Surgical closure tracheostomy or fistula; with plastic repair | no auth | | | | |
| 31830 | Revision of tracheostomy scar | no auth | | | | |
| 31899 | Unlisted procedure, trachea, bronchi | AUTH REQUIRED | | | MCG:Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG) | |
| 3200F | Barium swallow test not ordered (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 32035 | Thoracostomy; with rib resection for empyema | no auth | | | | |
| 32036 | Thoracostomy; with open flap drainage for empyema | no auth | | | | |
| 32096 | Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral | no auth | | | | |
| 32097 | Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral | no auth | | | | |
| 32098 | Thoracotomy, with biopsy(ies) of pleura | no auth | | | | |
| 32100 | Thoracotomy; with exploration | no auth | | | | |
| 3210F | Group A Strep Test Performed (PHAR) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 32110 | Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear | no auth | | | | |
| 32120 | Thoracotomy; for postoperative complications | no auth | | | | |
| 32124 | Thoracotomy; with open intrapleural pneumonolysis | no auth | | | | |
| 32140 | Thoracotomy; with cyst(s) removal, includes pleural procedure when performed | no auth | | | | |
| 32141 | Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed | no auth | | | | |
| 32150 | Thoracotomy; with removal of intrapleural foreign body or fibrin deposit | no auth | | | | |
| 32151 | Thoracotomy; with removal of intrapulmonary foreign body | no auth | | | | |
| 3215F | Patient has documented immunity to Hepatitis A (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 32160 | Thoracotomy; with cardiac massage | no auth | | | | |
| 3216F | Patient has documented immunity to Hepatitis B (HEP-C) (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3218F | RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 32200 | Pneumonostomy, with open drainage of abscess or cyst | no auth | | | | |
| 3220F | Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 32215 | Pleural scarification for repeat pneumothorax | no auth | | | | |
| 32220 | Decortication, pulmonary (separate procedure); total | no auth | | | | |
| 32225 | Decortication, pulmonary (separate procedure); partial | no auth | | | | |
| 3230F | Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME) | NOT COVERED | | MEASUREMENT CODE | | |
| 32310 | Pleurectomy, parietal (separate procedure) | no auth | | | | |
| 32320 | Decortication and parietal pleurectomy | no auth | | | | |
| 32400 | Biopsy, pleura, percutaneous needle | no auth | | | | |
| 32408 | Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 32440 | Removal of lung, pneumonectomy; | no auth | | | | |
| 32442 | Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy) | no auth | | | | |
| 32445 | Removal of lung, pneumonectomy; extrapleural | no auth | | | | |
| 32480 | Removal of lung, other than pneumonectomy; single lobe (lobectomy) | no auth | | | | |
| 32482 | Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy) | no auth | | | | |
| 32484 | Removal of lung, other than pneumonectomy; single segment (segmentectomy) | no auth | | | | |
| 32486 | Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy) | no auth | | | | |
| 32488 | Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy) | no auth | | | | |
| 32491 | Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed | no auth | | | | |
| 32501 | Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure) | no auth | | | | |
| 32503 | Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s) | no auth | | | | |
| 32504 | Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction | no auth | | | | |
| 32505 | Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial | no auth | | | | |
| 32506 | Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 32507 | Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure) | no auth | | | | |
| 3250F | Specimen site other than anatomic location of primary tumor (PATH) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 32540 | Extrapleural enucleation of empyema (empyemectomy) | no auth | | | | |
| 32550 | Insertion of indwelling tunneled pleural catheter with cuff | no auth | | | | |
| 32551 | Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure) | no auth | | | | |
| 32552 | Removal of indwelling tunneled pleural catheter with cuff | no auth | | | | |
| 32553 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple | no auth | | | | |
| 32554 | Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance | no auth | | | | |
| 32555 | Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance | no auth | | | | |
| 32556 | Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance | no auth | | | | |
| 32557 | Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 32560 | Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax) | no auth | | | | |
| 32561 | Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day | no auth | | | | |
| 32562 | Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day | no auth | | | | |
| 32601 | Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy | no auth | | | | |
| 32604 | Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy | no auth | | | | |
| 32606 | Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy | no auth | | | | |
| 32607 | Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral | no auth | | | | |
| 32608 | Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral | no auth | | | | |
| 32609 | Thoracoscopy; with biopsy(ies) of pleura | no auth | | | | |
| 3260F | pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 32650 | Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical) | no auth | | | | |
| 32651 | Thoracoscopy, surgical; with partial pulmonary decortication | no auth | | | | |
| 32652 | Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis | no auth | | | | |
| 32653 | Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit | no auth | | | | |
| 32654 | Thoracoscopy, surgical; with control of traumatic hemorrhage | no auth | | | | |
| 32655 | Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed | no auth | | | | |
| 32656 | Thoracoscopy, surgical; with parietal pleurectomy | no auth | | | | |
| 32658 | Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac | no auth | | | | |
| 32659 | Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage | no auth | | | | |
| 3265F | Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C) | NOT COVERED | | MEASUREMENT CODE | | |
| 32661 | Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass | no auth | | | | |
| 32662 | Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass | no auth | | | | |
| 32663 | Thoracoscopy, surgical; with lobectomy (single lobe) | no auth | | | | |
| 32664 | Thoracoscopy, surgical; with thoracic sympathectomy | no auth | | | | |
| 32665 | Thoracoscopy, surgical; with esophagomyotomy (Heller type) | no auth | | | | |
| 32666 | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral | no auth | | | | |
| 32667 | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 32668 | Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure) | no auth | | | | |
| 32669 | Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|---------------------------------------|-------------------------------|
| 3266F | Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C) | NOT COVERED | | MEASUREMENT CODE | | |
| 32670 | Thoracoscopy, surgical; with removal of two lobes (bilobectomy) | no auth | | | | |
| 32671 | Thoracoscopy, surgical; with removal of lung (pneumonectomy) | no auth | | | | |
| 32672 | Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed | no auth | | | | |
| 32673 | Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral | no auth | | | | |
| 32674 | Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure) | no auth | | | | |
| 3267F | Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 3268F | Prostate-specific antigen (PSA), and primary tumor (T) stage, and Gleason score documented prior to initiation of treatment (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 3269F | Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (PRCA) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 32701 | Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment | no auth | | | | |
| 3270F | Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 3271F | Low risk of recurrence, prostate cancer (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 3272F | Intermediate risk of recurrence, prostate cancer (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 3273F | High risk of recurrence, prostate cancer (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 3274F | Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 3278F | Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3279F | Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 32800 | Repair lung hernia through chest wall | no auth | | | | |
| 3280F | Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 32810 | Closure of chest wall following open flap drainage for empyema (Clagett type procedure) | no auth | | | | |
| 32815 | Open closure of major bronchial fistula | no auth | | | | |
| 3281F | Hemoglobin level less than 11 g/dL (CKD, ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 32820 | Major reconstruction, chest wall (posttraumatic) | no auth | | | | |
| 3284F | Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 32850 | Donor pneumonectomy(s) (including cold preservation), from cadaver donor | no auth | Paid for by recipient's plan. | | | |
| 32851 | Lung transplant, single; without cardiopulmonary bypass | AUTH REQUIRED | | | MCG:Lung Transplant ORG: S-1300 (ISC) | |
| 32852 | Lung transplant, single; with cardiopulmonary bypass | AUTH REQUIRED | | | MCG:Lung Transplant ORG: S-1300 (ISC) | |
| 32853 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass | AUTH REQUIRED | | | MCG:Lung Transplant ORG: S-1300 (ISC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 32854 | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass | AUTH REQUIRED | | | MCG:Lung Transplant ORG: S-1300 (ISC) | |
| 32855 | Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral | AUTH REQUIRED | | | | |
| 32856 | Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral | AUTH REQUIRED | | | | |
| 3285F | Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 3288F | Falls risk assessment documented (GER) | NOT COVERED | | MEASUREMENT CODE | | |
| 32900 | Resection of ribs, extrapleural, all stages | no auth | | | | |
| 32905 | Thoracoplasty, Schede type or extrapleural (all stages); | no auth | | | | |
| 32906 | Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula | no auth | | | | |
| 3290F | Patient is D (Rh) negative and unsensitized (Pre-Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 3291F | Patient is D (Rh) positive or sensitized (Pre-Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 3292F | HIV testing ordered or documented and reviewed during the first or second prenatal visit (Pre-Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 3293F | ABO and Rh blood typing documented as performed (Pre-Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 32940 | Pneumonolysis, extrapariosteal, including filling or packing procedures | no auth | | | | |
| 3294F | Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation (Pre-Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 32960 | Pneumothorax, therapeutic, intrapleural injection of air | no auth | | | | |
| 32994 | Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation | AUTH REQUIRED | | | MCG:Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG) | |
| 32997 | Total lung lavage (unilateral) | no auth | | | | |
| 32998 | Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency | no auth | | | | |
| 32999 | Unlisted procedure, lungs and pleura | AUTH REQUIRED | | | MCG:Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG) | |
| 3300F | American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33016 | Pericardiocentesis, including imaging guidance, when performed | no auth | | | | |
| 33017 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly | no auth | | | | |
| 33018 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly | no auth | | | | |
| 33019 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 3301F | Cancer stage documented in medical record as metastatic and reviewed (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33020 | Pericardiectomy for removal of clot or foreign body (primary procedure) | no auth | | | | |
| 33025 | Creation of pericardial window or partial resection for drainage | no auth | | | | |
| 33030 | Pericardiectomy, subtotal or complete; without cardiopulmonary bypass | no auth | | | | |
| 33031 | Pericardiectomy, subtotal or complete; with cardiopulmonary bypass | no auth | | | | |
| 33050 | Resection of pericardial cyst or tumor | no auth | | | | |
| 33120 | Excision of intracardiac tumor, resection with cardiopulmonary bypass | no auth | | | | |
| 33130 | Resection of external cardiac tumor | no auth | | | | |
| 33140 | Transmyocardial laser revascularization, by thoracotomy; (separate procedure) | no auth | | | | |
| 33141 | Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure) | no auth | | | | |
| 3315F | Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 3316F | Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 3317F | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 3318F | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 3319F | 1 of the following diagnostic imaging studies ordered: chest x-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 33202 | Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach) | no auth | | | | |
| 33203 | Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy) | no auth | | | | |
| 33206 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial | no auth | | | | |
| 33207 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular | no auth | | | | |
| 33208 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular | no auth | | | | |
| 3320F | None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 33210 | Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure) | no auth | | | | |
| 33211 | Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure) | no auth | | | | |
| 33212 | Insertion of pacemaker pulse generator only; with existing single lead | no auth | | | | |
| 33213 | Insertion of pacemaker pulse generator only; with existing dual leads | no auth | | | | |
| 33214 | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 33215 | Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode | no auth | | | | |
| 33216 | Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator | no auth | | | | |
| 33217 | Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator | no auth | | | | |
| 33218 | Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator | no auth | | | | |
| 3321F | AJCC Cancer Stage 0 or IA Melanoma, documented (ML) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 33220 | Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator | no auth | | | | |
| 33221 | Insertion of pacemaker pulse generator only; with existing multiple leads | no auth | | | | |
| 33222 | Relocation of skin pocket for pacemaker | no auth | | | | |
| 33223 | Relocation of skin pocket for implantable defibrillator | no auth | | | | |
| 33224 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator) | no auth | | | | |
| 33225 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure) | no auth | | | | |
| 33226 | Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator) | no auth | | | | |
| 33227 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system | no auth | | | | |
| 33228 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system | no auth | | | | |
| 33229 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system | no auth | | | | |
| 3322F | Melanoma greater than AJCC Stage 0 or IA (ML) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 33230 | Insertion of implantable defibrillator pulse generator only; with existing dual leads | no auth | | | | |
| 33231 | Insertion of implantable defibrillator pulse generator only; with existing multiple leads | no auth | | | | |
| 33233 | Removal of permanent pacemaker pulse generator only | no auth | | | | |
| 33234 | Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular | no auth | | | | |
| 33235 | Removal of transvenous pacemaker electrode(s); dual lead system | no auth | | | | |
| 33236 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular | no auth | | | | |
| 33237 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system | no auth | | | | |
| 33238 | Removal of permanent transvenous electrode(s) by thoracotomy | no auth | | | | |
| 3323F | Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Esop Cx) | NOT COVERED | | MEASUREMENT CODE | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 33240 | Insertion of implantable defibrillator pulse generator only; with existing single lead | no auth | | | | |
| 33241 | Removal of implantable defibrillator pulse generator only | no auth | | | | |
| 33243 | Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy | no auth | | | | |
| 33244 | Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction | no auth | | | | |
| 33249 | Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber | no auth | | | | |
| 3324F | MRI or CT scan ordered, reviewed or requested (EPI) | NOT COVERED | | MEASUREMENT CODE | | |
| 33250 | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass | no auth | | | | |
| 33251 | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass | no auth | | | | |
| 33254 | Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure) | no auth | | | | |
| 33255 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass | no auth | | | | |
| 33256 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass | no auth | | | | |
| 33257 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure) | no auth | | | | |
| 33258 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure) | no auth | | | | |
| 33259 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure) | no auth | | | | |
| 3325F | Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33261 | Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass | no auth | | | | |
| 33262 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system | no auth | | | | |
| 33263 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system | no auth | | | | |
| 33264 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system | no auth | | | | |
| 33265 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass | no auth | | | | |
| 33266 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 33267 | Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) | AUTH REQUIRED | | NCD 20.34 | | |
| 33268 | Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | NCD 20.34 | | |
| 33269 | Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) | AUTH REQUIRED | | NCD 20.34 | | |
| 33270 | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed | no auth | | | | |
| 33271 | Insertion of subcutaneous implantable defibrillator electrode | no auth | | | | |
| 33272 | Removal of subcutaneous implantable defibrillator electrode | no auth | | | | |
| 33273 | Repositioning of previously implanted subcutaneous implantable defibrillator electrode | no auth | | | | |
| 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed | no auth | | | | |
| 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed | no auth | | | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33277 | Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33278 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33279 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33280 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33281 | Repositioning of phrenic nerve stimulator transvenous lead(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming | AUTH REQUIRED | | | MCG: Loop Recorder (Cardiac Event Monitor), Implantable ACG: A-0122 (AC) | |
| 33286 | Removal, subcutaneous cardiac rhythm monitor | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 33287 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed | no auth | | | | |
| 3328F | Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Esop Cx) | NOT COVERED | | MEASUREMENT CODE | | |
| 33300 | Repair of cardiac wound; without bypass | no auth | | | | |
| 33305 | Repair of cardiac wound; with cardiopulmonary bypass | no auth | | | | |
| 3330F | Imaging study ordered (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 33310 | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass | no auth | | | | |
| 33315 | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass | no auth | | | | |
| 3331F | Imaging study not ordered (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 33320 | Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass | no auth | | | | |
| 33321 | Suture repair of aorta or great vessels; with shunt bypass | no auth | | | | |
| 33322 | Suture repair of aorta or great vessels; with cardiopulmonary bypass | no auth | | | | |
| 33330 | Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass | no auth | | | | |
| 33335 | Insertion of graft, aorta or great vessels; with cardiopulmonary bypass | no auth | | | | |
| 33340 | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation | no auth | | | | |
| 33361 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach | no auth | | | | |
| 33362 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach | no auth | | | | |
| 33363 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach | no auth | | | | |
| 33364 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach | no auth | | | | |
| 33365 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy) | no auth | | | | |
| 33366 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) | no auth | | | | |
| 33367 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 33368 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure) | no auth | | | | |
| 33369 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure) | no auth | | | | |
| 33370 | Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure) | no auth | | | | |
| 33390 | Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension) | no auth | | | | |
| 33391 | Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty) | no auth | | | | |
| 33404 | Construction of apical-aortic conduit | no auth | | | | |
| 33405 | Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve | no auth | | | | |
| 33406 | Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand) | no auth | | | | |
| 3340F | Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33410 | Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve | no auth | | | | |
| 33411 | Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus | no auth | | | | |
| 33412 | Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure) | no auth | | | | |
| 33413 | Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure) | no auth | | | | |
| 33414 | Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract | no auth | | | | |
| 33415 | Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis | no auth | | | | |
| 33416 | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy) | no auth | | | | |
| 33417 | Aortoplasty (gusset) for supra-aortic stenosis | no auth | | | | |
| 33418 | Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis | no auth | | | | |
| 33419 | Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure) | no auth | | | | |
| 3341F | Mammogram assessment category of "negative," documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33420 | Valvotomy, mitral valve; closed heart | no auth | | | | |
| 33422 | Valvotomy, mitral valve; open heart, with cardiopulmonary bypass | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 33425 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; | no auth | | | | |
| 33426 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring | no auth | | | | |
| 33427 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring | no auth | | | | |
| 3342F | Mammogram assessment category of "benign," documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33430 | Replacement, mitral valve, with cardiopulmonary bypass | no auth | | | | |
| 3343F | Mammogram assessment category of "probably benign," documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33440 | Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure) | no auth | | | | |
| 3344F | Mammogram assessment category of "suspicious," documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3345F | Mammogram assessment category of "highly suggestive of malignancy," documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33460 | Valvectomy, tricuspid valve, with cardiopulmonary bypass | no auth | | | | |
| 33463 | Valvuloplasty, tricuspid valve; without ring insertion | no auth | | | | |
| 33464 | Valvuloplasty, tricuspid valve; with ring insertion | no auth | | | | |
| 33465 | Replacement, tricuspid valve, with cardiopulmonary bypass | no auth | | | | |
| 33468 | Tricuspid valve repositioning and plication for Ebstein anomaly | no auth | | | | |
| 33471 | Valvotomy, pulmonary valve, closed heart, via pulmonary artery | no auth | | | | |
| 33474 | Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass | no auth | | | | |
| 33475 | Replacement, pulmonary valve | no auth | | | | |
| 33476 | Right ventricular resection for infundibular stenosis, with or without commissurotomy | no auth | | | | |
| 33477 | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed | no auth | | | | |
| 33478 | Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection | no auth | | | | |
| 33496 | Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure) | no auth | | | | |
| 33500 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass | no auth | | | | |
| 33501 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass | no auth | | | | |
| 33502 | Repair of anomalous coronary artery from pulmonary artery origin; by ligation | no auth | | | | |
| 33503 | Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass | no auth | | | | |
| 33504 | Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass | no auth | | | | |
| 33505 | Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure) | no auth | | | | |
| 33506 | Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta | no auth | | | | |
| 33507 | Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation | no auth | | | | |
| 33508 | Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 33509 | Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic | no auth | | | | |
| 3350F | Mammogram assessment category of "known biopsy proven malignancy," documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33510 | Coronary artery bypass, vein only; single coronary venous graft | no auth | | | | |
| 33511 | Coronary artery bypass, vein only; 2 coronary venous grafts | no auth | | | | |
| 33512 | Coronary artery bypass, vein only; 3 coronary venous grafts | no auth | | | | |
| 33513 | Coronary artery bypass, vein only; 4 coronary venous grafts | no auth | | | | |
| 33514 | Coronary artery bypass, vein only; 5 coronary venous grafts | no auth | | | | |
| 33516 | Coronary artery bypass, vein only; 6 or more coronary venous grafts | no auth | | | | |
| 33517 | Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure) | no auth | | | | |
| 33518 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure) | no auth | | | | |
| 33519 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure) | no auth | | | | |
| 3351F | Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33521 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure) | no auth | | | | |
| 33522 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure) | no auth | | | | |
| 33523 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure) | no auth | | | | |
| 3352F | No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33530 | Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure) | no auth | | | | |
| 33533 | Coronary artery bypass, using arterial graft(s); single arterial graft | no auth | | | | |
| 33534 | Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts | no auth | | | | |
| 33535 | Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts | no auth | | | | |
| 33536 | Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts | no auth | | | | |
| 3353F | Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 33542 | Myocardial resection (eg, ventricular aneurysmectomy) | no auth | | | | |
| 33545 | Repair of postinfarction ventricular septal defect, with or without myocardial resection | no auth | | | | |
| 33548 | Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures) | no auth | | | | |
| 3354F | Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD) | NOT COVERED | | MEASUREMENT CODE | | |

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| 33572 | Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure) | no auth | | | | |
| 33600 | Closure of atrioventricular valve (mitral or tricuspid) by suture or patch | no auth | | | | |
| 33602 | Closure of semilunar valve (aortic or pulmonary) by suture or patch | no auth | | | | |
| 33606 | Anastomosis of pulmonary artery to aorta (Damas-Kaye-Stansel procedure) | no auth | | | | |
| 33608 | Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery | no auth | | | | |
| 33610 | Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect | no auth | | | | |
| 33611 | Repair of double outlet right ventricle with intraventricular tunnel repair; | no auth | | | | |
| 33612 | Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction | no auth | | | | |
| 33615 | Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure) | no auth | | | | |
| 33617 | Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure | no auth | | | | |
| 33619 | Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure) | no auth | | | | |
| 33620 | Application of right and left pulmonary artery bands (eg, hybrid approach stage 1) | no auth | | | | |
| 33621 | Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1) | no auth | | | | |
| 33622 | Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding) | no auth | | | | |
| 33641 | Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch | no auth | | | | |
| 33645 | Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage | no auth | | | | |
| 33647 | Repair of atrial septal defect and ventricular septal defect, with direct or patch closure | no auth | | | | |
| 33660 | Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair | no auth | | | | |
| 33665 | Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair | no auth | | | | |
| 33670 | Repair of complete atrioventricular canal, with or without prosthetic valve | no auth | | | | |
| 33675 | Closure of multiple ventricular septal defects; | no auth | | | | |
| 33676 | Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic) | no auth | | | | |
| 33677 | Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 33681 | Closure of single ventricular septal defect, with or without patch; | no auth | | | | |
| 33684 | Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic) | no auth | | | | |
| 33688 | Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset | no auth | | | | |
| 33690 | Banding of pulmonary artery | no auth | | | | |
| 33692 | Complete repair tetralogy of Fallot without pulmonary atresia; | no auth | | | | |
| 33694 | Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch | no auth | | | | |
| 33697 | Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect | no auth | | | | |
| 33702 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; | no auth | | | | |
| 3370F | AJCC Breast Cancer Stage 0 documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33710 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect | no auth | | | | |
| 33720 | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass | no auth | | | | |
| 33724 | Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome) | no auth | | | | |
| 33726 | Repair of pulmonary venous stenosis | no auth | | | | |
| 3372F | AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size <= 1 cm) documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33730 | Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types) | no auth | | | | |
| 33732 | Repair of cor triatriatum or supravulvar mitral ring by resection of left atrial membrane | no auth | | | | |
| 33735 | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation) | no auth | | | | |
| 33736 | Atrial septectomy or septostomy; open heart with cardiopulmonary bypass | no auth | | | | |
| 33737 | Atrial septectomy or septostomy; open heart, with inflow occlusion | no auth | | | | |
| 33741 | Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade) | no auth | | | | |
| 33745 | Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 33746 | Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure) | no auth | | | | |
| 3374F | AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33750 | Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation) | no auth | | | | |
| 33755 | Shunt; ascending aorta to pulmonary artery (Waterston type operation) | no auth | | | | |
| 33762 | Shunt; descending aorta to pulmonary artery (Potts-Smith type operation) | no auth | | | | |
| 33764 | Shunt; central, with prosthetic graft | no auth | | | | |
| 33766 | Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure) | no auth | | | | |
| 33767 | Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure) | no auth | | | | |
| 33768 | Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure) | no auth | | | | |
| 3376F | AJCC Breast Cancer Stage II documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33770 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect | no auth | | | | |
| 33771 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect | no auth | | | | |
| 33774 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; | no auth | | | | |
| 33775 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band | no auth | | | | |
| 33776 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect | no auth | | | | |
| 33777 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction | no auth | | | | |
| 33778 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); | no auth | | | | |
| 33779 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band | no auth | | | | |
| 33780 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect | no auth | | | | |
| 33781 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction | no auth | | | | |
| 33782 | Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 33783 | Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia | no auth | | | | |
| 33786 | Total repair, truncus arteriosus (Rastelli type operation) | no auth | | | | |
| 33788 | Reimplantation of an anomalous pulmonary artery | no auth | | | | |
| 3378F | AJCC Breast Cancer Stage III documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33800 | Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure) | no auth | | | | |
| 33802 | Division of aberrant vessel (vascular ring); | no auth | | | | |
| 33803 | Division of aberrant vessel (vascular ring); with reanastomosis | no auth | | | | |
| 3380F | AJCC Breast Cancer Stage IV documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33813 | Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass | no auth | | | | |
| 33814 | Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass | no auth | | | | |
| 33820 | Repair of patent ductus arteriosus; by ligation | no auth | | | | |
| 33822 | Repair of patent ductus arteriosus; by division, younger than 18 years | no auth | | | | |
| 33824 | Repair of patent ductus arteriosus; by division, 18 years and older | no auth | | | | |
| 3382F | AJCC colon cancer, Stage 0 documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33840 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis | no auth | | | | |
| 33845 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft | no auth | | | | |
| 3384F | AJCC colon cancer, Stage I documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33851 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement | no auth | | | | |
| 33852 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass | no auth | | | | |
| 33853 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass | no auth | | | | |
| 33858 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection | no auth | | | | |
| 33859 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm) | no auth | | | | |
| 33863 | Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall) | no auth | | | | |
| 33864 | Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure) | no auth | | | | |
| 33866 | Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure) | no auth | | | | |
| 3386F | AJCC colon cancer, Stage II documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33871 | Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 33875 | Descending thoracic aorta graft, with or without bypass | no auth | | | | |
| 33877 | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass | no auth | | | | |
| 33880 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin | no auth | | | | |
| 33881 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin | no auth | | | | |
| 33883 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension | no auth | | | | |
| 33884 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure) | no auth | | | | |
| 33886 | Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta | no auth | | | | |
| 33889 | Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral | no auth | | | | |
| 3388F | AJCC colon cancer, Stage III documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33891 | Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision | no auth | | | | |
| 33894 | Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches | no auth | | | | |
| 33895 | Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches | no auth | | | | |
| 33897 | Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta | no auth | | | | |
| 33900 | Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33901 | Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33902 | Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 33903 | Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| 33904 | Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 3390F | AJCC colon cancer, Stage IV documented (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 33910 | Pulmonary artery embolectomy; with cardiopulmonary bypass | no auth | | | | |
| 33915 | Pulmonary artery embolectomy; without cardiopulmonary bypass | no auth | | | | |
| 33916 | Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass | no auth | | | | |
| 33917 | Repair of pulmonary artery stenosis by reconstruction with patch or graft | no auth | | | | |
| 33920 | Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery | no auth | | | | |
| 33922 | Transection of pulmonary artery with cardiopulmonary bypass | no auth | | | | |
| 33924 | Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure) | no auth | | | | |
| 33925 | Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass | no auth | | | | |
| 33926 | Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass | no auth | | | | |
| 33927 | Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy | no auth | | | | |
| 33928 | Removal and replacement of total replacement heart system (artificial heart) | no auth | Paid for by recipient's plan. | | | |
| 33929 | Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 33930 | Donor cardiectomy-pneumonectomy (including cold preservation) | no auth | Paid for by recipient's plan. | | | |
| 33933 | Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation | AUTH REQUIRED | | NCD 260.9 | | |
| 33935 | Heart-lung transplant with recipient cardiectomy-pneumonectomy | AUTH REQUIRED | | NCD 260.9 | MCG:Lung Transplant ORG: S-1300 (ISC) | |
| 33940 | Donor cardiectomy (including cold preservation) | no auth | Paid for by recipient's plan. | | | |
| 33944 | Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation | AUTH REQUIRED | | NCD 260.9 | | |
| 33945 | Heart transplant, with or without recipient cardiectomy | AUTH REQUIRED | | NCD 260.9 | | |
| 33946 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous | no auth | | | | |
| 33947 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 33948 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous | no auth | | | | |
| 33949 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial | no auth | | | | |
| 3394F | Quantitative HER2 immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 33951 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 33952 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 33953 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age | no auth | | | | |
| 33954 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older | no auth | | | | |
| 33955 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age | no auth | | | | |
| 33956 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older | no auth | | | | |
| 33957 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 33958 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 33959 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 3395F | Quantitative non-HER2 immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 33962 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 33963 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 33964 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 33965 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age | no auth | | | | |
| 33966 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older | no auth | | | | |
| 33967 | Insertion of intra-aortic balloon assist device, percutaneous | no auth | | | | |
| 33968 | Removal of intra-aortic balloon assist device, percutaneous | no auth | | | | |
| 33969 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age | AUTH REQUIRED | | | | |
| 33970 | Insertion of intra-aortic balloon assist device through the femoral artery, open approach | no auth | | | | |
| 33971 | Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft | no auth | | | | |
| 33973 | Insertion of intra-aortic balloon assist device through the ascending aorta | no auth | | | | |
| 33974 | Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft | no auth | | | | |
| 33975 | Insertion of ventricular assist device; extracorporeal, single ventricle | AUTH REQUIRED | | NCD 20.9.1 | | |
| 33976 | Insertion of ventricular assist device; extracorporeal, biventricular | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 33977 | Removal of ventricular assist device; extracorporeal, single ventricle | no auth | | | | |
| 33978 | Removal of ventricular assist device; extracorporeal, biventricular | no auth | | | | |
| 33979 | Insertion of ventricular assist device, implantable intracorporeal, single ventricle | AUTH REQUIRED | | NCD 20.9.1 | | |
| 33980 | Removal of ventricular assist device, implantable intracorporeal, single ventricle | no auth | | | | |
| 33981 | Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump | no auth | | | | |
| 33982 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass | no auth | | | | |
| 33983 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass | no auth | | | | |
| 33984 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older | no auth | | | | |
| 33985 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age | no auth | | | | |

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| 33986 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older | no auth | | | | |
| 33987 | Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure) | no auth | | | | |
| 33988 | Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS | no auth | | | | |
| 33989 | Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS | no auth | | | | |
| 33990 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only | no auth | | | | |
| 33991 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture | no auth | | | | |
| 33992 | Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion | no auth | | | | |
| 33993 | Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion | no auth | | | | |
| 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only | AUTH REQUIRED | | NCD 20.9.1 | | |
| 33997 | Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion | no auth | | | | |
| 33999 | Unlisted procedure, cardiac surgery | AUTH REQUIRED | | NCD 20.26 | MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 34001 | Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision | no auth | | | | |
| 34051 | Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision | no auth | | | | |
| 34101 | Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision | no auth | | | | |
| 34111 | Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision | no auth | | | | |
| 34151 | Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision | no auth | | | | |
| 34201 | Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision | no auth | | | | |
| 34203 | Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision | no auth | | | | |
| 34401 | Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision | no auth | | | | |
| 34421 | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision | no auth | | | | |
| 34451 | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision | no auth | | | | |
| 34471 | Thrombectomy, direct or with catheter; subclavian vein, by neck incision | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 34490 | Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision | no auth | | | | |
| 34501 | Valvuloplasty, femoral vein | no auth | | | | |
| 34502 | Reconstruction of vena cava, any method | no auth | | | | |
| 3450F | Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 34510 | Venous valve transposition, any vein donor | no auth | | | | |
| 3451F | Dyspnea screened, moderate or severe dyspnea (Pall Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 34520 | Cross-over vein graft to venous system | no auth | | | | |
| 3452F | Dyspnea not screened (Pall Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 34530 | Saphenopopliteal vein anastomosis | no auth | | | | |
| 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) | NOT COVERED | | MEASUREMENT CODE | | |
| 34701 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) | no auth | | | | |
| 34702 | Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) | no auth | | | | |
| 34703 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) | no auth | | | | |
| 34704 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) | no auth | | | | |

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| 34705 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer) | no auth | | | | |
| 34706 | Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption) | no auth | | | | |
| 34707 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation) | no auth | | | | |
| 34708 | Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption) | no auth | | | | |
| 34709 | Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure) | no auth | | | | |
| 3470F | Rheumatoid arthritis (RA) disease activity, low (RA) | NOT COVERED | | MEASUREMENT CODE | | |
| 34710 | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated | no auth | | | | |

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| 34711 | Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure) | no auth | | | | |
| 34712 | Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation | no auth | | | | |
| 34713 | Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34714 | Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34715 | Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34716 | Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34717 | Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34718 | Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral | no auth | | | | |
| 3471F | Rheumatoid arthritis (RA) disease activity, moderate (RA) | NOT COVERED | | MEASUREMENT CODE | | |
| 3472F | Rheumatoid arthritis (RA) disease activity, high (RA) | NOT COVERED | | MEASUREMENT CODE | | |
| 3475F | Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA) | NOT COVERED | | MEASUREMENT CODE | | |

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| 3476F | Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA) | NOT COVERED | | MEASUREMENT CODE | | |
| 34808 | Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure) | no auth | | | | |
| 34812 | Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34813 | Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure) | no auth | | | | |
| 34820 | Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34830 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis | no auth | | | | |
| 34831 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis | no auth | | | | |
| 34832 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis | no auth | | | | |
| 34833 | Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34834 | Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure) | no auth | | | | |
| 34839 | Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 34841 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery) | no auth | | | | |
| 34842 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | no auth | | | | |
| 34843 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) | no auth | | | | |

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| 34844 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s]) | no auth | | | | |
| 34845 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery) | no auth | | | | |
| 34846 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s]) | no auth | | | | |
| 34847 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s]) | no auth | | | | |
| 34848 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s]) | no auth | | | | |
| 3490F | History of AIDS-defining condition (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3491F | HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3492F | History of nadir CD4+ cell count <350 cells/mm3 (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3493F | No history of nadir CD4+ cell count <350 cells/mm3 and no history of AIDS-defining condition (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3494F | CD4+ cell count <200 cells/mm3 (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3495F | CD4+ cell count 200 - 499 cells/mm3 (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3496F | CD4+ cell count => 500 cells/mm3 (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3497F | CD4+ cell percentage <15% (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3498F | CD4+ cell percentage >=15% (HIV) | NOT COVERED | | MEASUREMENT CODE | | |

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| 35001 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision | no auth | | | | |
| 35002 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision | no auth | | | | |
| 35005 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery | no auth | | | | |
| 3500F | CD4+ cell count or CD4+ cell percentage documented as performed (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 35011 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision | no auth | | | | |
| 35013 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision | no auth | | | | |
| 35021 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision | no auth | | | | |
| 35022 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision | no auth | | | | |
| 3502F | HIV RNA viral load below limits of quantification (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 3503F | HIV RNA viral load not below limits of quantification (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 35045 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery | no auth | | | | |
| 35081 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta | no auth | | | | |
| 35082 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta | no auth | | | | |
| 35091 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) | no auth | | | | |
| 35092 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) | no auth | | | | |
| 35102 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external) | no auth | | | | |

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| 35103 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external) | no auth | | | | |
| 3510F | Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 35111 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery | no auth | | | | |
| 35112 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery | no auth | | | | |
| 3511F | Chlamydia and gonorrhea screenings documented as performed (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 35121 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery | no auth | | | | |
| 35122 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery | no auth | | | | |
| 3512F | Syphilis screening documented as performed (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 35131 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external) | no auth | | | | |
| 35132 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external) | no auth | | | | |
| 3513F | Hepatitis B screening documented as performed (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 35141 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral) | no auth | | | | |
| 35142 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral) | no auth | | | | |
| 3514F | Hepatitis C screening documented as performed (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 35151 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery | no auth | | | | |
| 35152 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery | no auth | | | | |
| 3515F | Patient has documented immunity to Hepatitis C (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 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) | NOT COVERED | | MEASUREMENT CODE | | |
| 35180 | Repair, congenital arteriovenous fistula; head and neck | no auth | | | | |
| 35182 | Repair, congenital arteriovenous fistula; thorax and abdomen | no auth | | | | |
| 35184 | Repair, congenital arteriovenous fistula; extremities | no auth | | | | |

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| 35188 | Repair, acquired or traumatic arteriovenous fistula; head and neck | no auth | | | | |
| 35189 | Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen | no auth | | | | |
| 35190 | Repair, acquired or traumatic arteriovenous fistula; extremities | no auth | | | | |
| 35201 | Repair blood vessel, direct; neck | no auth | | | | |
| 35206 | Repair blood vessel, direct; upper extremity | no auth | | | | |
| 35207 | Repair blood vessel, direct; hand, finger | no auth | | | | |
| 3520F | Clostridium difficile testing performed (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 35211 | Repair blood vessel, direct; intrathoracic, with bypass | no auth | | | | |
| 35216 | Repair blood vessel, direct; intrathoracic, without bypass | no auth | | | | |
| 35221 | Repair blood vessel, direct; intra-abdominal | no auth | | | | |
| 35226 | Repair blood vessel, direct; lower extremity | no auth | | | | |
| 35231 | Repair blood vessel with vein graft; neck | no auth | | | | |
| 35236 | Repair blood vessel with vein graft; upper extremity | no auth | | | | |
| 35241 | Repair blood vessel with vein graft; intrathoracic, with bypass | no auth | | | | |
| 35246 | Repair blood vessel with vein graft; intrathoracic, without bypass | no auth | | | | |
| 35251 | Repair blood vessel with vein graft; intra-abdominal | no auth | | | | |
| 35256 | Repair blood vessel with vein graft; lower extremity | no auth | | | | |
| 35261 | Repair blood vessel with graft other than vein; neck | no auth | | | | |
| 35266 | Repair blood vessel with graft other than vein; upper extremity | no auth | | | | |
| 35271 | Repair blood vessel with graft other than vein; intrathoracic, with bypass | no auth | | | | |
| 35276 | Repair blood vessel with graft other than vein; intrathoracic, without bypass | no auth | | | | |
| 35281 | Repair blood vessel with graft other than vein; intra-abdominal | no auth | | | | |
| 35286 | Repair blood vessel with graft other than vein; lower extremity | no auth | | | | |
| 35301 | Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision | no auth | | | | |
| 35302 | Thromboendarterectomy, including patch graft, if performed; superficial femoral artery | no auth | | | | |
| 35303 | Thromboendarterectomy, including patch graft, if performed; popliteal artery | no auth | | | | |
| 35304 | Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery | no auth | | | | |
| 35305 | Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel | no auth | | | | |
| 35306 | Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure) | no auth | | | | |
| 35311 | Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision | no auth | | | | |
| 35321 | Thromboendarterectomy, including patch graft, if performed; axillary-brachial | no auth | | | | |
| 35331 | Thromboendarterectomy, including patch graft, if performed; abdominal aorta | no auth | | | | |
| 35341 | Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal | no auth | | | | |
| 35351 | Thromboendarterectomy, including patch graft, if performed; iliac | no auth | | | | |
| 35355 | Thromboendarterectomy, including patch graft, if performed; iliofemoral | no auth | | | | |
| 35361 | Thromboendarterectomy, including patch graft, if performed; combined aortoiliac | no auth | | | | |

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| 35363 | Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral | no auth | | | | |
| 35371 | Thromboendarterectomy, including patch graft, if performed; common femoral | no auth | | | | |
| 35372 | Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral | no auth | | | | |
| 35390 | Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure) | no auth | | | | |
| 35400 | Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure) | no auth | | | | |
| 35500 | Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure) | no auth | | | | |
| 35501 | Bypass graft, with vein; common carotid-ipsilateral internal carotid | no auth | | | | |
| 35506 | Bypass graft, with vein; carotid-subclavian or subclavian-carotid | no auth | | | | |
| 35508 | Bypass graft, with vein; carotid-vertebral | no auth | | | | |
| 35509 | Bypass graft, with vein; carotid-contralateral carotid | no auth | | | | |
| 3550F | Low risk for thromboembolism (AFIB) | NOT COVERED | | MEASUREMENT CODE | | |
| 35510 | Bypass graft, with vein; carotid-brachial | no auth | | | | |
| 35511 | Bypass graft, with vein; subclavian-subclavian | no auth | | | | |
| 35512 | Bypass graft, with vein; subclavian-brachial | no auth | | | | |
| 35515 | Bypass graft, with vein; subclavian-vertebral | no auth | | | | |
| 35516 | Bypass graft, with vein; subclavian-axillary | no auth | | | | |
| 35518 | Bypass graft, with vein; axillary-axillary | no auth | | | | |
| 3551F | Intermediate risk for thromboembolism (AFIB) | NOT COVERED | | MEASUREMENT CODE | | |
| 35521 | Bypass graft, with vein; axillary-femoral | no auth | | | | |
| 35522 | Bypass graft, with vein; axillary-brachial | no auth | | | | |
| 35523 | Bypass graft, with vein; brachial-ulnar or -radial | no auth | | | | |
| 35525 | Bypass graft, with vein; brachial-brachial | no auth | | | | |
| 35526 | Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid | no auth | | | | |
| 3552F | High risk for thromboembolism (AFIB) | NOT COVERED | | MEASUREMENT CODE | | |
| 35531 | Bypass graft, with vein; aortoceliac or aortomesenteric | no auth | | | | |
| 35533 | Bypass graft, with vein; axillary-femoral-femoral | no auth | | | | |
| 35535 | Bypass graft, with vein; hepatorenal | no auth | | | | |
| 35536 | Bypass graft, with vein; splenorenal | no auth | | | | |
| 35537 | Bypass graft, with vein; aortoiliac | no auth | | | | |
| 35538 | Bypass graft, with vein; aortobi-iliac | no auth | | | | |
| 35539 | Bypass graft, with vein; aortofemoral | no auth | | | | |
| 35540 | Bypass graft, with vein; aortobifemoral | no auth | | | | |
| 35556 | Bypass graft, with vein; femoral-popliteal | no auth | | | | |
| 35558 | Bypass graft, with vein; femoral-femoral | no auth | | | | |
| 3555F | Patient had International Normalized Ratio (INR) measurement performed (AFIB) | NOT COVERED | | MEASUREMENT CODE | | |
| 35560 | Bypass graft, with vein; aortorenal | no auth | | | | |
| 35563 | Bypass graft, with vein; ilioliac | no auth | | | | |
| 35565 | Bypass graft, with vein; iliofemoral | no auth | | | | |
| 35566 | Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels | no auth | | | | |
| 35570 | Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial | no auth | | | | |

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| 35571 | Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels | no auth | | | | |
| 35572 | Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure) | no auth | | | | |
| 35583 | In-situ vein bypass; femoral-popliteal | no auth | | | | |
| 35585 | In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery | no auth | | | | |
| 35587 | In-situ vein bypass; popliteal-tibial, peroneal | no auth | | | | |
| 35600 | Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open | no auth | | | | |
| 35601 | Bypass graft, with other than vein; common carotid-ipsilateral internal carotid | no auth | | | | |
| 35606 | Bypass graft, with other than vein; carotid-subclavian | no auth | | | | |
| 35612 | Bypass graft, with other than vein; subclavian-subclavian | no auth | | | | |
| 35616 | Bypass graft, with other than vein; subclavian-axillary | no auth | | | | |
| 35621 | Bypass graft, with other than vein; axillary-femoral | no auth | | | | |
| 35623 | Bypass graft, with other than vein; axillary-popliteal or -tibial | no auth | | | | |
| 35626 | Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid | no auth | | | | |
| 35631 | Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal | no auth | | | | |
| 35632 | Bypass graft, with other than vein; ilio-celiac | no auth | | | | |
| 35633 | Bypass graft, with other than vein; ilio-mesenteric | no auth | | | | |
| 35634 | Bypass graft, with other than vein; iliorenal | no auth | | | | |
| 35636 | Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis) | no auth | | | | |
| 35637 | Bypass graft, with other than vein; aortoiliac | no auth | | | | |
| 35638 | Bypass graft, with other than vein; aortobi-iliac | no auth | | | | |
| 35642 | Bypass graft, with other than vein; carotid-vertebral | no auth | | | | |
| 35645 | Bypass graft, with other than vein; subclavian-vertebral | no auth | | | | |
| 35646 | Bypass graft, with other than vein; aortobifemoral | no auth | | | | |
| 35647 | Bypass graft, with other than vein; aortofemoral | no auth | | | | |
| 35650 | Bypass graft, with other than vein; axillary-axillary | no auth | | | | |
| 35654 | Bypass graft, with other than vein; axillary-femoral-femoral | no auth | | | | |
| 35656 | Bypass graft, with other than vein; femoral-popliteal | no auth | | | | |
| 35661 | Bypass graft, with other than vein; femoral-femoral | no auth | | | | |
| 35663 | Bypass graft, with other than vein; ilioliac | no auth | | | | |
| 35665 | Bypass graft, with other than vein; iliofemoral | no auth | | | | |
| 35666 | Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery | no auth | | | | |
| 35671 | Bypass graft, with other than vein; popliteal-tibial or -peroneal artery | no auth | | | | |
| 35681 | Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure) | no auth | | | | |
| 35682 | Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure) | no auth | | | | |
| 35683 | Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure) | no auth | | | | |
| 35685 | Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 35686 | Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure) | no auth | | | | |
| 35691 | Transposition and/or reimplantation; vertebral to carotid artery | no auth | | | | |
| 35693 | Transposition and/or reimplantation; vertebral to subclavian artery | no auth | | | | |
| 35694 | Transposition and/or reimplantation; subclavian to carotid artery | no auth | | | | |
| 35695 | Transposition and/or reimplantation; carotid to subclavian artery | no auth | | | | |
| 35697 | Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure) | no auth | | | | |
| 35700 | Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure) | no auth | | | | |
| 35701 | Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian) | no auth | | | | |
| 35702 | Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar) | no auth | | | | |
| 35703 | Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal) | no auth | | | | |
| 3570F | Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, X-ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 3572F | Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED) | NOT COVERED | | MEASUREMENT CODE | | |
| 3573F | Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED) | NOT COVERED | | MEASUREMENT CODE | | |
| 35800 | Exploration for postoperative hemorrhage, thrombosis or infection; neck | no auth | | | | |
| 35820 | Exploration for postoperative hemorrhage, thrombosis or infection; chest | no auth | | | | |
| 35840 | Exploration for postoperative hemorrhage, thrombosis or infection; abdomen | no auth | | | | |
| 35860 | Exploration for postoperative hemorrhage, thrombosis or infection; extremity | no auth | | | | |
| 35870 | Repair of graft-enteric fistula | no auth | | | | |
| 35875 | Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); | no auth | | | | |
| 35876 | Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft | no auth | | | | |
| 35879 | Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty | no auth | | | | |
| 35881 | Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition | no auth | | | | |
| 35883 | Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, polyester, ePTFE, bovine pericardium) | no auth | | | | |
| 35884 | Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft | no auth | | | | |
| 35901 | Excision of infected graft; neck | no auth | | | | |
| 35903 | Excision of infected graft; extremity | no auth | | | | |

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| 35905 | Excision of infected graft; thorax | no auth | | | | |
| 35907 | Excision of infected graft; abdomen | no auth | | | | |
| 36000 | Introduction of needle or intracatheter, vein | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 36002 | Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm | no auth | | | | |
| 36005 | Injection procedure for extremity venography (including introduction of needle or intracatheter) | no auth | | | | |
| 36010 | Introduction of catheter, superior or inferior vena cava | no auth | | | | |
| 36011 | Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein) | no auth | | | | |
| 36012 | Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus) | no auth | | | | |
| 36013 | Introduction of catheter, right heart or main pulmonary artery | no auth | | | | |
| 36014 | Selective catheter placement, left or right pulmonary artery | no auth | | | | |
| 36015 | Selective catheter placement, segmental or subsegmental pulmonary artery | no auth | | | | |
| 36100 | Introduction of needle or intracatheter, carotid or vertebral artery | no auth | | | | |
| 36140 | Introduction of needle or intracatheter, upper or lower extremity artery | no auth | | | | |
| 36160 | Introduction of needle or intracatheter, aortic, translumbar | no auth | | | | |
| 36200 | Introduction of catheter, aorta | no auth | | | | |
| 36215 | Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family | no auth | | | | |
| 36216 | Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family | no auth | | | | |
| 36217 | Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family | no auth | | | | |
| 36218 | Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) | no auth | | | | |
| 36221 | Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed | no auth | | | | |
| 36222 | Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed | no auth | | | | |
| 36223 | Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed | no auth | | | | |
| 36224 | Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed | no auth | | | | |

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| 36225 | Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed | no auth | | | | |
| 36226 | Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed | no auth | | | | |
| 36227 | Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) | no auth | | | | |
| 36228 | Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure) | no auth | | | | |
| 36245 | Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family | no auth | | | | |
| 36246 | Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family | no auth | | | | |
| 36247 | Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family | no auth | | | | |
| 36248 | Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) | no auth | | | | |
| 36251 | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral | no auth | | | | |
| 36252 | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral | no auth | | | | |
| 36253 | Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral | no auth | | | | |

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|-----------|---|------------------|---------------------------------|-------------------|---|-------------------------------|
| 36254 | Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral | no auth | | | | |
| 36260 | Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver) | no auth | | | | |
| 36261 | Revision of implanted intra-arterial infusion pump | no auth | | | | |
| 36262 | Removal of implanted intra-arterial infusion pump | no auth | | | | |
| 36299 | Unlisted procedure, vascular injection | AUTH REQUIRED | | | MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 36400 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein | AUTH REQUIRED | | | | |
| 36405 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein | AUTH REQUIRED | | | | |
| 36406 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein | AUTH REQUIRED | | | | |
| 36410 | Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture) | no auth | | | | |
| 36415 | Collection of venous blood by venipuncture | no auth | | | | |
| 36416 | Collection of capillary blood specimen (eg, finger, heel, ear stick) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 36420 | Venipuncture, outpatient; younger than age 1 year | AUTH REQUIRED | | | | |
| 36425 | Venipuncture, outpatient; age 1 or over | AUTH REQUIRED | | | | |
| 36430 | Transfusion, blood or blood components | no auth | | | | |
| 36440 | Push transfusion, blood, 2 years or younger | AUTH REQUIRED | | | | |
| 36450 | Exchange transfusion, blood; newborn | AUTH REQUIRED | | | | |
| 36455 | Exchange transfusion, blood; other than newborn | no auth | | | | |
| 36456 | Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn | no auth | | | | |
| 36460 | Transfusion, intrauterine, fetal | no auth | | | | |
| 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein) | AUTH REQUIRED | | LCD 34924 | MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC) | |
| 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg | AUTH REQUIRED | | LCD 34924 | MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC) | |

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|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 36468 | Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk | AUTH REQUIRED | | LCD 34924 | MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC), Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC) | |
| 36470 | Injection of sclerosant; single incompetent vein (other than telangiectasia) | AUTH REQUIRED | | LCD 34924 | MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC), Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC) | |
| 36471 | Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg | AUTH REQUIRED | | LCD 34924 | MCG:Sclerotherapy, Leg Veins ACG: A-0170 (AC), Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC) | |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA) ACG: A-1025 (AC) | |
| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA) ACG: A-1025 (AC) | |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Ablation, Radiofrequency ACG: A-0174 (AC) | |
| 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Ablation, Radiofrequency ACG: A-0174 (AC) | |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Ablation, Laser ACG: A-0425 (AC) | |
| 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Ablation, Laser ACG: A-0425 (AC) | |
| 36481 | Percutaneous portal vein catheterization by any method | no auth | | | | |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Ablation, Adhesive Injection ACG: A-1024 (AC) | |

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|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Ablation, Adhesive Injection ACG: A-1024 (AC) | |
| 36500 | Venous catheterization for selective organ blood sampling | no auth | | | | |
| 3650F | Electroencephalogram (EEG) ordered, reviewed or requested (EPI) | NOT COVERED | | MEASUREMENT CODE | | |
| 36510 | Catheterization of umbilical vein for diagnosis or therapy, newborn | AUTH REQUIRED | | | | |
| 36511 | Therapeutic apheresis; for white blood cells | no auth | | | | |
| 36512 | Therapeutic apheresis; for red blood cells | no auth | | | | |
| 36513 | Therapeutic apheresis; for platelets | no auth | | | | |
| 36514 | Therapeutic apheresis; for plasma pheresis | no auth | | | | |
| 36516 | Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion | no auth | | | | |
| 36522 | Photopheresis, extracorporeal | no auth | | | | |
| 36555 | Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age | AUTH REQUIRED | | | | |
| 36556 | Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older | no auth | | | | |
| 36557 | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age | AUTH REQUIRED | | | | |
| 36558 | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older | no auth | | | | |
| 36560 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age | AUTH REQUIRED | | | | |
| 36561 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older | no auth | | | | |
| 36563 | Insertion of tunneled centrally inserted central venous access device with subcutaneous pump | no auth | | | | |
| 36565 | Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter) | no auth | | | | |
| 36566 | Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s) | no auth | | | | |
| 36568 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age | AUTH REQUIRED | | | | |
| 36569 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older | no auth | | | | |
| 36570 | Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age | AUTH REQUIRED | | | | |
| 36571 | Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older | no auth | | | | |
| 36572 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 36573 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older | no auth | | | | |
| 36575 | Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site | no auth | | | | |
| 36576 | Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site | no auth | | | | |
| 36578 | Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site | no auth | | | | |
| 36580 | Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access | no auth | | | | |
| 36581 | Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access | no auth | | | | |
| 36582 | Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access | no auth | | | | |
| 36583 | Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access | no auth | | | | |
| 36584 | Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement | no auth | | | | |
| 36585 | Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access | no auth | | | | |
| 36589 | Removal of tunneled central venous catheter, without subcutaneous port or pump | no auth | | | | |
| 36590 | Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion | no auth | | | | |
| 36591 | Collection of blood specimen from a completely implantable venous access device | no auth | | | | |
| 36592 | Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified | no auth | | | | |
| 36593 | Dec clotting by thrombolytic agent of implanted vascular access device or catheter | no auth | | | | |
| 36595 | Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access | no auth | | | | |
| 36596 | Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen | no auth | | | | |
| 36597 | Repositioning of previously placed central venous catheter under fluoroscopic guidance | no auth | | | | |
| 36598 | Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report | no auth | | | | |
| 36600 | Arterial puncture, withdrawal of blood for diagnosis | no auth | | | | |
| 36620 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous | no auth | | | | |

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| 36625 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown | no auth | | | | |
| 36640 | Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown | no auth | | | | |
| 36660 | Catheterization, umbilical artery, newborn, for diagnosis or therapy | AUTH REQUIRED | | | | |
| 36680 | Placement of needle for intraosseous infusion | AUTH REQUIRED | | | | |
| 36800 | Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein | no auth | | | | |
| 36810 | Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type) | no auth | | | | |
| 36815 | Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure | no auth | | | | |
| 36818 | Arteriovenous anastomosis, open; by upper arm cephalic vein transposition | no auth | | | | |
| 36819 | Arteriovenous anastomosis, open; by upper arm basilic vein transposition | no auth | | | | |
| 36820 | Arteriovenous anastomosis, open; by forearm vein transposition | no auth | | | | |
| 36821 | Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure) | no auth | | | | |
| 36823 | Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites | no auth | | | | |
| 36825 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft | no auth | | | | |
| 36830 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft) | no auth | | | | |
| 36831 | Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure) | no auth | | | | |
| 36832 | Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure) | no auth | | | | |
| 36833 | Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure) | no auth | | | | |
| 36835 | Insertion of Thomas shunt (separate procedure) | no auth | | | | |
| 36836 | Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 36837 | Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 36838 | Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome) | no auth | | | | |

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| 36860 | External cannula declotting (separate procedure); without balloon catheter | no auth | | | | |
| 36861 | External cannula declotting (separate procedure); with balloon catheter | no auth | | | | |
| 36901 | Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; | no auth | | | | |
| 36902 | Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty | no auth | | | | |
| 36903 | Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment | no auth | | | | |
| 36904 | Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); | no auth | | | | |
| 36905 | Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 36906 | Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit | no auth | | | | |
| 36907 | Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure) | no auth | | | | |
| 36908 | Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 36909 | Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure) | no auth | | | | |
| 3700F | Psychiatric disorders or disturbances assessed (Prkns) | NOT COVERED | | MEASUREMENT CODE | | |
| 37140 | Venous anastomosis, open; portocaval | no auth | | | | |
| 37145 | Venous anastomosis, open; renoportal | no auth | | | | |
| 37160 | Venous anastomosis, open; caval-mesenteric | no auth | | | | |
| 37180 | Venous anastomosis, open; splenorenal, proximal | no auth | | | | |
| 37181 | Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique) | no auth | | | | |
| 37182 | Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation) | no auth | | | | |
| 37183 | Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation) | no auth | | | | |
| 37184 | Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel | no auth | | | | |
| 37185 | Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 37186 | Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure) | no auth | | | | |
| 37187 | Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance | no auth | | | | |
| 37188 | Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy | no auth | | | | |
| 37191 | Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed | no auth | | | | |
| 37192 | Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed | no auth | | | | |
| 37193 | Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed | no auth | | | | |
| 37195 | Thrombolysis, cerebral, by intravenous infusion | no auth | | | | |
| 37197 | Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed | no auth | | | | |
| 37200 | Transcatheter biopsy | no auth | | | | |
| 3720F | Cognitive impairment or dysfunction assessed (Prkns) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 37211 | Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day | no auth | | | | |
| 37212 | Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day | no auth | | | | |
| 37213 | Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; | no auth | | | | |
| 37214 | Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 37215 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection | no auth | | | | |
| 37216 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection | NOT COVERED | | | | |
| 37217 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation | no auth | | | | |
| 37218 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation | no auth | | | | |
| 37220 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty | no auth | | | | |
| 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | AUTH REQUIRED | | LCD 35084 | MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |
| 37222 | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) | no auth | | | | |
| 37223 | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) | no auth | | | | |
| 37224 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty | AUTH REQUIRED | | NCD 20.7 | MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |
| 37225 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed | AUTH REQUIRED | | | MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |
| 37226 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | AUTH REQUIRED | | LCD 35084 | MCG:Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |
| 37227 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | AUTH REQUIRED | | LCD 35084 | MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |

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|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 37228 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty | AUTH REQUIRED | | NCD 20.7 | MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |
| 37229 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed | AUTH REQUIRED | | | MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |
| 37230 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed | AUTH REQUIRED | | LCD 35084 | MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |
| 37231 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed | AUTH REQUIRED | | LCD 35084 | MCG: Percutaneous Revascularization, Lower Extremity ORG: S-1310 (ISC) | |
| 37232 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) | no auth | | | | |
| 37233 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) | no auth | | | | |
| 37234 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) | no auth | | | | |
| 37235 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) | no auth | | | | |
| 37236 | Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery | no auth | | | | |
| 37237 | Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 37238 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein | no auth | | | | |
| 37239 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure) | no auth | | | | |
| 37241 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) | no auth | | | | |
| 37242 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) | no auth | | | | |
| 37243 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | AUTH REQUIRED | | NCD 20.28 | MCG:Uterine Artery Embolization ACG: A-0287 (AC) | |
| 37244 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation | no auth | | | | |
| 37246 | Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery | no auth | | | | |
| 37247 | Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure) | no auth | | | | |
| 37248 | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein | no auth | | | | |
| 37249 | Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure) | no auth | | | | |
| 37252 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--|-------------------------------|
| 37253 | Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure) | no auth | | | | |
| 3725F | Screening for depression performed (DEM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) | AUTH REQUIRED | | LCD 34924 | | |
| 37501 | Unlisted vascular endoscopy procedure | AUTH REQUIRED | | | MCG: Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 3750F | Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 3751F | Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 3752F | Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 3753F | Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 3754F | Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 3755F | Cognitive and behavioral impairment screening performed (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 37565 | Ligation, internal jugular vein | no auth | | | | |
| 3756F | Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 3757F | Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 3758F | Patient referred for pulmonary function testing or peak cough expiratory flow (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 3759F | Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 37600 | Ligation; external carotid artery | no auth | | | | |
| 37605 | Ligation; internal or common carotid artery | no auth | | | | |
| 37606 | Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp | no auth | | | | |
| 37607 | Ligation or banding of angioaccess arteriovenous fistula | no auth | | | | |
| 37609 | Ligation or biopsy, temporal artery | no auth | | | | |
| 3760F | Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 37615 | Ligation, major artery (eg, post-traumatic, rupture); neck | no auth | | | | |
| 37616 | Ligation, major artery (eg, post-traumatic, rupture); chest | no auth | | | | |
| 37617 | Ligation, major artery (eg, post-traumatic, rupture); abdomen | no auth | | | | |
| 37618 | Ligation, major artery (eg, post-traumatic, rupture); extremity | no auth | | | | |
| 37619 | Ligation of inferior vena cava | no auth | | | | |
| 3761F | Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 3762F | Patient is dysarthric (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 3763F | Patient is not dysarthric (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 37650 | Ligation of femoral vein | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 37660 | Ligation of common iliac vein | no auth | | | | |
| 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions | AUTH REQUIRED | | LCD 34924 | MCG:Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC) | |
| 37718 | Ligation, division, and stripping, short saphenous vein | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Stripping ACG: A-0172 (AC) | |
| 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | AUTH REQUIRED | | LCD 34924 | MCG:Saphenous Vein Stripping ACG: A-0172 (AC) | |
| 37735 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia | AUTH REQUIRED | | LCD 34924 | | |
| 3775F | Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR) | NOT COVERED | | MEASUREMENT CODE | | |
| 37760 | Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg | AUTH REQUIRED | | LCD 34924 | | |
| 37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg | AUTH REQUIRED | | LCD 34924 | | |
| 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions | AUTH REQUIRED | | LCD 34924 | MCG:Stab Phlebectomy ACG: A-0735 (AC) | |
| 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions | AUTH REQUIRED | | LCD 34924 | MCG:Stab Phlebectomy ACG: A-0735 (AC) | |
| 3776F | Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR) | NOT COVERED | | MEASUREMENT CODE | | |
| 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) | AUTH REQUIRED | | LCD 34924 | MCG:Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC) | |
| 37785 | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg | AUTH REQUIRED | | LCD 34924 | MCG:Sclerotherapy Plus Ligation, Saphenofemoral Junction ACG: A-0171 (AC) | |
| 37788 | Penile revascularization, artery, with or without vein graft | no auth | | | | |
| 37790 | Penile venous occlusive procedure | no auth | | | | |
| 37799 | Unlisted procedure, vascular surgery | AUTH REQUIRED | | NCD 20.7 | MCG:Cardiovascular Surgery or Procedure GRG: SG-CVS (ISC GRG) | |
| 38100 | Splenectomy; total (separate procedure) | no auth | | | | |
| 38101 | Splenectomy; partial (separate procedure) | no auth | | | | |
| 38102 | Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure) | no auth | | | | |
| 38115 | Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy | no auth | | | | |
| 38120 | Laparoscopy, surgical, splenectomy | no auth | | | | |

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|-----------|--|------------------|---------------------------------|--|---|-------------------------------|
| 38129 | Unlisted laparoscopy procedure, spleen | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 38200 | Injection procedure for splenoportography | no auth | | | | |
| 38204 | Management of recipient hematopoietic progenitor cell donor search and cell acquisition | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 38205 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic | no auth | | | | |
| 38206 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous | no auth | | | | |
| 38207 | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 38208 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 38209 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 38210 | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 38211 | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 38212 | Transplant preparation of hematopoietic progenitor cells; red blood cell removal | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 38213 | Transplant preparation of hematopoietic progenitor cells; platelet depletion | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |

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| 38214 | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 38215 | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 38220 | Diagnostic bone marrow; aspiration(s) | no auth | | | | |
| 38221 | Diagnostic bone marrow; biopsy(ies) | no auth | | | | |
| 38222 | Diagnostic bone marrow; biopsy(ies) and aspiration(s) | no auth | | | | |
| 38230 | Bone marrow harvesting for transplantation; allogeneic | no auth | | | | |
| 38232 | Bone marrow harvesting for transplantation; autologous | no auth | | | | |
| 38240 | Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor | AUTH REQUIRED | | NCD 110.23 | MCG:Medical Oncology GRG GRG: PG-ONC (ISC GRG) | |
| 38241 | Hematopoietic progenitor cell (HPC); autologous transplantation | AUTH REQUIRED | | NCD 110.23 | MCG:Medical Oncology GRG GRG: PG-ONC (ISC GRG) | |
| 38242 | Allogeneic lymphocyte infusions | no auth | | | | |
| 38243 | Hematopoietic progenitor cell (HPC); HPC boost | no auth | | | | |
| 38300 | Drainage of lymph node abscess or lymphadenitis; simple | no auth | | | | |
| 38305 | Drainage of lymph node abscess or lymphadenitis; extensive | no auth | | | | |
| 38308 | Lymphangiomy or other operations on lymphatic channels | no auth | | | | |
| 38380 | Suture and/or ligation of thoracic duct; cervical approach | no auth | | | | |
| 38381 | Suture and/or ligation of thoracic duct; thoracic approach | no auth | | | | |
| 38382 | Suture and/or ligation of thoracic duct; abdominal approach | no auth | | | | |
| 38500 | Biopsy or excision of lymph node(s); open, superficial | no auth | | | | |
| 38505 | Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) | no auth | | | | |
| 38510 | Biopsy or excision of lymph node(s); open, deep cervical node(s) | no auth | | | | |
| 38520 | Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad | no auth | | | | |
| 38525 | Biopsy or excision of lymph node(s); open, deep axillary node(s) | no auth | | | | |
| 38530 | Biopsy or excision of lymph node(s); open, internal mammary node(s) | no auth | | | | |
| 38531 | Biopsy or excision of lymph node(s); open, inguinofemoral node(s) | no auth | | | | |
| 38542 | Dissection, deep jugular node(s) | no auth | | | | |
| 38550 | Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection | no auth | | | | |
| 38555 | Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection | no auth | | | | |
| 38562 | Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic | no auth | | | | |
| 38564 | Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 38570 | Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple | no auth | | | | |
| 38571 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy | no auth | | | | |
| 38572 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple | no auth | | | | |
| 38573 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed | no auth | | | | |
| 38589 | Unlisted laparoscopy procedure, lymphatic system | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 38700 | Suprahyoid lymphadenectomy | no auth | | | | |
| 38720 | Cervical lymphadenectomy (complete) | no auth | | | | |
| 38724 | Cervical lymphadenectomy (modified radical neck dissection) | no auth | | | | |
| 38740 | Axillary lymphadenectomy; superficial | no auth | | | | |
| 38745 | Axillary lymphadenectomy; complete | no auth | | | | |
| 38746 | Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure) | no auth | | | | |
| 38747 | Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure) | no auth | | | | |
| 38760 | Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure) | no auth | | | | |
| 38765 | Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) | no auth | | | | |
| 38770 | Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) | no auth | | | | |
| 38780 | Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure) | no auth | | | | |
| 38790 | Injection procedure; lymphangiography | no auth | | | | |
| 38792 | Injection procedure; radioactive tracer for identification of sentinel node | no auth | | | | |
| 38794 | Cannulation, thoracic duct | no auth | | | | |
| 38900 | Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure) | no auth | | | | |
| 38999 | Unlisted procedure, hemic or lymphatic system | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 39000 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach | no auth | | | | |
| 39010 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy | no auth | | | | |
| 39200 | Resection of mediastinal cyst | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|---|-------------------------------|
| 39220 | Resection of mediastinal tumor | no auth | | | | |
| 39401 | Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed | no auth | | | | |
| 39402 | Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging) | no auth | | | | |
| 39499 | Unlisted procedure, mediastinum | AUTH REQUIRED | | | MCG: Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG) | |
| 39501 | Repair, laceration of diaphragm, any approach | no auth | | | | |
| 39503 | Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia | AUTH REQUIRED | | | | |
| 39540 | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute | no auth | | | | |
| 39541 | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic | no auth | | | | |
| 39545 | Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic | no auth | | | | |
| 39560 | Resection, diaphragm; with simple repair (eg, primary suture) | no auth | | | | |
| 39561 | Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap) | no auth | | | | |
| 39599 | Unlisted procedure, diaphragm | AUTH REQUIRED | | | MCG: Thoracic Surgery or Procedure GRG: SG-TS (ISC GRG) | |
| 4000F | Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV) | NOT COVERED | | MEASUREMENT CODE | | |
| 4001F | Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV) | NOT COVERED | | MEASUREMENT CODE | | |
| 4003F | Patient education, written/oral, appropriate for patients with heart failure, performed (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 4004F | Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4005F | Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4008F | Beta-blocker therapy prescribed or currently being taken (CAD,HF) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4010F | Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM) | NOT COVERED | | MEASUREMENT CODE | | |
| 4011F | Oral antiplatelet therapy prescribed (CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4012F | Warfarin therapy prescribed (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 4013F | Statin therapy prescribed or currently being taken (CAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4014F | Written discharge instructions provided to heart failure patients discharged home (Instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen) (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 4015F | Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 4016F | Anti-inflammatory/analgesic agent prescribed (OA) (Use for prescribed or continued medication[s], including over-the-counter medication[s]) | NOT COVERED | | MEASUREMENT CODE | | |
| 4017F | Gastrointestinal prophylaxis for NSAID use prescribed (OA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4018F | Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed (OA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4019F | Documentation of receipt of counseling on exercise and either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use (OP) | NOT COVERED | | MEASUREMENT CODE | | |
| 4025F | Inhaled bronchodilator prescribed (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4030F | Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4033F | Pulmonary rehabilitation exercise training recommended (COPD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4035F | Influenza immunization recommended (COPD) (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4037F | Influenza immunization ordered or administered (COPD, PV, CKD, ESRD)(IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4040F | Pneumococcal vaccine administered or previously received (COPD) (PV), (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4041F | Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4042F | Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively (PERI 2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4043F | Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedures (PERI 2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4044F | Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time (PERI 2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4045F | Appropriate empiric antibiotic prescribed (CAP), (EM) | NOT COVERED | | MEASUREMENT CODE | | |
| 4046F | Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively (PERI 2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4047F | Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) (PERI 2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4048F | Documentation that administration of prophylactic parenteral antibiotic was initiated within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) as ordered (PERI 2) | NOT COVERED | | MEASUREMENT CODE | | |
| 40490 | Biopsy of lip | no auth | | | | |
| 4049F | Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure (PERI 2) | NOT COVERED | | MEASUREMENT CODE | | |
| 40500 | Vermilionectomy (lip shave), with mucosal advancement | no auth | | | | |
| 4050F | Hypertension plan of care documented as appropriate (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 40510 | Excision of lip; transverse wedge excision with primary closure | no auth | | | | |
| 4051F | Referred for an arteriovenous (AV) fistula (ESRD, CKD) | NOT COVERED | | MEASUREMENT CODE | | |
| 40520 | Excision of lip; V-excision with primary direct linear closure | no auth | | | | |
| 40525 | Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan) | no auth | | | | |
| 40527 | Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 4052F | Hemodialysis via functioning arteriovenous (AV) fistula (ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 40530 | Resection of lip, more than one-fourth, without reconstruction | no auth | | | | |
| 4053F | Hemodialysis via functioning arteriovenous (AV) graft (ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4054F | Hemodialysis via catheter (ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4055F | Patient receiving peritoneal dialysis (ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4056F | Appropriate oral rehydration solution recommended (PAG) | NOT COVERED | | MEASUREMENT CODE | | |
| 4058F | Pediatric gastroenteritis education provided to caregiver (PAG) | NOT COVERED | | MEASUREMENT CODE | | |
| 4060F | Psychotherapy services provided (MDD, MDD ADOL) | NOT COVERED | | MEASUREMENT CODE | | |
| 4062F | Patient referral for psychotherapy documented (MDD, MDD ADOL) | NOT COVERED | | MEASUREMENT CODE | | |
| 4063F | Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL) | NOT COVERED | | MEASUREMENT CODE | | |
| 4064F | Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL) | NOT COVERED | | MEASUREMENT CODE | | |
| 40650 | Repair lip, full thickness; vermilion only | no auth | | | | |
| 40652 | Repair lip, full thickness; up to half vertical height | no auth | | | | |
| 40654 | Repair lip, full thickness; over one-half vertical height, or complex | no auth | | | | |
| 4065F | Antipsychotic pharmacotherapy prescribed (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4066F | Electroconvulsive therapy (ECT) provided (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4067F | Patient referral for electroconvulsive therapy (ECT) documented (MDD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4069F | Venous thromboembolism (VTE) prophylaxis received (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 40700 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral | AUTH REQUIRED | | | | |
| 40701 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure | AUTH REQUIRED | | | | |
| 40702 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages | AUTH REQUIRED | | | | |
| 4070F | Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 40720 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure | AUTH REQUIRED | | | | |
| 4073F | Oral antiplatelet therapy prescribed at discharge (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 4075F | Anticoagulant therapy prescribed at discharge (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 40761 | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle | AUTH REQUIRED | | | | |
| 4077F | Documentation that tissue plasminogen activator (t-PA) administration was considered (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 40799 | Unlisted procedure, lips | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 4079F | Documentation that rehabilitation services were considered (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 40800 | Drainage of abscess, cyst, hematoma, vestibule of mouth; simple | no auth | | | | |
| 40801 | Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated | no auth | | | | |
| 40804 | Removal of embedded foreign body, vestibule of mouth; simple | no auth | | | | |
| 40805 | Removal of embedded foreign body, vestibule of mouth; complicated | no auth | | | | |
| 40806 | Incision of labial frenum (frenotomy) | AUTH REQUIRED | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--|-------------------------------|
| 40808 | Biopsy, vestibule of mouth | no auth | | | | |
| 40810 | Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair | no auth | | | | |
| 40812 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair | no auth | | | | |
| 40814 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair | no auth | | | | |
| 40816 | Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle | no auth | | | | |
| 40818 | Excision of mucosa of vestibule of mouth as donor graft | no auth | | | | |
| 40819 | Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy) | AUTH REQUIRED | | | | |
| 40820 | Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical) | no auth | | | | |
| 40830 | Closure of laceration, vestibule of mouth; 2.5 cm or less | no auth | | | | |
| 40831 | Closure of laceration, vestibule of mouth; over 2.5 cm or complex | no auth | | | | |
| 40840 | Vestibuloplasty; anterior | no auth | | | | |
| 40842 | Vestibuloplasty; posterior, unilateral | no auth | | | | |
| 40843 | Vestibuloplasty; posterior, bilateral | no auth | | | | |
| 40844 | Vestibuloplasty; entire arch | no auth | | | | |
| 40845 | Vestibuloplasty; complex (including ridge extension, muscle repositioning) | no auth | | | | |
| 4084F | Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM) | NOT COVERED | | MEASUREMENT CODE | | |
| 4086F | Aspirin or clopidogrel prescribed or currently being taken (CAD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 40899 | Unlisted procedure, vestibule of mouth | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 4090F | Patient receiving erythropoietin therapy (HEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 4095F | Patient not receiving erythropoietin therapy (HEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 41000 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual | no auth | | | | |
| 41005 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial | no auth | | | | |
| 41006 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, suprathyroid | no auth | | | | |
| 41007 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space | no auth | | | | |
| 41008 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space | no auth | | | | |
| 41009 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space | no auth | | | | |
| 4100F | Bisphosphonate therapy, intravenous, ordered or received (HEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 41010 | Incision of lingual frenum (frenotomy) | AUTH REQUIRED | | | | |
| 41015 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual | no auth | | | | |
| 41016 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental | no auth | | | | |
| 41017 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular | no auth | | | | |

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|-----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 41018 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space | no auth | | | | |
| 41019 | Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application | no auth | | | | |
| 41100 | Biopsy of tongue; anterior two-thirds | no auth | | | | |
| 41105 | Biopsy of tongue; posterior one-third | no auth | | | | |
| 41108 | Biopsy of floor of mouth | no auth | | | | |
| 4110F | Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 41110 | Excision of lesion of tongue without closure | no auth | | | | |
| 41112 | Excision of lesion of tongue with closure; anterior two-thirds | no auth | | | | |
| 41113 | Excision of lesion of tongue with closure; posterior one-third | no auth | | | | |
| 41114 | Excision of lesion of tongue with closure; with local tongue flap | no auth | | | | |
| 41115 | Excision of lingual frenum (frenectomy) | no auth | | | | |
| 41116 | Excision, lesion of floor of mouth | no auth | | | | |
| 41120 | Glossectomy; less than one-half tongue | no auth | | | | |
| 41130 | Glossectomy; hemiglossectomy | no auth | | | | |
| 41135 | Glossectomy; partial, with unilateral radical neck dissection | no auth | | | | |
| 41140 | Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection | no auth | | | | |
| 41145 | Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection | no auth | | | | |
| 41150 | Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection | no auth | | | | |
| 41153 | Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection | no auth | | | | |
| 41155 | Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type) | no auth | | | | |
| 4115F | Beta blocker administered within 24 hours prior to surgical incision (CABG) | NOT COVERED | | MEASUREMENT CODE | | |
| 4120F | Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4124F | Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 41250 | Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue | no auth | | | | |
| 41251 | Repair of laceration 2.5 cm or less; posterior one-third of tongue | no auth | | | | |
| 41252 | Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex | no auth | | | | |
| 4130F | Topical preparations (including OTC) prescribed for acute otitis externa (AOE) | NOT COVERED | | MEASUREMENT CODE | | |
| 4131F | Systemic antimicrobial therapy prescribed (AOE) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4132F | Systemic antimicrobial therapy not prescribed (AOE) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4133F | Antihistamines or decongestants prescribed or recommended (OME) | NOT COVERED | | MEASUREMENT CODE | | |
| 4134F | Antihistamines or decongestants neither prescribed nor recommended (OME) | NOT COVERED | | MEASUREMENT CODE | | |
| 4135F | Systemic corticosteroids prescribed (OME) | NOT COVERED | | MEASUREMENT CODE | | |
| 4136F | Systemic corticosteroids not prescribed (OME) | NOT COVERED | | MEASUREMENT CODE | | |
| 4140F | Inhaled corticosteroids prescribed (Asthma) | NOT COVERED | | MEASUREMENT CODE | | |

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| 4142F | Corticosteroid sparing therapy prescribed (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4144F | Alternative long-term control medication prescribed (Asthma) | NOT COVERED | | MEASUREMENT CODE | | |
| 4145F | Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN) | NOT COVERED | | MEASUREMENT CODE | | |
| 4148F | Hepatitis A vaccine injection administered or previously received (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 4149F | Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4150F | Patient receiving antiviral treatment for Hepatitis C (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 41510 | Suture of tongue to lip for micrognathia (Douglas type procedure) | no auth | | | | |
| 41512 | Tongue base suspension, permanent suture technique | no auth | | | | |
| 4151F | Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 41520 | Frenoplasty (surgical revision of frenum, eg, with Z-plasty) | no auth | | | | |
| 41530 | Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session | no auth | | | | |
| 4153F | Combination peginterferon and ribavirin therapy prescribed (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 4155F | Hepatitis A vaccine series previously received (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 4157F | Hepatitis B vaccine series previously received (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 4158F | Patient counseled about risks of alcohol use (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 41599 | Unlisted procedure, tongue, floor of mouth | AUTH REQUIRED | | | MCG:Tongue Base Ablation, Radiofrequency and Other Tongue Procedures ACG: A-0249 (AC) | |
| 4159F | Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C) | NOT COVERED | | MEASUREMENT CODE | | |
| 4163F | Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, and interstitial prostate brachytherapy, and external beam radiotherapy, and radical prostatectomy, provided prior to initiation of treatment (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4164F | Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4165F | 3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4167F | Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT) | NOT COVERED | | MEASUREMENT CODE | | |
| 4168F | Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT) | NOT COVERED | | MEASUREMENT CODE | | |
| 4169F | Patient either not receiving care in the intensive care unit (ICU) OR not receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours (CRIT) | NOT COVERED | | MEASUREMENT CODE | | |
| 4171F | Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4172F | Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD) | NOT COVERED | | MEASUREMENT CODE | | |

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|-----------|--|------------------|-------------------------------------|---|--|-------------------------------|
| 4174F | Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s) (EC) | NOT COVERED | | MEASUREMENT CODE | | |
| 4175F | Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery (EC) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4176F | Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient and/or caregiver(s) (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 4177F | Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4178F | Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr) | NOT COVERED | | MEASUREMENT CODE | | |
| 4179F | Tamoxifen or aromatase inhibitor (AI) prescribed (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 41800 | Drainage of abscess, cyst, hematoma from dentoalveolar structures | no auth | | | | |
| 41805 | Removal of embedded foreign body from dentoalveolar structures; soft tissues | no auth | | | | |
| 41806 | Removal of embedded foreign body from dentoalveolar structures; bone | no auth | | | | |
| 4180F | Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 4181F | Conformal radiation therapy received (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 41820 | Gingivectomy, excision gingiva, each quadrant | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 41821 | Operculectomy, excision pericoronal tissues | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 41822 | Excision of fibrous tuberosities, dentoalveolar structures | no auth | | | | |
| 41823 | Excision of osseous tuberosities, dentoalveolar structures | no auth | | | | |
| 41825 | Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair | no auth | | | | |
| 41826 | Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair | no auth | | | | |
| 41827 | Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair | no auth | | | | |
| 41828 | Excision of hyperplastic alveolar mucosa, each quadrant (specify) | no auth | | | | |
| 4182F | Conformal radiation therapy not received (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 41830 | Alveolectomy, including curettage of osteitis or sequestrectomy | no auth | | | | |
| 41850 | Destruction of lesion (except excision), dentoalveolar structures | no auth | | | | |
| 4185F | Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD) | NOT COVERED | | MEASUREMENT CODE | | |

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| 4186F | No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD) | NOT COVERED | | MEASUREMENT CODE | | |
| 41870 | Periodontal mucosal grafting | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 41872 | Gingivoplasty, each quadrant (specify) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 41874 | Alveoloplasty, each quadrant (specify) | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 4187F | Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4188F | Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM) | NOT COVERED | | MEASUREMENT CODE | | |
| 41899 | Unlisted procedure, dentoalveolar structures | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 4189F | Appropriate digoxin therapeutic monitoring test ordered or performed (AM) | NOT COVERED | | MEASUREMENT CODE | | |
| 4190F | Appropriate diuretic therapeutic monitoring test ordered or performed (AM) | NOT COVERED | | MEASUREMENT CODE | | |
| 4191F | Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM) | NOT COVERED | | MEASUREMENT CODE | | |
| 4192F | Patient not receiving glucocorticoid therapy (RA) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4193F | Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4194F | Patient receiving =>10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4195F | Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4196F | Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 42000 | Drainage of abscess of palate, uvula | no auth | | | | |
| 4200F | External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 4201F | External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA) | NOT COVERED | | MEASUREMENT CODE | | |
| 42100 | Biopsy of palate, uvula | no auth | | | | |
| 42104 | Excision, lesion of palate, uvula; without closure | no auth | | | | |
| 42106 | Excision, lesion of palate, uvula; with simple primary closure | no auth | | | | |

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| 42107 | Excision, lesion of palate, uvula; with local flap closure | no auth | | | | |
| 4210F | Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM) | NOT COVERED | | MEASUREMENT CODE | | |
| 42120 | Resection of palate or extensive resection of lesion | no auth | | | | |
| 42140 | Uvulectomy, excision of uvula | no auth | | | | |
| 42145 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) | no auth | | | | |
| 42160 | Destruction of lesion, palate or uvula (thermal, cryo or chemical) | no auth | | | | |
| 42180 | Repair, laceration of palate; up to 2 cm | no auth | | | | |
| 42182 | Repair, laceration of palate; over 2 cm or complex | no auth | | | | |
| 42200 | Palatoplasty for cleft palate, soft and/or hard palate only | AUTH REQUIRED | | | | |
| 42205 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only | AUTH REQUIRED | | | | |
| 4220F | Digoxin medication therapy for 6 months or more (MM) | NOT COVERED | | MEASUREMENT CODE | | |
| 42210 | Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft) | AUTH REQUIRED | | | | |
| 42215 | Palatoplasty for cleft palate; major revision | AUTH REQUIRED | | | | |
| 4221F | Diuretic medication therapy for 6 months or more (MM) | NOT COVERED | | MEASUREMENT CODE | | |
| 42220 | Palatoplasty for cleft palate; secondary lengthening procedure | AUTH REQUIRED | | | | |
| 42225 | Palatoplasty for cleft palate; attachment pharyngeal flap | AUTH REQUIRED | | | | |
| 42226 | Lengthening of palate, and pharyngeal flap | AUTH REQUIRED | | | | |
| 42227 | Lengthening of palate, with island flap | AUTH REQUIRED | | | | |
| 42235 | Repair of anterior palate, including vomer flap | AUTH REQUIRED | | | | |
| 42260 | Repair of nasolabial fistula | AUTH REQUIRED | | | | |
| 42280 | Maxillary impression for palatal prosthesis | AUTH REQUIRED | | | | |
| 42281 | Insertion of pin-retained palatal prosthesis | AUTH REQUIRED | | | | |
| 42299 | Unlisted procedure, palate, uvula | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 42300 | Drainage of abscess; parotid, simple | no auth | | | | |
| 42305 | Drainage of abscess; parotid, complicated | no auth | | | | |
| 4230F | Anticonvulsant medication therapy for 6 months or more (MM) | NOT COVERED | | MEASUREMENT CODE | | |
| 42310 | Drainage of abscess; submaxillary or sublingual, intraoral | no auth | | | | |
| 42320 | Drainage of abscess; submaxillary, external | no auth | | | | |
| 42330 | Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral | no auth | | | | |
| 42335 | Sialolithotomy; submandibular (submaxillary), complicated, intraoral | no auth | | | | |
| 42340 | Sialolithotomy; parotid, extraoral or complicated intraoral | no auth | | | | |
| 42400 | Biopsy of salivary gland; needle | no auth | | | | |
| 42405 | Biopsy of salivary gland; incisional | no auth | | | | |
| 42408 | Excision of sublingual salivary cyst (ranula) | no auth | | | | |
| 42409 | Marsupialization of sublingual salivary cyst (ranula) | no auth | | | | |
| 4240F | Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 42410 | Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection | no auth | | | | |
| 42415 | Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve | no auth | | | | |

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| 42420 | Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve | no auth | | | | |
| 42425 | Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve | no auth | | | | |
| 42426 | Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection | no auth | | | | |
| 4242F | Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 42440 | Excision of submandibular (submaxillary) gland | no auth | | | | |
| 42450 | Excision of sublingual gland | no auth | | | | |
| 4245F | Patient counseled during the initial visit to maintain or resume normal activities (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 4248F | Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP) | NOT COVERED | | MEASUREMENT CODE | | |
| 42500 | Plastic repair of salivary duct, sialodochoplasty; primary or simple | no auth | | | | |
| 42505 | Plastic repair of salivary duct, sialodochoplasty; secondary or complicated | no auth | | | | |
| 42507 | Parotid duct diversion, bilateral (Wilke type procedure); | no auth | | | | |
| 42509 | Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands | no auth | | | | |
| 4250F | Active warming used intraoperatively for the purpose of maintaining normothermia, or at least 1 body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (CRIT) | NOT COVERED | | MEASUREMENT CODE | | |
| 42510 | Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts | no auth | | | | |
| 42550 | Injection procedure for sialography | no auth | | | | |
| 4255F | Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (CRIT) (Peri2) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4256F | Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT) (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 42600 | Closure salivary fistula | no auth | | | | |
| 4260F | Wound surface culture technique used (CWC) | NOT COVERED | | MEASUREMENT CODE | | |
| 4261F | Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) or wound surface culture technique not used (CWC) | NOT COVERED | | MEASUREMENT CODE | | |
| 42650 | Dilation salivary duct | no auth | | | | |
| 4265F | Use of wet to dry dressings prescribed or recommended (CWC) | NOT COVERED | | MEASUREMENT CODE | | |
| 42660 | Dilation and catheterization of salivary duct, with or without injection | no auth | | | | |
| 42665 | Ligation salivary duct, intraoral | no auth | | | | |
| 4266F | Use of wet to dry dressings neither prescribed nor recommended (CWC) | NOT COVERED | | MEASUREMENT CODE | | |
| 4267F | Compression therapy prescribed (CWC) | NOT COVERED | | MEASUREMENT CODE | | |
| 4268F | Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (CWC) | NOT COVERED | | MEASUREMENT CODE | | |

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| 42699 | Unlisted procedure, salivary glands or ducts | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 4269F | Appropriate method of offloading (pressure relief) prescribed (CWC) | NOT COVERED | | MEASUREMENT CODE | | |
| 42700 | Incision and drainage abscess; peritonsillar | no auth | | | | |
| 4270F | Patient receiving potent antiretroviral therapy for 6 months or longer (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 4271F | Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 42720 | Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach | no auth | | | | |
| 42725 | Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach | no auth | | | | |
| 4274F | Influenza immunization administered or previously received (HIV) (P-ESRD) | NOT COVERED | | MEASUREMENT CODE | | |
| 4276F | Potent antiretroviral therapy prescribed (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 4279F | Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 42800 | Biopsy; oropharynx | no auth | | | | |
| 42804 | Biopsy; nasopharynx, visible lesion, simple | no auth | | | | |
| 42806 | Biopsy; nasopharynx, survey for unknown primary lesion | no auth | | | | |
| 42808 | Excision or destruction of lesion of pharynx, any method | no auth | | | | |
| 42809 | Removal of foreign body from pharynx | no auth | | | | |
| 4280F | Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 42810 | Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues | AUTH REQUIRED | | | | |
| 42815 | Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx | AUTH REQUIRED | | | | |
| 42820 | Tonsillectomy and adenoidectomy; younger than age 12 | AUTH REQUIRED | | | | |
| 42821 | Tonsillectomy and adenoidectomy; age 12 or over | no auth | | | | |
| 42825 | Tonsillectomy, primary or secondary; younger than age 12 | AUTH REQUIRED | | | | |
| 42826 | Tonsillectomy, primary or secondary; age 12 or over | no auth | | | | |
| 42830 | Adenoidectomy, primary; younger than age 12 | AUTH REQUIRED | | | | |
| 42831 | Adenoidectomy, primary; age 12 or over | no auth | | | | |
| 42835 | Adenoidectomy, secondary; younger than age 12 | AUTH REQUIRED | | | | |
| 42836 | Adenoidectomy, secondary; age 12 or over | no auth | | | | |
| 42842 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure | no auth | | | | |
| 42844 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal) | no auth | | | | |
| 42845 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap | no auth | | | | |
| 42860 | Excision of tonsil tags | no auth | | | | |
| 42870 | Excision or destruction lingual tonsil, any method (separate procedure) | no auth | | | | |
| 42890 | Limited pharyngectomy | no auth | | | | |
| 42892 | Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls | no auth | | | | |
| 42894 | Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis | no auth | | | | |

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| 42900 | Suture pharynx for wound or injury | no auth | | | | |
| 4290F | Patient screened for injection drug use (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 4293F | Patient screened for high-risk sexual behavior (HIV) | NOT COVERED | | MEASUREMENT CODE | | |
| 42950 | Pharyngoplasty (plastic or reconstructive operation on pharynx) | no auth | | | | |
| 42953 | Pharyngoesophageal repair | no auth | | | | |
| 42955 | Pharyngostomy (fistulization of pharynx, external for feeding) | no auth | | | | |
| 42960 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple | no auth | | | | |
| 42961 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization | no auth | | | | |
| 42962 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention | no auth | | | | |
| 42970 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery | no auth | | | | |
| 42971 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization | no auth | | | | |
| 42972 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention | no auth | | | | |
| 42975 | Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic | no auth | | | | |
| 42999 | Unlisted procedure, pharynx, adenoids, or tonsils | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 4300F | Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB) | NOT COVERED | | MEASUREMENT CODE | | |
| 4301F | Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB) | NOT COVERED | | MEASUREMENT CODE | | |
| 43020 | Esophagotomy, cervical approach, with removal of foreign body | no auth | | | | |
| 43030 | Cricopharyngeal myotomy | no auth | | | | |
| 43045 | Esophagotomy, thoracic approach, with removal of foreign body | no auth | | | | |
| 4305F | Patient education regarding appropriate foot care and daily inspection of the feet received (CWC) | NOT COVERED | | MEASUREMENT CODE | | |
| 4306F | Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD) | NOT COVERED | | MEASUREMENT CODE | | |
| 43100 | Excision of lesion, esophagus, with primary repair; cervical approach | no auth | | | | |
| 43101 | Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach | no auth | | | | |
| 43107 | Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal) | no auth | | | | |
| 43108 | Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es) | no auth | | | | |
| 43112 | Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy) | no auth | | | | |

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| 43113 | Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) | no auth | | | | |
| 43116 | Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction | no auth | | | | |
| 43117 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis) | no auth | | | | |
| 43118 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) | no auth | | | | |
| 43121 | Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty | no auth | | | | |
| 43122 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty | no auth | | | | |
| 43123 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) | no auth | | | | |
| 43124 | Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy | no auth | | | | |
| 43130 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach | no auth | | | | |
| 43135 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach | no auth | | | | |
| 43180 | Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed | no auth | | | | |
| 43191 | Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure) | no auth | | | | |
| 43192 | Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance | no auth | | | | |
| 43193 | Esophagoscopy, rigid, transoral; with biopsy, single or multiple | no auth | | | | |
| 43194 | Esophagoscopy, rigid, transoral; with removal of foreign body(s) | no auth | | | | |
| 43195 | Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter) | no auth | | | | |
| 43196 | Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire | no auth | | | | |
| 43197 | Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 43198 | Esophagoscopy, flexible, transnasal; with biopsy, single or multiple | no auth | | | | |
| 43200 | Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 43201 | Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance | no auth | | | | |

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| 43202 | Esophagoscopy, flexible, transoral; with biopsy, single or multiple | no auth | | | | |
| 43204 | Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices | no auth | | | | |
| 43205 | Esophagoscopy, flexible, transoral; with band ligation of esophageal varices | no auth | | | | |
| 43206 | Esophagoscopy, flexible, transoral; with optical endomicroscopy | no auth | | | | |
| 4320F | Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD) | NOT COVERED | | MEASUREMENT CODE | | |
| 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed | no auth | | | | |
| 43211 | Esophagoscopy, flexible, transoral; with endoscopic mucosal resection | no auth | | | | |
| 43212 | Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 43213 | Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 43214 | Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 43215 | Esophagoscopy, flexible, transoral; with removal of foreign body(s) | no auth | | | | |
| 43216 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | no auth | | | | |
| 43217 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | no auth | | | | |
| 43220 | Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter) | no auth | | | | |
| 43226 | Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire | no auth | | | | |
| 43227 | Esophagoscopy, flexible, transoral; with control of bleeding, any method | no auth | | | | |
| 43229 | Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 4322F | Caregiver provided with education and referred to additional resources for support (DEM) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 43231 | Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination | no auth | | | | |
| 43232 | Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) | no auth | | | | |
| 43233 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) | no auth | | | | |
| 43235 | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance | no auth | | | | |
| 43237 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 43238 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures) | no auth | | | | |
| 43239 | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple | no auth | | | | |
| 43240 | Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed) | no auth | | | | |
| 43241 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter | no auth | | | | |
| 43242 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) | no auth | | | | |
| 43243 | Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices | no auth | | | | |
| 43244 | Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices | no auth | | | | |
| 43245 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie) | no auth | | | | |
| 43246 | Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube | no auth | | | | |
| 43247 | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) | no auth | | | | |
| 43248 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire | no auth | | | | |
| 43249 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) | no auth | | | | |
| 4324F | Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns) | NOT COVERED | | MEASUREMENT CODE | | |
| 43250 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | no auth | | | | |
| 43251 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | no auth | | | | |
| 43252 | Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy | no auth | | | | |
| 43253 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) | no auth | | | | |
| 43254 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection | no auth | | | | |
| 43255 | Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| 43257 | Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease | no auth | | | | |
| 43259 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis | no auth | | | | |
| 4325F | Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 43261 | Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple | no auth | | | | |
| 43262 | Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy | no auth | | | | |
| 43263 | Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi | no auth | | | | |
| 43264 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s) | no auth | | | | |
| 43265 | Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy) | no auth | | | | |
| 43266 | Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 4326F | Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns) | NOT COVERED | | MEASUREMENT CODE | | |
| 43270 | Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 43273 | Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure) | no auth | | | | |
| 43274 | Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent | no auth | | | | |
| 43275 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) | no auth | | | | |
| 43276 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged | no auth | | | | |
| 43277 | Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct | no auth | | | | |
| 43278 | Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed | no auth | | | | |
| 43279 | Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 43280 | Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures) | no auth | | | | |
| 43281 | Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh | no auth | | | | |
| 43282 | Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh | no auth | | | | |
| 43283 | Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure) | no auth | | | | |
| 43284 | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed | no auth | | | | |
| 43285 | Removal of esophageal sphincter augmentation device | no auth | | | | |
| 43286 | Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy) | no auth | | | | |
| 43287 | Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy) | no auth | | | | |
| 43288 | Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy) | no auth | | | | |
| 43289 | Unlisted laparoscopy procedure, esophagus | AUTH REQUIRED | | NCD 100.9 | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 4328F | Patient (or caregiver) queried about sleep disturbances (Prkns) | NOT COVERED | | MEASUREMENT CODE | | |
| 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 43291 | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 43300 | Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula | no auth | | | | |
| 43305 | Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula | AUTH REQUIRED | | | | |
| 4330F | Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI) | NOT COVERED | | MEASUREMENT CODE | | |
| 43310 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula | AUTH REQUIRED | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 43312 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula | AUTH REQUIRED | | | | |
| 43313 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula | AUTH REQUIRED | | | | |
| 43314 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula | AUTH REQUIRED | | | | |
| 43320 | Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach | no auth | | | | |
| 43325 | Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure) | no auth | | | | |
| 43327 | Esophagogastric fundoplasty partial or complete; laparotomy | no auth | | | | |
| 43328 | Esophagogastric fundoplasty partial or complete; thoracotomy | no auth | | | | |
| 43330 | Esophagomyotomy (Heller type); abdominal approach | no auth | | | | |
| 43331 | Esophagomyotomy (Heller type); thoracic approach | no auth | | | | |
| 43332 | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis | no auth | | | | |
| 43333 | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis | no auth | | | | |
| 43334 | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis | no auth | | | | |
| 43335 | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis | no auth | | | | |
| 43336 | Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis | no auth | | | | |
| 43337 | Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis | no auth | | | | |
| 43338 | Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure) | no auth | | | | |
| 43340 | Esophagojejunostomy (without total gastrectomy); abdominal approach | no auth | | | | |
| 43341 | Esophagojejunostomy (without total gastrectomy); thoracic approach | no auth | | | | |
| 43351 | Esophagostomy, fistulization of esophagus, external; thoracic approach | no auth | | | | |
| 43352 | Esophagostomy, fistulization of esophagus, external; cervical approach | no auth | | | | |
| 43360 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty | no auth | | | | |
| 43361 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) | no auth | | | | |
| 43400 | Ligation, direct, esophageal varices | no auth | | | | |
| 43405 | Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation | no auth | | | | |

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|-----------|--|------------------|-------------------------------------|--|---|-------------------------------|
| 4340F | Counseling for women of childbearing potential with epilepsy (EPI) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 43410 | Suture of esophageal wound or injury; cervical approach | no auth | | | | |
| 43415 | Suture of esophageal wound or injury; transthoracic or transabdominal approach | no auth | | | | |
| 43420 | Closure of esophagostomy or fistula; cervical approach | no auth | | | | |
| 43425 | Closure of esophagostomy or fistula; transthoracic or transabdominal approach | no auth | | | | |
| 43450 | Dilation of esophagus, by unguided sound or bougie, single or multiple passes | no auth | | | | |
| 43453 | Dilation of esophagus, over guide wire | no auth | | | | |
| 43460 | Esophagogastric tamponade, with balloon (Sengstaken type) | no auth | | | | |
| 43496 | Free jejunum transfer with microvascular anastomosis | no auth | | | | |
| 43497 | Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM]) | no auth | | | | |
| 43499 | Unlisted procedure, esophagus | AUTH REQUIRED | | NCD 100.9 | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 43500 | Gastrotomy; with exploration or foreign body removal | no auth | | | | |
| 43501 | Gastrotomy; with suture repair of bleeding ulcer | no auth | | | | |
| 43502 | Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss) | no auth | | | | |
| 4350F | Counseling provided on symptom management, end of life decisions, and palliation (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 43510 | Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin) | no auth | | | | |
| 43520 | Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation) | no auth | | | | |
| 43605 | Biopsy of stomach, by laparotomy | no auth | | | | |
| 43610 | Excision, local; ulcer or benign tumor of stomach | no auth | | | | |
| 43611 | Excision, local; malignant tumor of stomach | no auth | | | | |
| 43620 | Gastrectomy, total; with esophagoenterostomy | no auth | | | | |
| 43621 | Gastrectomy, total; with Roux-en-Y reconstruction | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | | |
| 43622 | Gastrectomy, total; with formation of intestinal pouch, any type | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | | |
| 43631 | Gastrectomy, partial, distal; with gastroduodenostomy | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastrectomy, Partial - Billroth I or II ORG: S-510 (ISC) | |
| 43632 | Gastrectomy, partial, distal; with gastrojejunostomy | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastrectomy, Partial - Billroth I or II ORG: S-510 (ISC) | |
| 43633 | Gastrectomy, partial, distal; with Roux-en-Y reconstruction | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastrectomy, Partial - Billroth I or II ORG: S-510 (ISC) | |

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|-----------|--|------------------|-------------------------------|---|---|---|
| 43634 | Gastrectomy, partial, distal; with formation of intestinal pouch | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastrectomy, Partial - Billroth I or II ORG: S-510 (ISC) | |
| 43635 | Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure) | no auth | | | | |
| 43640 | Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective | no auth | | | | |
| 43641 | Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective) | no auth | | | | |
| 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastric Obesity Surgery ORG: S-2512 (HC) | |
| 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastric Obesity Surgery ORG: S-2512 (HC) | |
| 43647 | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| 43648 | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| 43651 | Laparoscopy, surgical; transection of vagus nerves, truncal | no auth | | | | |
| 43652 | Laparoscopy, surgical; transection of vagus nerves, selective or highly selective | no auth | | | | |
| 43653 | Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure) | no auth | | | | |
| 43659 | Unlisted laparoscopy procedure, stomach | AUTH REQUIRED | | LCD 35022 | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 43752 | Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report) | no auth | | | | |
| 43753 | Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed | no auth | | | | |
| 43754 | Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis) | no auth | | | | |
| 43755 | Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration | no auth | | | | |
| 43756 | Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture) | no auth | | | | |
| 43757 | Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration | no auth | | | | |

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|-----------|--|------------------|-------------------------------|--|---|-------------------------------|
| 43761 | Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition | no auth | | | | |
| 43762 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract | no auth | | | | |
| 43763 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract | no auth | | | | |
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastric Obesity Surgery ORG: S-2512 (HC); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy ORG: S-515 (ISC) | |
| 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only | AUTH REQUIRED | | LCD 35022, LCA 54923, LCA 56422 | | |
| 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only | AUTH REQUIRED | | LCD 35022, LCA 54923, LCA 56422 | | |
| 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only | AUTH REQUIRED | | LCD 35022, LCA 54923, LCA 56422 | | |
| 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components | AUTH REQUIRED | | LCD 35022, LCA 54923, LCA 56422 | | |
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastric Obesity Surgery ORG: S-2512 (HC); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy ORG: S-515 (ISC) | |
| 43800 | Pyloroplasty | no auth | | | | |
| 43810 | Gastroduodenostomy | no auth | | | | |
| 43820 | Gastrojejunostomy, without vagotomy | no auth | | | | |
| 43825 | Gastrojejunostomy; with vagotomy, any type | no auth | | | | |
| 43830 | Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure) | no auth | | | | |
| 43831 | Gastrostomy, open; neonatal, for feeding | no auth | | | | |
| 43832 | Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure) | no auth | | | | |
| 43840 | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury | no auth | | | | |
| 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty | NOT COVERED | | LCA 56422 STATES NOT COVERED | | |
| 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty | NOT COVERED | | LCA 56422 STATES NOT COVERED | | |

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|-----------|--|------------------|-------------------------------|--|---|-------------------------------|
| 43845 | Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch) | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | | |
| 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastric Obesity Surgery ORG: S-2512 (HC); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy ORG: S-515 (ISC) | |
| 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | MCG:Gastric Obesity Surgery ORG: S-2512 (HC); Gastric Restrictive Procedure without Gastric Bypass by Laparoscopy ORG: S-515 (ISC) | |
| 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure) | AUTH REQUIRED | | NCD 100.1, LCD 35022, LCA 54923, LCA 56422 | | |
| 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy | no auth | | | | |
| 43865 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy | no auth | | | | |
| 43870 | Closure of gastrostomy, surgical | no auth | | | | |
| 43880 | Closure of gastrocolic fistula | no auth | | | | |
| 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open | AUTH REQUIRED | | | MCG:Gastric Stimulation (Electrical) ACG: A-0395 (AC) | |
| 43882 | Revision or removal of gastric neurostimulator electrodes, antrum, open | AUTH REQUIRED | | | MCG:Gastric Stimulation (Electrical) ACG: A-0395 (AC) | |
| 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | AUTH REQUIRED | | LCD 35022, LCA 54923, LCA 56422 | | |
| 43887 | Gastric restrictive procedure, open; removal of subcutaneous port component only | AUTH REQUIRED | | LCD 35022, LCA 54923, LCA 56422 | | |
| 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only | AUTH REQUIRED | | LCD 35022, LCA 54923, LCA 56422 | | |
| 43999 | Unlisted procedure, stomach | NOT COVERED | | LCA 56422 STATES NOT COVERED | | |
| 44005 | Enterolysis (freeing of intestinal adhesion) (separate procedure) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 4400F | Rehabilitative therapy options discussed with patient (or caregiver) (Prkns) | NOT COVERED | | MEASUREMENT CODE | | |
| 44010 | Duodenotomy, for exploration, biopsy(s), or foreign body removal | no auth | | | | |
| 44015 | Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure) | no auth | | | | |
| 44020 | Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal | no auth | | | | |
| 44021 | Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube) | no auth | | | | |
| 44025 | Colotomy, for exploration, biopsy(s), or foreign body removal | no auth | | | | |
| 44050 | Reduction of volvulus, intussusception, internal hernia, by laparotomy | no auth | | | | |
| 44055 | Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure) | no auth | | | | |
| 44100 | Biopsy of intestine by capsule, tube, peroral (1 or more specimens) | no auth | | | | |
| 44110 | Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy | no auth | | | | |
| 44111 | Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies | no auth | | | | |
| 44120 | Enterectomy, resection of small intestine; single resection and anastomosis | no auth | | | | |
| 44121 | Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) | no auth | | | | |
| 44125 | Enterectomy, resection of small intestine; with enterostomy | no auth | | | | |
| 44126 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering | no auth | | | | |
| 44127 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering | no auth | | | | |
| 44128 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) | no auth | | | | |
| 44130 | Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure) | no auth | | | | |
| 44132 | Donor enterectomy (including cold preservation), open; from cadaver donor | AUTH REQUIRED | Paid for by recipient's plan. | NCD 260.5 | | |
| 44133 | Donor enterectomy (including cold preservation), open; partial, from living donor | AUTH REQUIRED | Paid for by recipient's plan. | NCD 260.5 | | |
| 44135 | Intestinal allotransplantation; from cadaver donor | AUTH REQUIRED | Paid for by recipient's plan. | NCD 260.5 | | |
| 44136 | Intestinal allotransplantation; from living donor | AUTH REQUIRED | Paid for by recipient's plan. | NCD 260.5 | | |
| 44137 | Removal of transplanted intestinal allograft, complete | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 44139 | Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) | no auth | | | | |
| 44140 | Colectomy, partial; with anastomosis | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 44141 | Colectomy, partial; with skin level cecostomy or colostomy | no auth | | | | |
| 44143 | Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure) | no auth | | | | |
| 44144 | Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula | no auth | | | | |
| 44145 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis) | no auth | | | | |
| 44146 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy | no auth | | | | |
| 44147 | Colectomy, partial; abdominal and transanal approach | no auth | | | | |
| 44150 | Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy | no auth | | | | |
| 44151 | Colectomy, total, abdominal, without proctectomy; with continent ileostomy | no auth | | | | |
| 44155 | Colectomy, total, abdominal, with proctectomy; with ileostomy | no auth | | | | |
| 44156 | Colectomy, total, abdominal, with proctectomy; with continent ileostomy | no auth | | | | |
| 44157 | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed | no auth | | | | |
| 44158 | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed | no auth | | | | |
| 44160 | Colectomy, partial, with removal of terminal ileum with ileocolostomy | no auth | | | | |
| 44180 | Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure) | no auth | | | | |
| 44186 | Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding) | no auth | | | | |
| 44187 | Laparoscopy, surgical; ileostomy or jejunostomy, non-tube | no auth | | | | |
| 44188 | Laparoscopy, surgical, colostomy or skin level cecostomy | no auth | | | | |
| 44202 | Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis | no auth | | | | |
| 44203 | Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure) | no auth | | | | |
| 44204 | Laparoscopy, surgical; colectomy, partial, with anastomosis | no auth | | | | |
| 44205 | Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy | no auth | | | | |
| 44206 | Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure) | no auth | | | | |
| 44207 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) | no auth | | | | |
| 44208 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy | no auth | | | | |
| 44210 | Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy | no auth | | | | |
| 44211 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed | no auth | | | | |
| 44212 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy | no auth | | | | |
| 44213 | Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 44227 | Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis | no auth | | | | |
| 44238 | Unlisted laparoscopy procedure, intestine (except rectum) | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 44300 | Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure) | no auth | | | | |
| 44310 | Ileostomy or jejunostomy, non-tube | no auth | | | | |
| 44312 | Revision of ileostomy; simple (release of superficial scar) (separate procedure) | no auth | | | | |
| 44314 | Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure) | no auth | | | | |
| 44316 | Continent ileostomy (Kock procedure) (separate procedure) | no auth | | | | |
| 44320 | Colostomy or skin level cecostomy; | no auth | | | | |
| 44322 | Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure) | no auth | | | | |
| 44340 | Revision of colostomy; simple (release of superficial scar) (separate procedure) | no auth | | | | |
| 44345 | Revision of colostomy; complicated (reconstruction in-depth) (separate procedure) | no auth | | | | |
| 44346 | Revision of colostomy; with repair of paracolostomy hernia (separate procedure) | no auth | | | | |
| 44360 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 44361 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple | no auth | | | | |
| 44363 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s) | no auth | | | | |
| 44364 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | no auth | | | | |
| 44365 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery | no auth | | | | |
| 44366 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) | no auth | | | | |
| 44369 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | no auth | | | | |
| 44370 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation) | no auth | | | | |
| 44372 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 44373 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube | no auth | | | | |
| 44376 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | no auth | | | | |
| 44377 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple | no auth | | | | |
| 44378 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) | no auth | | | | |
| 44379 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation) | no auth | | | | |
| 44380 | Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 44381 | Ileoscopy, through stoma; with transendoscopic balloon dilation | no auth | | | | |
| 44382 | Ileoscopy, through stoma; with biopsy, single or multiple | no auth | | | | |
| 44384 | Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 44385 | Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 44386 | Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); with biopsy, single or multiple | no auth | | | | |
| 44388 | Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 44389 | Colonoscopy through stoma; with biopsy, single or multiple | no auth | | | | |
| 44390 | Colonoscopy through stoma; with removal of foreign body(s) | no auth | | | | |
| 44391 | Colonoscopy through stoma; with control of bleeding, any method | no auth | | | | |
| 44392 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | no auth | | | | |
| 44394 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | no auth | | | | |
| 44401 | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 44402 | Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 44403 | Colonoscopy through stoma; with endoscopic mucosal resection | no auth | | | | |
| 44404 | Colonoscopy through stoma; with directed submucosal injection(s), any substance | no auth | | | | |
| 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures | no auth | | | | |
| 44407 | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures | no auth | | | | |
| 44408 | Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed | no auth | | | | |
| 44500 | Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure) | no auth | | | | |
| 4450F | Self-care education provided to patient (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 44602 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation | no auth | | | | |
| 44603 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations | no auth | | | | |
| 44604 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy | no auth | | | | |
| 44605 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy | no auth | | | | |
| 44615 | Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction | no auth | | | | |
| 44620 | Closure of enterostomy, large or small intestine; | no auth | | | | |
| 44625 | Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal | no auth | | | | |
| 44626 | Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure) | no auth | | | | |
| 44640 | Closure of intestinal cutaneous fistula | no auth | | | | |
| 44650 | Closure of enteroenteric or enterocolic fistula | no auth | | | | |
| 44660 | Closure of enterovesical fistula; without intestinal or bladder resection | no auth | | | | |
| 44661 | Closure of enterovesical fistula; with intestine and/or bladder resection | no auth | | | | |
| 44680 | Intestinal plication (separate procedure) | no auth | | | | |
| 44700 | Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum) | no auth | | | | |
| 44701 | Intraoperative colonic lavage (List separately in addition to code for primary procedure) | no auth | | | | |
| 44705 | Preparation of fecal microbiota for instillation, including assessment of donor specimen | NOT COVERED | MAY USE G0455 INSTEAD | | | |
| 4470F | Implantable cardioverter-defibrillator (ICD) counseling provided (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 44715 | Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein | AUTH REQUIRED | | | | |
| 44720 | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each | AUTH REQUIRED | | | | |
| 44721 | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each | AUTH REQUIRED | | | | |

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|-----------|--|------------------|-------------------------------------|-------------------|--|-------------------------------|
| 44799 | Unlisted procedure, small intestine | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 44800 | Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct | no auth | | | | |
| 4480F | Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for 3 months or longer (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 4481F | Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for less than 3 months or patient not receiving ACE inhibitor/ARB therapy and beta-blocker therapy (HF) | NOT COVERED | | MEASUREMENT CODE | | |
| 44820 | Excision of lesion of mesentery (separate procedure) | no auth | | | | |
| 44850 | Suture of mesentery (separate procedure) | no auth | | | | |
| 44899 | Unlisted procedure, Meckel's diverticulum and the mesentery | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 44900 | Incision and drainage of appendiceal abscess, open | no auth | | | | |
| 44950 | Appendectomy; | no auth | | | | |
| 44955 | Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure) | no auth | | | | |
| 44960 | Appendectomy; for ruptured appendix with abscess or generalized peritonitis | no auth | | | | |
| 44970 | Laparoscopy, surgical, appendectomy | no auth | | | | |
| 44979 | Unlisted laparoscopy procedure, appendix | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 45000 | Transrectal drainage of pelvic abscess | no auth | | | | |
| 45005 | Incision and drainage of submucosal abscess, rectum | no auth | | | | |
| 4500F | Referred to an outpatient cardiac rehabilitation program (CAD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 45020 | Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess | no auth | | | | |
| 45100 | Biopsy of anorectal wall, anal approach (eg, congenital megacolon) | no auth | | | | |
| 45108 | Anorectal myomectomy | no auth | | | | |
| 4510F | Previous cardiac rehabilitation for qualifying cardiac event completed (CAD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 45110 | Proctectomy; complete, combined abdominoperineal, with colostomy | no auth | | | | |
| 45111 | Proctectomy; partial resection of rectum, transabdominal approach | no auth | | | | |
| 45112 | Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis) | no auth | | | | |
| 45113 | Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy | no auth | | | | |
| 45114 | Proctectomy, partial, with anastomosis; abdominal and transsacral approach | no auth | | | | |
| 45116 | Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 45119 | Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed | no auth | | | | |
| 45120 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation) | no auth | | | | |
| 45121 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies | no auth | | | | |
| 45123 | Proctectomy, partial, without anastomosis, perineal approach | no auth | | | | |
| 45126 | Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof | no auth | | | | |
| 45130 | Excision of rectal procidentia, with anastomosis; perineal approach | no auth | | | | |
| 45135 | Excision of rectal procidentia, with anastomosis; abdominal and perineal approach | no auth | | | | |
| 45136 | Excision of ileoanal reservoir with ileostomy | no auth | | | | |
| 45150 | Division of stricture of rectum | no auth | | | | |
| 45160 | Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach | no auth | | | | |
| 45171 | Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) | no auth | | | | |
| 45172 | Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) | no auth | | | | |
| 45190 | Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach | no auth | | | | |
| 4525F | Neuropsychiatric intervention ordered (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 4526F | Neuropsychiatric intervention received (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 45300 | Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | no auth | | | | |
| 45303 | Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie) | no auth | | | | |
| 45305 | Proctosigmoidoscopy, rigid; with biopsy, single or multiple | no auth | | | | |
| 45307 | Proctosigmoidoscopy, rigid; with removal of foreign body | no auth | | | | |
| 45308 | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery | no auth | | | | |
| 45309 | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique | no auth | | | | |
| 45315 | Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique | no auth | | | | |
| 45317 | Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) | no auth | | | | |
| 45320 | Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser) | no auth | | | | |
| 45321 | Proctosigmoidoscopy, rigid; with decompression of volvulus | no auth | | | | |
| 45327 | Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 45330 | Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 45331 | Sigmoidoscopy, flexible; with biopsy, single or multiple | no auth | | | | |
| 45332 | Sigmoidoscopy, flexible; with removal of foreign body(s) | no auth | | | | |
| 45333 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | no auth | | | | |
| 45334 | Sigmoidoscopy, flexible; with control of bleeding, any method | no auth | | | | |
| 45335 | Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance | no auth | | | | |
| 45337 | Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed | no auth | | | | |
| 45338 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | no auth | | | | |
| 45340 | Sigmoidoscopy, flexible; with transendoscopic balloon dilation | no auth | | | | |
| 45341 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination | no auth | | | | |
| 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) | no auth | | | | |
| 45346 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 45347 | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 45349 | Sigmoidoscopy, flexible; with endoscopic mucosal resection | no auth | | | | |
| 45350 | Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids) | no auth | | | | |
| 45378 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 45379 | Colonoscopy, flexible; with removal of foreign body(s) | no auth | | | | |
| 45380 | Colonoscopy, flexible; with biopsy, single or multiple | no auth | | | | |
| 45381 | Colonoscopy, flexible; with directed submucosal injection(s), any substance | no auth | | | | |
| 45382 | Colonoscopy, flexible; with control of bleeding, any method | no auth | | | | |
| 45384 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps | no auth | | | | |
| 45385 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique | no auth | | | | |
| 45386 | Colonoscopy, flexible; with transendoscopic balloon dilation | no auth | | | | |
| 45388 | Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 45389 | Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed) | no auth | | | | |
| 45390 | Colonoscopy, flexible; with endoscopic mucosal resection | no auth | | | | |
| 45391 | Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures | no auth | | | | |
| 45392 | Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|--|-------------------------------|
| 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed | no auth | | | | |
| 45395 | Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy | no auth | | | | |
| 45397 | Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed | no auth | | | | |
| 45398 | Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids) | no auth | | | | |
| 45399 | Unlisted procedure, colon | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 45400 | Laparoscopy, surgical; proctopexy (for prolapse) | no auth | | | | |
| 45402 | Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection | no auth | | | | |
| 4540F | Disease modifying pharmacotherapy discussed (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 4541F | Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 45499 | Unlisted laparoscopy procedure, rectum | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 45500 | Proctoplasty; for stenosis | no auth | | | | |
| 45505 | Proctoplasty; for prolapse of mucous membrane | no auth | | | | |
| 4550F | Options for noninvasive respiratory support discussed with patient (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 4551F | Nutritional support offered (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 45520 | Perirectal injection of sclerosing solution for prolapse | no auth | | | | |
| 4552F | Patient offered referral to a speech language pathologist (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 4553F | Patient offered assistance in planning for end of life issues (ALS) | NOT COVERED | | MEASUREMENT CODE | | |
| 45540 | Proctopexy (eg, for prolapse); abdominal approach | no auth | | | | |
| 45541 | Proctopexy (eg, for prolapse); perineal approach | no auth | | | | |
| 4554F | Patient received inhalational anesthetic agent (Peri2) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 45550 | Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach | no auth | | | | |
| 4555F | Patient did not receive inhalational anesthetic agent (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 45560 | Repair of rectocele (separate procedure) | no auth | | | | |
| 45562 | Exploration, repair, and presacral drainage for rectal injury; | no auth | | | | |
| 45563 | Exploration, repair, and presacral drainage for rectal injury; with colostomy | no auth | | | | |
| 4556F | Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 4557F | Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4558F | Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |

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| 4559F | At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4560F | Anesthesia technique did not involve general or neuraxial anesthesia (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4561F | Patient has a coronary artery stent (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4562F | Patient does not have a coronary artery stent (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 4563F | Patient received aspirin within 24 hours prior to anesthesia start time (Peri2) | NOT COVERED | | MEASUREMENT CODE | | |
| 45800 | Closure of rectovesical fistula; | no auth | | | | |
| 45805 | Closure of rectovesical fistula; with colostomy | no auth | | | | |
| 45820 | Closure of rectourethral fistula; | no auth | | | | |
| 45825 | Closure of rectourethral fistula; with colostomy | no auth | | | | |
| 45900 | Reduction of procidentia (separate procedure) under anesthesia | no auth | | | | |
| 45905 | Dilation of anal sphincter (separate procedure) under anesthesia other than local | no auth | | | | |
| 45910 | Dilation of rectal stricture (separate procedure) under anesthesia other than local | no auth | | | | |
| 45915 | Removal of fecal impaction or foreign body (separate procedure) under anesthesia | no auth | | | | |
| 45990 | Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic | no auth | | | | |
| 45999 | Unlisted procedure, rectum | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 46020 | Placement of seton | no auth | | | | |
| 46030 | Removal of anal seton, other marker | no auth | | | | |
| 46040 | Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure) | no auth | | | | |
| 46045 | Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia | no auth | | | | |
| 46050 | Incision and drainage, perianal abscess, superficial | no auth | | | | |
| 46060 | Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton | no auth | | | | |
| 46070 | Incision, anal septum (infant) | AUTH REQUIRED | | | | |
| 46080 | Sphincterotomy, anal, division of sphincter (separate procedure) | no auth | | | | |
| 46083 | Incision of thrombosed hemorrhoid, external | no auth | | | | |
| 46200 | Fissurectomy, including sphincterotomy, when performed | no auth | | | | |
| 46220 | Excision of single external papilla or tag, anus | no auth | | | | |
| 46221 | Hemorrhoidectomy, internal, by rubber band ligation(s) | no auth | | | | |
| 46230 | Excision of multiple external papillae or tags, anus | no auth | | | | |
| 46250 | Hemorrhoidectomy, external, 2 or more columns/groups | no auth | | | | |
| 46255 | Hemorrhoidectomy, internal and external, single column/group; | no auth | | | | |
| 46257 | Hemorrhoidectomy, internal and external, single column/group; with fissurectomy | no auth | | | | |
| 46258 | Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed | no auth | | | | |
| 46260 | Hemorrhoidectomy, internal and external, 2 or more columns/groups; | no auth | | | | |

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| 46261 | Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy | no auth | | | | |
| 46262 | Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed | no auth | | | | |
| 46270 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous | no auth | | | | |
| 46275 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric | no auth | | | | |
| 46280 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed | no auth | | | | |
| 46285 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage | no auth | | | | |
| 46288 | Closure of anal fistula with rectal advancement flap | no auth | | | | |
| 46320 | Excision of thrombosed hemorrhoid, external | no auth | | | | |
| 46500 | Injection of sclerosing solution, hemorrhoids | no auth | | | | |
| 46505 | Chemodenervation of internal anal sphincter | no auth | | | | |
| 46600 | Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) | no auth | | | | |
| 46601 | Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed | no auth | | | | |
| 46604 | Anoscopy; with dilation (eg, balloon, guide wire, bougie) | no auth | | | | |
| 46606 | Anoscopy; with biopsy, single or multiple | no auth | | | | |
| 46607 | Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple | no auth | | | | |
| 46608 | Anoscopy; with removal of foreign body | no auth | | | | |
| 46610 | Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery | no auth | | | | |
| 46611 | Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique | no auth | | | | |
| 46612 | Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique | no auth | | | | |
| 46614 | Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) | no auth | | | | |
| 46615 | Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | no auth | | | | |
| 46700 | Anoplasty, plastic operation for stricture; adult | no auth | | | | |
| 46705 | Anoplasty, plastic operation for stricture; infant | no auth | | | | |
| 46706 | Repair of anal fistula with fibrin glue | no auth | | | | |
| 46707 | Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS]) | no auth | | | | |
| 46710 | Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach | no auth | | | | |
| 46712 | Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach | no auth | | | | |
| 46715 | Repair of low imperforate anus; with anoperineal fistula (cut-back procedure) | AUTH REQUIRED | | | | |
| 46716 | Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula | AUTH REQUIRED | | | | |

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| 46730 | Repair of high imperforate anus without fistula; perineal or sacroperineal approach | AUTH REQUIRED | | | | |
| 46735 | Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches | AUTH REQUIRED | | | | |
| 46740 | Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach | AUTH REQUIRED | | | | |
| 46742 | Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches | AUTH REQUIRED | | | | |
| 46744 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach | AUTH REQUIRED | | | | |
| 46746 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; | AUTH REQUIRED | | | | |
| 46748 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps | AUTH REQUIRED | | | | |
| 46750 | Sphincteroplasty, anal, for incontinence or prolapse; adult | no auth | | | | |
| 46751 | Sphincteroplasty, anal, for incontinence or prolapse; child | no auth | | | | |
| 46753 | Graft (Thiersch operation) for rectal incontinence and/or prolapse | no auth | | | | |
| 46754 | Removal of Thiersch wire or suture, anal canal | no auth | | | | |
| 46760 | Sphincteroplasty, anal, for incontinence, adult; muscle transplant | no auth | | | | |
| 46761 | Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair) | no auth | | | | |
| 46900 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical | no auth | | | | |
| 46910 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | no auth | | | | |
| 46916 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery | no auth | | | | |
| 46917 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery | no auth | | | | |
| 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision | no auth | | | | |
| 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | no auth | | | | |
| 46930 | Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency) | no auth | | | | |
| 46940 | Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial | no auth | | | | |
| 46942 | Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent | no auth | | | | |
| 46945 | Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance | no auth | | | | |
| 46946 | Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance | no auth | | | | |
| 46947 | Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling | no auth | | | | |

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| 46948 | Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed | no auth | | | | |
| 46999 | Unlisted procedure, anus | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 47000 | Biopsy of liver, needle; percutaneous | no auth | | | | |
| 47001 | Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure) | no auth | | | | |
| 47010 | Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages | no auth | | | | |
| 47015 | Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es) | no auth | | | | |
| 47100 | Biopsy of liver, wedge | no auth | | | | |
| 47120 | Hepatectomy, resection of liver; partial lobectomy | no auth | | | | |
| 47122 | Hepatectomy, resection of liver; trisegmentectomy | no auth | | | | |
| 47125 | Hepatectomy, resection of liver; total left lobectomy | no auth | | | | |
| 47130 | Hepatectomy, resection of liver; total right lobectomy | no auth | | | | |
| 47133 | Donor hepatectomy (including cold preservation), from cadaver donor | AUTH REQUIRED | | NCD 260.1 | | |
| 47135 | Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age | AUTH REQUIRED | | NCD 260.1 | MCG: Liver Transplant ORG: S-795 (ISC) | |
| 47140 | Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III) | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 47141 | Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV) | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 47142 | Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII) | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 47143 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split | AUTH REQUIRED | | | | |
| 47144 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII]) | AUTH REQUIRED | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 47145 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII]) | AUTH REQUIRED | | | | |
| 47146 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each | AUTH REQUIRED | | | | |
| 47147 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each | AUTH REQUIRED | | | | |
| 47300 | Marsupialization of cyst or abscess of liver | no auth | | | | |
| 47350 | Management of liver hemorrhage; simple suture of liver wound or injury | no auth | | | | |
| 47360 | Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation | no auth | | | | |
| 47361 | Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver | no auth | | | | |
| 47362 | Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing | no auth | | | | |
| 47370 | Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency | no auth | | | | |
| 47371 | Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical | no auth | | | | |
| 47379 | Unlisted laparoscopic procedure, liver | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 47380 | Ablation, open, of 1 or more liver tumor(s); radiofrequency | AUTH REQUIRED | | | MCG: Radiofrequency Ablation of Tumor ACG: A-0718 (AC) | |
| 47381 | Ablation, open, of 1 or more liver tumor(s); cryosurgical | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 47382 | Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency | AUTH REQUIRED | | | MCG: Radiofrequency Ablation of Tumor ACG: A-0718 (AC) | |
| 47383 | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation | no auth | | | | |
| 47399 | Unlisted procedure, liver | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 47400 | Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus | no auth | | | | |
| 47420 | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty | no auth | | | | |

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| 47425 | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty | no auth | | | | |
| 47460 | Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure) | no auth | | | | |
| 47480 | Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure) | no auth | | | | |
| 47490 | Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation | no auth | | | | |
| 47531 | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access | no auth | | | | |
| 47532 | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram) | no auth | | | | |
| 47533 | Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external | no auth | | | | |
| 47534 | Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external | no auth | | | | |
| 47535 | Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation | no auth | | | | |
| 47536 | Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation | no auth | | | | |
| 47537 | Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation | no auth | | | | |
| 47538 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access | no auth | | | | |
| 47539 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter | no auth | | | | |

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| 47540 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external) | no auth | | | | |
| 47541 | Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access | no auth | | | | |
| 47542 | Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure) | no auth | | | | |
| 47543 | Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure) | no auth | | | | |
| 47544 | Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) | no auth | | | | |
| 47550 | Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure) | no auth | | | | |
| 47552 | Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure) | no auth | | | | |
| 47553 | Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple | no auth | | | | |
| 47554 | Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi | no auth | | | | |
| 47555 | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent | no auth | | | | |
| 47556 | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent | no auth | | | | |
| 47562 | Laparoscopy, surgical; cholecystectomy | no auth | | | | |
| 47563 | Laparoscopy, surgical; cholecystectomy with cholangiography | no auth | | | | |
| 47564 | Laparoscopy, surgical; cholecystectomy with exploration of common duct | no auth | | | | |
| 47570 | Laparoscopy, surgical; cholecystoenterostomy | no auth | | | | |
| 47579 | Unlisted laparoscopy procedure, biliary tract | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 47600 | Cholecystectomy; | no auth | | | | |
| 47605 | Cholecystectomy; with cholangiography | no auth | | | | |
| 47610 | Cholecystectomy with exploration of common duct; | no auth | | | | |
| 47612 | Cholecystectomy with exploration of common duct; with choledchoenterostomy | no auth | | | | |

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| 47620 | Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography | no auth | | | | |
| 47700 | Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography | no auth | | | | |
| 47701 | Portoenterostomy (eg, Kasai procedure) | no auth | | | | |
| 47711 | Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic | no auth | | | | |
| 47712 | Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic | no auth | | | | |
| 47715 | Excision of choledochal cyst | no auth | | | | |
| 47720 | Cholecystoenterostomy; direct | no auth | | | | |
| 47721 | Cholecystoenterostomy; with gastroenterostomy | no auth | | | | |
| 47740 | Cholecystoenterostomy; Roux-en-Y | no auth | | | | |
| 47741 | Cholecystoenterostomy; Roux-en-Y with gastroenterostomy | no auth | | | | |
| 47760 | Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract | no auth | | | | |
| 47765 | Anastomosis, of intrahepatic ducts and gastrointestinal tract | no auth | | | | |
| 47780 | Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract | no auth | | | | |
| 47785 | Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract | no auth | | | | |
| 47800 | Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis | no auth | | | | |
| 47801 | Placement of choledochal stent | no auth | | | | |
| 47802 | U-tube hepaticoenterostomy | no auth | | | | |
| 47900 | Suture of extrahepatic biliary duct for pre-existing injury (separate procedure) | no auth | | | | |
| 47999 | Unlisted procedure, biliary tract | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 48000 | Placement of drains, peripancreatic, for acute pancreatitis; | no auth | | | | |
| 48001 | Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy | no auth | | | | |
| 48020 | Removal of pancreatic calculus | no auth | | | | |
| 48100 | Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy) | no auth | | | | |
| 48102 | Biopsy of pancreas, percutaneous needle | no auth | | | | |
| 48105 | Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis | no auth | | | | |
| 48120 | Excision of lesion of pancreas (eg, cyst, adenoma) | no auth | | | | |
| 48140 | Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy | no auth | | | | |
| 48145 | Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy | no auth | | | | |
| 48146 | Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure) | no auth | | | | |
| 48148 | Excision of ampulla of Vater | no auth | | | | |
| 48150 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|------------------------|--|-------------------------------|
| 48152 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreateojejunostomy | no auth | | | | |
| 48153 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreateojejunostomy | no auth | | | | |
| 48154 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreateojejunostomy | no auth | | | | |
| 48155 | Pancreatectomy, total | no auth | | | | |
| 48160 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells | AUTH REQUIRED | | NCD 260.3, NCD 260.3.1 | MCG:Alterwood Policy AHMC.HQ.UM.07 Experimental/Investigational Services and Clinical Trials | |
| 48400 | Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure) | no auth | | | | |
| 48500 | Marsupialization of pancreatic cyst | no auth | | | | |
| 48510 | External drainage, pseudocyst of pancreas, open | no auth | | | | |
| 48520 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct | no auth | | | | |
| 48540 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y | no auth | | | | |
| 48545 | Pancreatorrhaphy for injury | no auth | | | | |
| 48547 | Duodenal exclusion with gastrojejunostomy for pancreatic injury | no auth | | | | |
| 48548 | Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation) | no auth | | | | |
| 48550 | Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation | AUTH REQUIRED | Paid for by recipient's plan. | NCD 260.3 | MCG:Alterwood Policy AHMC.HQ.UM.07 Experimental/Investigational Services and Clinical Trials | |
| 48551 | Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery | AUTH REQUIRED | | | | |
| 48552 | Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each | AUTH REQUIRED | | | | |
| 48554 | Transplantation of pancreatic allograft | AUTH REQUIRED | | NCD 260.3 | | |
| 48556 | Removal of transplanted pancreatic allograft | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 48999 | Unlisted procedure, pancreas | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 49000 | Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure) | no auth | | | | |
| 49002 | Reopening of recent laparotomy | no auth | | | | |
| 49010 | Exploration, retroperitoneal area with or without biopsy(s) (separate procedure) | no auth | | | | |
| 49013 | Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration | no auth | | | | |
| 49014 | Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed | no auth | | | | |
| 49020 | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open | no auth | | | | |
| 49040 | Drainage of subdiaphragmatic or subphrenic abscess, open | no auth | | | | |
| 49060 | Drainage of retroperitoneal abscess, open | no auth | | | | |
| 49062 | Drainage of extraperitoneal lymphocele to peritoneal cavity, open | no auth | | | | |
| 49082 | Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance | no auth | | | | |
| 49083 | Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance | no auth | | | | |
| 49084 | Peritoneal lavage, including imaging guidance, when performed | no auth | | | | |
| 49180 | Biopsy, abdominal or retroperitoneal mass, percutaneous needle | no auth | | | | |
| 49185 | Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed | no auth | | | | |
| 49203 | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less | no auth | | | | |
| 49204 | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter | no auth | | | | |
| 49205 | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter | no auth | | | | |
| 49215 | Excision of presacral or sacrococcygeal tumor | no auth | | | | |
| 49250 | Umbilectomy, omphalectomy, excision of umbilicus (separate procedure) | no auth | | | | |
| 49255 | Omentectomy, epiploectomy, resection of omentum (separate procedure) | no auth | | | | |
| 49320 | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) | no auth | | | | |
| 49321 | Laparoscopy, surgical; with biopsy (single or multiple) | no auth | | | | |
| 49322 | Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple) | no auth | | | | |
| 49323 | Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 49324 | Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter | no auth | | | | |
| 49325 | Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed | no auth | | | | |
| 49326 | Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure) | no auth | | | | |
| 49327 | Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure) | no auth | | | | |
| 49329 | Unlisted laparoscopy procedure, abdomen, peritoneum and omentum | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 49400 | Injection of air or contrast into peritoneal cavity (separate procedure) | no auth | | | | |
| 49402 | Removal of peritoneal foreign body from peritoneal cavity | no auth | | | | |
| 49405 | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous | no auth | | | | |
| 49406 | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous | no auth | | | | |
| 49407 | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal | no auth | | | | |
| 49411 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple | no auth | | | | |
| 49412 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure) | no auth | | | | |
| 49418 | Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous | no auth | | | | |
| 49419 | Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable) | no auth | | | | |
| 49421 | Insertion of tunneled intraperitoneal catheter for dialysis, open | no auth | | | | |
| 49422 | Removal of tunneled intraperitoneal catheter | no auth | | | | |
| 49423 | Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure) | no auth | | | | |
| 49424 | Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure) | no auth | | | | |
| 49425 | Insertion of peritoneal-venous shunt | no auth | | | | |
| 49426 | Revision of peritoneal-venous shunt | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 49427 | Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt | no auth | | | | |
| 49428 | Ligation of peritoneal-venous shunt | no auth | | | | |
| 49429 | Removal of peritoneal-venous shunt | no auth | | | | |
| 49435 | Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure) | no auth | | | | |
| 49436 | Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter | no auth | | | | |
| 49440 | Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report | no auth | | | | |
| 49441 | Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report | no auth | | | | |
| 49442 | Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report | no auth | | | | |
| 49446 | Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report | no auth | | | | |
| 49450 | Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report | no auth | | | | |
| 49451 | Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report | no auth | | | | |
| 49452 | Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report | no auth | | | | |
| 49460 | Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report | no auth | | | | |
| 49465 | Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report | no auth | | | | |
| 49491 | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible | AUTH REQUIRED | | | | |
| 49492 | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated | AUTH REQUIRED | | | | |
| 49495 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible | AUTH REQUIRED | | | | |
| 49496 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated | AUTH REQUIRED | | | | |
| 49500 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible | AUTH REQUIRED | | | | |

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|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 49501 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated | AUTH REQUIRED | | | | |
| 49505 | Repair initial inguinal hernia, age 5 years or older; reducible | no auth | | | | |
| 49507 | Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated | no auth | | | | |
| 49520 | Repair recurrent inguinal hernia, any age; reducible | no auth | | | | |
| 49521 | Repair recurrent inguinal hernia, any age; incarcerated or strangulated | no auth | | | | |
| 49525 | Repair inguinal hernia, sliding, any age | no auth | | | | |
| 49540 | Repair lumbar hernia | no auth | | | | |
| 49550 | Repair initial femoral hernia, any age; reducible | no auth | | | | |
| 49553 | Repair initial femoral hernia, any age; incarcerated or strangulated | no auth | | | | |
| 49555 | Repair recurrent femoral hernia; reducible | no auth | | | | |
| 49557 | Repair recurrent femoral hernia; incarcerated or strangulated | no auth | | | | |
| 49591 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49592 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49593 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49594 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49595 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49596 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49600 | Repair of small omphalocele, with primary closure | AUTH REQUIRED | | | | |
| 49605 | Repair of large omphalocele or gastroschisis; with or without prosthesis | AUTH REQUIRED | | | | |
| 49606 | Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room | AUTH REQUIRED | | | | |
| 49610 | Repair of omphalocele (Gross type operation); first stage | AUTH REQUIRED | | | | |
| 49611 | Repair of omphalocele (Gross type operation); second stage | AUTH REQUIRED | | | | |

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|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 49613 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49614 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49615 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49616 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49617 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49618 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49621 | Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49622 | Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hernia Repair (Non-Hiatal) ORG: S-1305 (ISC) | |
| 49623 | Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 49650 | Laparoscopy, surgical; repair initial inguinal hernia | no auth | | | | |
| 49651 | Laparoscopy, surgical; repair recurrent inguinal hernia | no auth | | | | |
| 49659 | Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 49900 | Suture, secondary, of abdominal wall for evisceration or dehiscence | no auth | | | | |
| 49904 | Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects) | no auth | | | | |
| 49905 | Omental flap, intra-abdominal (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|--|------------------|-------------------------------------|-------------------|--|-------------------------------|
| 49906 | Free omental flap with microvascular anastomosis | no auth | | | | |
| 49999 | Unlisted procedure, abdomen, peritoneum and omentum | AUTH REQUIRED | | | MCG: General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 50010 | Renal exploration, not necessitating other specific procedures | no auth | | | | |
| 50020 | Drainage of perirenal or renal abscess, open | no auth | | | | |
| 50040 | Nephrostomy, nephrotomy with drainage | no auth | | | | |
| 50045 | Nephrotomy, with exploration | no auth | | | | |
| 5005F | Patient counseled on self-examination for new or changing moles (ML) | NOT COVERED | | MEASUREMENT CODE | | |
| 50060 | Nephrolithotomy; removal of calculus | no auth | | | | |
| 50065 | Nephrolithotomy; secondary surgical operation for calculus | no auth | | | | |
| 50070 | Nephrolithotomy; complicated by congenital kidney abnormality | no auth | | | | |
| 50075 | Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy) | no auth | | | | |
| 50080 | Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones) | no auth | | | | |
| 50081 | Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy) | no auth | | | | |
| 50100 | Transection or repositioning of aberrant renal vessels (separate procedure) | no auth | | | | |
| 5010F | Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 50120 | Pyelotomy; with exploration | no auth | | | | |
| 50125 | Pyelotomy; with drainage, pyelostomy | no auth | | | | |
| 50130 | Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy) | no auth | | | | |
| 50135 | Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality) | no auth | | | | |
| 5015F | Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis (OP) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 50200 | Renal biopsy; percutaneous, by trocar or needle | no auth | | | | |
| 50205 | Renal biopsy; by surgical exposure of kidney | no auth | | | | |
| 5020F | Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC) | NOT COVERED | | MEASUREMENT CODE | | |
| 50220 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; | no auth | | | | |
| 50225 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney | no auth | | | | |
| 50230 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 50234 | Nephrectomy with total ureterectomy and bladder cuff; through same incision | no auth | | | | |
| 50236 | Nephrectomy with total ureterectomy and bladder cuff; through separate incision | no auth | | | | |
| 50240 | Nephrectomy, partial | no auth | | | | |
| 50250 | Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed | no auth | | | | |
| 50280 | Excision or unroofing of cyst(s) of kidney | no auth | | | | |
| 50290 | Excision of perinephric cyst | no auth | | | | |
| 50300 | Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral | AUTH REQUIRED | Paid for by recipient's plan. | | MCG: Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 50320 | Donor nephrectomy (including cold preservation); open, from living donor | AUTH REQUIRED | Paid for by recipient's plan. | | MCG: Nephrectomy ORG: S-870 (ISC) | |
| 50323 | Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary | AUTH REQUIRED | | | | |
| 50325 | Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary | AUTH REQUIRED | | | | |
| 50327 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each | AUTH REQUIRED | | | | |
| 50328 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each | AUTH REQUIRED | | | | |
| 50329 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each | AUTH REQUIRED | | | | |
| 50340 | Recipient nephrectomy (separate procedure) | AUTH REQUIRED | | | MCG: Nephrectomy ORG: S-870 (ISC) | |
| 50360 | Renal allotransplantation, implantation of graft; without recipient nephrectomy | AUTH REQUIRED | | | MCG: Renal Transplant ORG: S-1015 (ISC) | |
| 50365 | Renal allotransplantation, implantation of graft; with recipient nephrectomy | AUTH REQUIRED | | | MCG: Renal Transplant ORG: S-1015 (ISC) | |
| 50370 | Removal of transplanted renal allograft | no auth | | | | |
| 50380 | Renal autotransplantation, reimplantation of kidney | no auth | | | | |
| 50382 | Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation | no auth | | | | |
| 50384 | Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 50385 | Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation | no auth | | | | |
| 50386 | Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation | no auth | | | | |
| 50387 | Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation | no auth | | | | |
| 50389 | Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent) | no auth | | | | |
| 50390 | Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous | no auth | | | | |
| 50391 | Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent) | no auth | | | | |
| 50396 | Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter | no auth | | | | |
| 50400 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple | no auth | | | | |
| 50405 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycooplasty) | no auth | | | | |
| 50430 | Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access | no auth | | | | |
| 50431 | Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access | no auth | | | | |
| 50432 | Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation | no auth | | | | |
| 50433 | Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access | no auth | | | | |
| 50434 | Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract | no auth | | | | |
| 50435 | Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation | no auth | | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|---|-------------------------------|
| 50436 | Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed | no auth | | | | |
| 50437 | Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system | no auth | | | | |
| 50500 | Nephrorrhaphy, suture of kidney wound or injury | no auth | | | | |
| 5050F | Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 50520 | Closure of nephrocutaneous or pyelocutaneous fistula | no auth | | | | |
| 50525 | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach | no auth | | | | |
| 50526 | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach | no auth | | | | |
| 50540 | Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation) | no auth | | | | |
| 50541 | Laparoscopy, surgical; ablation of renal cysts | no auth | | | | |
| 50542 | Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed | no auth | | | | |
| 50543 | Laparoscopy, surgical; partial nephrectomy | no auth | | | | |
| 50544 | Laparoscopy, surgical; pyeloplasty | no auth | | | | |
| 50545 | Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy) | no auth | | | | |
| 50546 | Laparoscopy, surgical; nephrectomy, including partial ureterectomy | no auth | | | | |
| 50547 | Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor | no auth | | | | |
| 50548 | Laparoscopy, surgical; nephrectomy with total ureterectomy | no auth | | | | |
| 50549 | Unlisted laparoscopy procedure, renal | AUTH REQUIRED | | | MCG: Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 50551 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | no auth | | | | |
| 50553 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter | no auth | | | | |
| 50555 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy | no auth | | | | |
| 50557 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 50561 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus | no auth | | | | |
| 50562 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor | no auth | | | | |
| 50570 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | no auth | | | | |
| 50572 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter | no auth | | | | |
| 50574 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy | no auth | | | | |
| 50575 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent) | no auth | | | | |
| 50576 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy | no auth | | | | |
| 50580 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus | no auth | | | | |
| 50590 | Lithotripsy, extracorporeal shock wave | no auth | | | | |
| 50592 | Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency | no auth | | | | |
| 50593 | Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy | no auth | | | | |
| 50600 | Ureterotomy with exploration or drainage (separate procedure) | no auth | | | | |
| 50605 | Ureterotomy for insertion of indwelling stent, all types | no auth | | | | |
| 50606 | Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) | no auth | | | | |
| 5060F | Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 50610 | Ureterolithotomy; upper one-third of ureter | no auth | | | | |
| 50620 | Ureterolithotomy; middle one-third of ureter | no auth | | | | |
| 5062F | Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 50630 | Ureterolithotomy; lower one-third of ureter | no auth | | | | |
| 50650 | Ureterectomy, with bladder cuff (separate procedure) | no auth | | | | |
| 50660 | Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach | no auth | | | | |
| 50684 | Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter | no auth | | | | |
| 50686 | Manometric studies through ureterostomy or indwelling ureteral catheter | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 50688 | Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit | no auth | | | | |
| 50690 | Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service | no auth | | | | |
| 50693 | Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract | no auth | | | | |
| 50694 | Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter | no auth | | | | |
| 50695 | Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter | no auth | | | | |
| 50700 | Ureteroplasty, plastic operation on ureter (eg, stricture) | no auth | | | | |
| 50705 | Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) | no auth | | | | |
| 50706 | Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) | no auth | | | | |
| 50715 | Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis | no auth | | | | |
| 50722 | Ureterolysis for ovarian vein syndrome | no auth | | | | |
| 50725 | Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava | no auth | | | | |
| 50727 | Revision of urinary-cutaneous anastomosis (any type urostomy); | no auth | | | | |
| 50728 | Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia | no auth | | | | |
| 50740 | Ureteropyelostomy, anastomosis of ureter and renal pelvis | no auth | | | | |
| 50750 | Ureterocalycostomy, anastomosis of ureter to renal calyx | no auth | | | | |
| 50760 | Ureteroureterostomy | no auth | | | | |
| 50770 | Transureteroureterostomy, anastomosis of ureter to contralateral ureter | no auth | | | | |
| 50780 | Ureteroneocystostomy; anastomosis of single ureter to bladder | no auth | | | | |
| 50782 | Ureteroneocystostomy; anastomosis of duplicated ureter to bladder | no auth | | | | |
| 50783 | Ureteroneocystostomy; with extensive ureteral tailoring | no auth | | | | |
| 50785 | Ureteroneocystostomy; with vesico-psoas hitch or bladder flap | no auth | | | | |
| 50800 | Ureteroenterostomy, direct anastomosis of ureter to intestine | no auth | | | | |
| 50810 | Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis | no auth | | | | |
| 50815 | Ureterocolon conduit, including intestine anastomosis | no auth | | | | |
| 50820 | Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 50825 | Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty) | no auth | | | | |
| 50830 | Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy) | no auth | | | | |
| 50840 | Replacement of all or part of ureter by intestine segment, including intestine anastomosis | no auth | | | | |
| 50845 | Cutaneous appendico-vesicostomy | no auth | | | | |
| 50860 | Ureterostomy, transplantation of ureter to skin | no auth | | | | |
| 50900 | Ureterorrhaphy, suture of ureter (separate procedure) | no auth | | | | |
| 50920 | Closure of ureterocutaneous fistula | no auth | | | | |
| 50930 | Closure of ureterovisceral fistula (including visceral repair) | no auth | | | | |
| 50940 | Deligation of ureter | no auth | | | | |
| 50945 | Laparoscopy, surgical; ureterolithotomy | no auth | | | | |
| 50947 | Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement | no auth | | | | |
| 50948 | Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement | no auth | | | | |
| 50949 | Unlisted laparoscopy procedure, ureter | AUTH REQUIRED | | | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 50951 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | no auth | | | | |
| 50953 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter | no auth | | | | |
| 50955 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy | no auth | | | | |
| 50957 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy | no auth | | | | |
| 50961 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus | no auth | | | | |
| 50970 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | no auth | | | | |
| 50972 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter | no auth | | | | |
| 50974 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy | no auth | | | | |
| 50976 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 50980 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus | no auth | | | | |
| 5100F | Potential risk for fracture communicated to the referring physician or other qualified health care professional within 24 hours of completion of the imaging study (NUC_MED) | NOT COVERED | | MEASUREMENT CODE | | |
| 51020 | Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material | no auth | | | | |
| 51030 | Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion | no auth | | | | |
| 51040 | Cystostomy, cystostomy with drainage | no auth | | | | |
| 51045 | Cystotomy, with insertion of ureteral catheter or stent (separate procedure) | no auth | | | | |
| 51050 | Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection | no auth | | | | |
| 51060 | Transvesical ureterolithotomy | no auth | | | | |
| 51065 | Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus | no auth | | | | |
| 51080 | Drainage of perivesical or prevesical space abscess | no auth | | | | |
| 51100 | Aspiration of bladder; by needle | no auth | | | | |
| 51101 | Aspiration of bladder; by trocar or intracatheter | no auth | | | | |
| 51102 | Aspiration of bladder; with insertion of suprapubic catheter | no auth | | | | |
| 51500 | Excision of urachal cyst or sinus, with or without umbilical hernia repair | no auth | | | | |
| 51520 | Cystotomy; for simple excision of vesical neck (separate procedure) | no auth | | | | |
| 51525 | Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure) | no auth | | | | |
| 51530 | Cystotomy; for excision of bladder tumor | no auth | | | | |
| 51535 | Cystotomy for excision, incision, or repair of ureterocele | no auth | | | | |
| 51550 | Cystectomy, partial; simple | no auth | | | | |
| 51555 | Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location) | no auth | | | | |
| 51565 | Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy) | no auth | | | | |
| 51570 | Cystectomy, complete; (separate procedure) | no auth | | | | |
| 51575 | Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | no auth | | | | |
| 51580 | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; | no auth | | | | |
| 51585 | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | no auth | | | | |
| 51590 | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; | no auth | | | | |
| 51595 | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | no auth | | | | |
| 51596 | Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 51597 | Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof | no auth | | | | |
| 51600 | Injection procedure for cystography or voiding urethrocytography | no auth | | | | |
| 51605 | Injection procedure and placement of chain for contrast and/or chain urethrocytography | no auth | | | | |
| 51610 | Injection procedure for retrograde urethrocytography | no auth | | | | |
| 51700 | Bladder irrigation, simple, lavage and/or instillation | no auth | | | | |
| 51701 | Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) | no auth | | | | |
| 51702 | Insertion of temporary indwelling bladder catheter; simple (eg, Foley) | no auth | | | | |
| 51703 | Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon) | no auth | | | | |
| 51705 | Change of cystostomy tube; simple | no auth | | | | |
| 51710 | Change of cystostomy tube; complicated | no auth | | | | |
| 51715 | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck | no auth | | | | |
| 51720 | Bladder instillation of anticarcinogenic agent (including retention time) | no auth | | | | |
| 51725 | Simple cystometrogram (CMG) (eg, spinal manometer) | no auth | | | | |
| 51726 | Complex cystometrogram (ie, calibrated electronic equipment); | no auth | | | | |
| 51727 | Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique | no auth | | | | |
| 51728 | Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique | no auth | | | | |
| 51729 | Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique | no auth | | | | |
| 51736 | Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter) | no auth | | | | |
| 51741 | Complex uroflowmetry (eg, calibrated electronic equipment) | no auth | | | | |
| 51784 | Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique | no auth | | | | |
| 51785 | Needle electromyography studies (EMG) of anal or urethral sphincter, any technique | no auth | | | | |
| 51792 | Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time) | no auth | | | | |
| 51797 | Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure) | no auth | | | | |
| 51798 | Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging | no auth | | | | |
| 51800 | Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck | no auth | | | | |
| 51820 | Cystourethroplasty with unilateral or bilateral ureteroneocystostomy | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 51840 | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple | no auth | | | | |
| 51841 | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair) | no auth | | | | |
| 51845 | Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra) | no auth | | | | |
| 51860 | Cystorrhaphy, suture of bladder wound, injury or rupture; simple | no auth | | | | |
| 51865 | Cystorrhaphy, suture of bladder wound, injury or rupture; complicated | no auth | | | | |
| 51880 | Closure of cystostomy (separate procedure) | no auth | | | | |
| 51900 | Closure of vesicovaginal fistula, abdominal approach | no auth | | | | |
| 51920 | Closure of vesicouterine fistula; | no auth | | | | |
| 51925 | Closure of vesicouterine fistula; with hysterectomy | no auth | | | | |
| 51940 | Closure, exstrophy of bladder | no auth | | | | |
| 51960 | Enterocystoplasty, including intestinal anastomosis | no auth | | | | |
| 51980 | Cutaneous vesicostomy | no auth | | | | |
| 51990 | Laparoscopy, surgical; urethral suspension for stress incontinence | no auth | | | | |
| 51992 | Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic) | no auth | | | | |
| 51999 | Unlisted laparoscopy procedure, bladder | AUTH REQUIRED | | | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 52000 | Cystourethroscopy (separate procedure) | no auth | | | | |
| 52001 | Cystourethroscopy with irrigation and evacuation of multiple obstructing clots | no auth | | | | |
| 52005 | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; | no auth | | | | |
| 52007 | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis | no auth | | | | |
| 5200F | Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years (EPI) | NOT COVERED | | MEASUREMENT CODE | | |
| 52010 | Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service | no auth | | | | |
| 52204 | Cystourethroscopy, with biopsy(s) | no auth | | | | |
| 52214 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands | no auth | | | | |
| 52224 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy | no auth | | | | |
| 52234 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm) | no auth | | | | |
| 52235 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 52240 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s) | no auth | | | | |
| 52250 | Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration | no auth | | | | |
| 52260 | Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia | no auth | | | | |
| 52265 | Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia | no auth | | | | |
| 52270 | Cystourethroscopy, with internal urethrotomy; female | no auth | | | | |
| 52275 | Cystourethroscopy, with internal urethrotomy; male | no auth | | | | |
| 52276 | Cystourethroscopy with direct vision internal urethrotomy | no auth | | | | |
| 52277 | Cystourethroscopy, with resection of external sphincter (sphincterotomy) | no auth | | | | |
| 52281 | Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female | no auth | | | | |
| 52282 | Cystourethroscopy, with insertion of permanent urethral stent | no auth | | | | |
| 52283 | Cystourethroscopy, with steroid injection into stricture | no auth | | | | |
| 52284 | Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 52285 | Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone | no auth | | | | |
| 52287 | Cystourethroscopy, with injection(s) for chemodestruction of the bladder | no auth | | | | |
| 52290 | Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral | no auth | | | | |
| 52300 | Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral | no auth | | | | |
| 52301 | Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral | no auth | | | | |
| 52305 | Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple | no auth | | | | |
| 52310 | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple | no auth | | | | |
| 52315 | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated | no auth | | | | |
| 52317 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm) | no auth | | | | |
| 52318 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm) | no auth | | | | |
| 52320 | Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus | no auth | | | | |
| 52325 | Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electrohydraulic technique) | no auth | | | | |
| 52327 | Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material | no auth | | | | |
| 52330 | Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus | no auth | | | | |

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| 52332 | Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) | no auth | | | | |
| 52334 | Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde | no auth | | | | |
| 52341 | Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) | no auth | | | | |
| 52342 | Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) | no auth | | | | |
| 52343 | Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) | no auth | | | | |
| 52344 | Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) | no auth | | | | |
| 52345 | Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) | no auth | | | | |
| 52346 | Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) | no auth | | | | |
| 52351 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic | no auth | | | | |
| 52352 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) | no auth | | | | |
| 52353 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included) | no auth | | | | |
| 52354 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion | no auth | | | | |
| 52355 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor | no auth | | | | |
| 52356 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type) | no auth | | | | |
| 52400 | Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds | no auth | | | | |
| 52402 | Cystourethroscopy with transurethral resection or incision of ejaculatory ducts | no auth | | | | |
| 52441 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant | AUTH REQUIRED | | | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | FDA approved indications/contraindications- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200441.pdf |
| 52442 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | FDA approved indications/contraindications- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200441.pdf |
| 52450 | Transurethral incision of prostate | no auth | | | | |
| 52500 | Transurethral resection of bladder neck (separate procedure) | no auth | | | | |
| 5250F | Asthma discharge plan provided to patient (Asthma) | NOT COVERED | | MEASUREMENT CODE | | |
| 52601 | Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) | no auth | | | | |

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| 52630 | Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) | no auth | | | | |
| 52640 | Transurethral resection; of postoperative bladder neck contracture | no auth | | | | |
| 52647 | Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed) | no auth | | | | |
| 52648 | Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) | no auth | | | | |
| 52649 | Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) | no auth | | | | |
| 52700 | Transurethral drainage of prostatic abscess | no auth | | | | |
| 53000 | Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra | no auth | | | | |
| 53010 | Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external | no auth | | | | |
| 53020 | Meatotomy, cutting of meatus (separate procedure); except infant | no auth | | | | |
| 53025 | Meatotomy, cutting of meatus (separate procedure); infant | AUTH REQUIRED | | | | |
| 53040 | Drainage of deep periurethral abscess | no auth | | | | |
| 53060 | Drainage of Skene's gland abscess or cyst | no auth | | | | |
| 53080 | Drainage of perineal urinary extravasation; uncomplicated (separate procedure) | no auth | | | | |
| 53085 | Drainage of perineal urinary extravasation; complicated | no auth | | | | |
| 53200 | Biopsy of urethra | no auth | | | | |
| 53210 | Urethrectomy, total, including cystostomy; female | no auth | | | | |
| 53215 | Urethrectomy, total, including cystostomy; male | no auth | | | | |
| 53220 | Excision or fulguration of carcinoma of urethra | no auth | | | | |
| 53230 | Excision of urethral diverticulum (separate procedure); female | no auth | | | | |
| 53235 | Excision of urethral diverticulum (separate procedure); male | no auth | | | | |
| 53240 | Marsupialization of urethral diverticulum, male or female | no auth | | | | |
| 53250 | Excision of bulbourethral gland (Cowper's gland) | no auth | | | | |
| 53260 | Excision or fulguration; urethral polyp(s), distal urethra | no auth | | | | |
| 53265 | Excision or fulguration; urethral caruncle | no auth | | | | |
| 53270 | Excision or fulguration; Skene's glands | no auth | | | | |
| 53275 | Excision or fulguration; urethral prolapse | no auth | | | | |
| 53400 | Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johansen type) | no auth | | | | |
| 53405 | Urethroplasty; second stage (formation of urethra), including urinary diversion | no auth | | | | |
| 53410 | Urethroplasty, 1-stage reconstruction of male anterior urethra | no auth | | | | |
| 53415 | Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra | no auth | | | | |
| 53420 | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage | no auth | | | | |

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| 53425 | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage | no auth | | | | |
| 53430 | Urethroplasty, reconstruction of female urethra | no auth | | | | |
| 53431 | Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure) | no auth | | | | |
| 53440 | Sling operation for correction of male urinary incontinence (eg, fascia or synthetic) | no auth | | | | |
| 53442 | Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic) | no auth | | | | |
| 53444 | Insertion of tandem cuff (dual cuff) | no auth | | | | |
| 53445 | Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff | no auth | | | | |
| 53446 | Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff | no auth | | | | |
| 53447 | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session | no auth | | | | |
| 53448 | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue | no auth | | | | |
| 53449 | Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff | no auth | | | | |
| 53450 | Urethromeatoplasty, with mucosal advancement | no auth | | | | |
| 53451 | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance | AUTH REQUIRED | | | MCG:Artificial Urinary Sphincter ACG: A-0267 (AC) | |
| 53452 | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance | AUTH REQUIRED | | | MCG:Artificial Urinary Sphincter ACG: A-0267 (AC) | |
| 53453 | Periurethral transperineal adjustable balloon continence device; removal, each balloon | AUTH REQUIRED | | | MCG:Artificial Urinary Sphincter ACG: A-0267 (AC) | |
| 53454 | Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume | AUTH REQUIRED | | | MCG:Artificial Urinary Sphincter ACG: A-0267 (AC) | |
| 53460 | Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure) | no auth | | | | |
| 53500 | Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring) | no auth | | | | |
| 53502 | Urethrorrhaphy, suture of urethral wound or injury, female | no auth | | | | |
| 53505 | Urethrorrhaphy, suture of urethral wound or injury; penile | no auth | | | | |
| 53510 | Urethrorrhaphy, suture of urethral wound or injury; perineal | no auth | | | | |
| 53515 | Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous | no auth | | | | |
| 53520 | Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure) | no auth | | | | |
| 53600 | Dilation of urethral stricture by passage of sound or urethral dilator, male; initial | no auth | | | | |
| 53601 | Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent | no auth | | | | |

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| 53605 | Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia | no auth | | | | |
| 53620 | Dilation of urethral stricture by passage of filiform and follower, male; initial | no auth | | | | |
| 53621 | Dilation of urethral stricture by passage of filiform and follower, male; subsequent | no auth | | | | |
| 53660 | Dilation of female urethra including suppository and/or instillation; initial | no auth | | | | |
| 53661 | Dilation of female urethra including suppository and/or instillation; subsequent | no auth | | | | |
| 53665 | Dilation of female urethra, general or conduction (spinal) anesthesia | no auth | | | | |
| 53850 | Transurethral destruction of prostate tissue; by microwave thermotherapy | no auth | | | | |
| 53852 | Transurethral destruction of prostate tissue; by radiofrequency thermotherapy | no auth | | | | |
| 53854 | Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy | no auth | | | | |
| 53855 | Insertion of a temporary prostatic urethral stent, including urethral measurement | no auth | | | | |
| 53860 | Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence | no auth | | | | |
| 53899 | Unlisted procedure, urinary system | AUTH REQUIRED | | | MCG: Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 54000 | Slitting of prepuce, dorsal or lateral (separate procedure); newborn | AUTH REQUIRED | | | | |
| 54001 | Slitting of prepuce, dorsal or lateral (separate procedure); except newborn | AUTH REQUIRED | | | | |
| 54015 | Incision and drainage of penis, deep | no auth | | | | |
| 54050 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical | no auth | | | | |
| 54055 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation | no auth | | | | |
| 54056 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery | no auth | | | | |
| 54057 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery | no auth | | | | |
| 54060 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision | no auth | | | | |
| 54065 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | no auth | | | | |
| 54100 | Biopsy of penis; (separate procedure) | no auth | | | | |
| 54105 | Biopsy of penis; deep structures | no auth | | | | |
| 54110 | Excision of penile plaque (Peyronie disease); | no auth | | | | |
| 54111 | Excision of penile plaque (Peyronie disease); with graft to 5 cm in length | no auth | | | | |

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| 54112 | Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length | no auth | | | | |
| 54115 | Removal foreign body from deep penile tissue (eg, plastic implant) | no auth | | | | |
| 54120 | Amputation of penis; partial | AUTH REQUIRED | | NCA CAG-00446N | | WPATH Guidelines |
| 54125 | Amputation of penis; complete | AUTH REQUIRED | | NCA CAG-00446N | | WPATH Guidelines |
| 54130 | Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy | no auth | | | | |
| 54135 | Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes | no auth | | | | |
| 54150 | Circumcision, using clamp or other device with regional dorsal penile or ring block | no auth | | | | |
| 54160 | Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less) | AUTH REQUIRED | | | | |
| 54161 | Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age | AUTH REQUIRED | | | MCG:Circumcision ACG: A-0269 (AC) | |
| 54162 | Lysis or excision of penile post-circumcision adhesions | no auth | | | | |
| 54163 | Repair incomplete circumcision | no auth | | | | |
| 54164 | Frenulotomy of penis | no auth | | | | |
| 54200 | Injection procedure for Peyronie disease; | no auth | | | | |
| 54205 | Injection procedure for Peyronie disease; with surgical exposure of plaque | no auth | | | | |
| 54220 | Irrigation of corpora cavernosa for priapism | no auth | | | | |
| 54230 | Injection procedure for corpora cavernosography | no auth | | | | |
| 54231 | Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine) | no auth | | | | |
| 54235 | Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine) | no auth | | | | |
| 54240 | Penile plethysmography | no auth | | | | |
| 54250 | Nocturnal penile tumescence and/or rigidity test | no auth | | | | |
| 54300 | Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra | AUTH REQUIRED | | | | |
| 54304 | Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps | AUTH REQUIRED | | | | |
| 54308 | Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm | AUTH REQUIRED | | | | |
| 54312 | Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm | AUTH REQUIRED | | | | |
| 54316 | Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia | AUTH REQUIRED | | | | |
| 54318 | Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair) | AUTH REQUIRED | | | | |
| 54322 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap) | AUTH REQUIRED | | | | |
| 54324 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap) | AUTH REQUIRED | | | | |
| 54326 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra | AUTH REQUIRED | | | | |

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| 54328 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap | AUTH REQUIRED | | | | |
| 54332 | 1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap | AUTH REQUIRED | | | | |
| 54336 | 1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap | AUTH REQUIRED | | | | |
| 54340 | Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple | AUTH REQUIRED | | | | |
| 54344 | Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft | AUTH REQUIRED | | | | |
| 54348 | Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed) | AUTH REQUIRED | | | | |
| 54352 | Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts | AUTH REQUIRED | | | | |
| 54360 | Plastic operation on penis to correct angulation | no auth | | | | |
| 54380 | Plastic operation on penis for epispadias distal to external sphincter; | AUTH REQUIRED | | | | |
| 54385 | Plastic operation on penis for epispadias distal to external sphincter; with incontinence | AUTH REQUIRED | | | | |
| 54390 | Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder | AUTH REQUIRED | | | | |
| 54400 | Insertion of penile prosthesis; non-inflatable (semi-rigid) | no auth | | | | |
| 54401 | Insertion of penile prosthesis; inflatable (self-contained) | AUTH REQUIRED | | NCD 230.4 | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir | AUTH REQUIRED | | NCD 230.4 | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 54406 | Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis | no auth | | | | |
| 54408 | Repair of component(s) of a multi-component, inflatable penile prosthesis | no auth | | | | |
| 54410 | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session | no auth | | | | |
| 54411 | Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue | no auth | | | | |
| 54415 | Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis | no auth | | | | |

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| 54416 | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session | no auth | | | | |
| 54417 | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue | no auth | | | | |
| 54420 | Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral | no auth | | | | |
| 54430 | Corpora cavernosa-corporis spongiosum shunt (priapism operation), unilateral or bilateral | no auth | | | | |
| 54435 | Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism | no auth | | | | |
| 54437 | Repair of traumatic corporeal tear(s) | no auth | | | | |
| 54438 | Replantation, penis, complete amputation including urethral repair | no auth | | | | |
| 54440 | Plastic operation of penis for injury | no auth | | | | |
| 54450 | Foreskin manipulation including lysis of preputial adhesions and stretching | no auth | | | | |
| 54500 | Biopsy of testis, needle (separate procedure) | no auth | | | | |
| 54505 | Biopsy of testis, incisional (separate procedure) | no auth | | | | |
| 54512 | Excision of extraparenchymal lesion of testis | no auth | | | | |
| 54520 | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach | no auth | | | | |
| 54522 | Orchiectomy, partial | no auth | | | | |
| 54530 | Orchiectomy, radical, for tumor; inguinal approach | no auth | | | | |
| 54535 | Orchiectomy, radical, for tumor; with abdominal exploration | no auth | | | | |
| 54550 | Exploration for undescended testis (inguinal or scrotal area) | no auth | | | | |
| 54560 | Exploration for undescended testis with abdominal exploration | no auth | | | | |
| 54600 | Reduction of torsion of testis, surgical, with or without fixation of contralateral testis | no auth | | | | |
| 54620 | Fixation of contralateral testis (separate procedure) | no auth | | | | |
| 54640 | Orchiopexy, inguinal or scrotal approach | no auth | | | | |
| 54650 | Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens) | no auth | | | | |
| 54660 | Insertion of testicular prosthesis (separate procedure) | AUTH REQUIRED | | NCA CAG-00446N | | WPATH Guidelines |
| 54670 | Suture or repair of testicular injury | no auth | | | | |
| 54680 | Transplantation of testis(es) to thigh (because of scrotal destruction) | no auth | | | | |
| 54690 | Laparoscopy, surgical; orchiectomy | no auth | | | | |
| 54692 | Laparoscopy, surgical; orchiopexy for intra-abdominal testis | no auth | | | | |
| 54699 | Unlisted laparoscopy procedure, testis | AUTH REQUIRED | | | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 54700 | Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma) | no auth | | | | |
| 54800 | Biopsy of epididymis, needle | no auth | | | | |
| 54830 | Excision of local lesion of epididymis | no auth | | | | |
| 54840 | Excision of spermatocele, with or without epididymectomy | no auth | | | | |
| 54860 | Epididymectomy; unilateral | no auth | | | | |
| 54861 | Epididymectomy; bilateral | no auth | | | | |
| 54865 | Exploration of epididymis, with or without biopsy | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 54900 | Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral | no auth | | | | |
| 54901 | Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral | no auth | | | | |
| 55000 | Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication | no auth | | | | |
| 55040 | Excision of hydrocele; unilateral | no auth | | | | |
| 55041 | Excision of hydrocele; bilateral | no auth | | | | |
| 55060 | Repair of tunica vaginalis hydrocele (Bottle type) | no auth | | | | |
| 55100 | Drainage of scrotal wall abscess | no auth | | | | |
| 55110 | Scrotal exploration | no auth | | | | |
| 55120 | Removal of foreign body in scrotum | no auth | | | | |
| 55150 | Resection of scrotum | no auth | | | | |
| 55175 | Scrotoplasty; simple | no auth | | | | |
| 55180 | Scrotoplasty; complicated | no auth | | | | |
| 55200 | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) | no auth | | | | |
| 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) | no auth | | | | |
| 55300 | Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral | no auth | | | | |
| 55400 | Vasovasostomy, vasovasorrhaphy | no auth | | | | |
| 55500 | Excision of hydrocele of spermatic cord, unilateral (separate procedure) | no auth | | | | |
| 55520 | Excision of lesion of spermatic cord (separate procedure) | no auth | | | | |
| 55530 | Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure) | no auth | | | | |
| 55535 | Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach | no auth | | | | |
| 55540 | Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair | no auth | | | | |
| 55550 | Laparoscopy, surgical, with ligation of spermatic veins for varicocele | no auth | | | | |
| 55559 | Unlisted laparoscopy procedure, spermatic cord | AUTH REQUIRED | | | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 55600 | Vesiculotomy; | no auth | | | | |
| 55605 | Vesiculotomy; complicated | no auth | | | | |
| 55650 | Vesiculectomy, any approach | no auth | | | | |
| 55680 | Excision of Mullerian duct cyst | no auth | | | | |
| 55700 | Biopsy, prostate; needle or punch, single or multiple, any approach | no auth | | | | |
| 55705 | Biopsy, prostate; incisional, any approach | no auth | | | | |
| 55706 | Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance | no auth | | | | |
| 55720 | Prostatotomy, external drainage of prostatic abscess, any approach; simple | no auth | | | | |
| 55725 | Prostatotomy, external drainage of prostatic abscess, any approach; complicated | no auth | | | | |
| 55801 | Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--|-------------------------------|
| 55810 | Prostatectomy, perineal radical; | no auth | | | | |
| 55812 | Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy) | no auth | | | | |
| 55815 | Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes | no auth | | | | |
| 55821 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages | no auth | | | | |
| 55831 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal | no auth | | | | |
| 55840 | Prostatectomy, retropubic radical, with or without nerve sparing; | no auth | | | | |
| 55842 | Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) | no auth | | | | |
| 55845 | Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes | no auth | | | | |
| 55860 | Exposure of prostate, any approach, for insertion of radioactive substance; | no auth | | | | |
| 55862 | Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy) | no auth | | | | |
| 55865 | Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes | no auth | | | | |
| 55866 | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed | no auth | | | | |
| 55867 | Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Urologic Surgery or Procedure GRG GRG: SG-US (ISC GRG) | |
| 55870 | Electroejaculation | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 55873 | Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring) | no auth | | | | |
| 55874 | Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed | AUTH REQUIRED | | | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 55875 | Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy | no auth | | | | |
| 55876 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 55880 | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance | no auth | | | | |
| 55899 | Unlisted procedure, male genital system | AUTH REQUIRED | | | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | |
| 55920 | Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application | no auth | | | | |
| 55970 | Intersex surgery; male to female | AUTH REQUIRED | | NCA CAG-00446N | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | WPATH Guidelines |
| 55980 | Intersex surgery; female to male | AUTH REQUIRED | | NCA CAG-00446N | MCG:Urologic Surgery or Procedure GRG: SG-US (ISC GRG) | WPATH Guidelines |
| 56405 | Incision and drainage of vulva or perineal abscess | no auth | | | | |
| 56420 | Incision and drainage of Bartholin's gland abscess | no auth | | | | |
| 56440 | Marsupialization of Bartholin's gland cyst | no auth | | | | |
| 56441 | Lysis of labial adhesions | no auth | | | | |
| 56442 | Hymenotomy, simple incision | no auth | | | | |
| 56501 | Destruction of lesion(s), vulva; simple (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery) | no auth | | | | |
| 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrocauterization, cryosurgery, chemosurgery) | no auth | | | | |
| 56605 | Biopsy of vulva or perineum (separate procedure); 1 lesion | no auth | | | | |
| 56606 | Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 56620 | Vulvectomy simple; partial | no auth | | | | |
| 56625 | Vulvectomy simple; complete | no auth | | | | |
| 56630 | Vulvectomy, radical, partial; | no auth | | | | |
| 56631 | Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy | no auth | | | | |
| 56632 | Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy | no auth | | | | |
| 56633 | Vulvectomy, radical, complete; | no auth | | | | |
| 56634 | Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy | no auth | | | | |
| 56637 | Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy | no auth | | | | |
| 56640 | Vulvectomy, radical, complete, with inguofemoral, iliac, and pelvic lymphadenectomy | no auth | | | | |
| 56700 | Partial hymenectomy or revision of hymenal ring | no auth | | | | |
| 56740 | Excision of Bartholin's gland or cyst | no auth | | | | |
| 56800 | Plastic repair of introitus | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 56805 | Clitoroplasty for intersex state | AUTH REQUIRED | | NCA CAG-00446N | MCG: Obstetric and Gynecologic Surgery or Procedure GRG GRG: SG-OBS (ISC GRG) | WPATH Guidelines |
| 56810 | Perineoplasty, repair of perineum, nonobstetrical (separate procedure) | no auth | | | | |
| 56820 | Colposcopy of the vulva; | no auth | | | | |
| 56821 | Colposcopy of the vulva; with biopsy(s) | no auth | | | | |
| 57000 | Colpotomy; with exploration | no auth | | | | |
| 57010 | Colpotomy; with drainage of pelvic abscess | no auth | | | | |
| 57020 | Colpocentesis (separate procedure) | no auth | | | | |
| 57022 | Incision and drainage of vaginal hematoma; obstetrical/postpartum | no auth | | | | |
| 57023 | Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding) | no auth | | | | |
| 57061 | Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | no auth | | | | |
| 57065 | Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) | no auth | | | | |
| 57100 | Biopsy of vaginal mucosa; simple (separate procedure) | no auth | | | | |
| 57105 | Biopsy of vaginal mucosa; extensive, requiring suture (including cysts) | no auth | | | | |
| 57106 | Vaginectomy, partial removal of vaginal wall; | no auth | | | | |
| 57107 | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) | no auth | | | | |
| 57109 | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) | no auth | | | | |
| 57110 | Vaginectomy, complete removal of vaginal wall; | no auth | | | | |
| 57111 | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) | no auth | | | | |
| 57120 | Colpocleisis (Le Fort type) | no auth | | | | |
| 57130 | Excision of vaginal septum | no auth | | | | |
| 57135 | Excision of vaginal cyst or tumor | no auth | | | | |
| 57150 | Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease | no auth | | | | |
| 57155 | Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy | no auth | | | | |
| 57156 | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy | no auth | | | | |
| 57160 | Fitting and insertion of pessary or other intravaginal support device | no auth | | | | |
| 57170 | Diaphragm or cervical cap fitting with instructions | no auth | | | | |
| 57180 | Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure) | no auth | | | | |
| 57200 | Colporrhaphy, suture of injury of vagina (nonobstetrical) | no auth | | | | |
| 57210 | Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical) | no auth | | | | |
| 57220 | Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) | no auth | | | | |
| 57230 | Plastic repair of urethrocele | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 57240 | Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed | no auth | | | | |
| 57250 | Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy | no auth | | | | |
| 57260 | Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; | no auth | | | | |
| 57265 | Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair | no auth | | | | |
| 57267 | Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure) | no auth | | | | |
| 57268 | Repair of enterocele, vaginal approach (separate procedure) | no auth | | | | |
| 57270 | Repair of enterocele, abdominal approach (separate procedure) | no auth | | | | |
| 57280 | Colpopexy, abdominal approach | no auth | | | | |
| 57282 | Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus) | no auth | | | | |
| 57283 | Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) | no auth | | | | |
| 57284 | Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach | no auth | | | | |
| 57285 | Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach | no auth | | | | |
| 57287 | Removal or revision of sling for stress incontinence (eg, fascia or synthetic) | no auth | | | | |
| 57288 | Sling operation for stress incontinence (eg, fascia or synthetic) | no auth | | | | |
| 57289 | Pereyra procedure, including anterior colporrhaphy | no auth | | | | |
| 57291 | Construction of artificial vagina; without graft | no auth | | | | |
| 57292 | Construction of artificial vagina; with graft | no auth | | | | |
| 57295 | Revision (including removal) of prosthetic vaginal graft; vaginal approach | no auth | | | | |
| 57296 | Revision (including removal) of prosthetic vaginal graft; open abdominal approach | no auth | | | | |
| 57300 | Closure of rectovaginal fistula; vaginal or transanal approach | no auth | | | | |
| 57305 | Closure of rectovaginal fistula; abdominal approach | no auth | | | | |
| 57307 | Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy | no auth | | | | |
| 57308 | Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication | no auth | | | | |
| 57310 | Closure of urethrovaginal fistula; | no auth | | | | |
| 57311 | Closure of urethrovaginal fistula; with bulbocavernosus transplant | no auth | | | | |
| 57320 | Closure of vesicovaginal fistula; vaginal approach | no auth | | | | |
| 57330 | Closure of vesicovaginal fistula; transvesical and vaginal approach | no auth | | | | |
| 57335 | Vaginoplasty for intersex state | AUTH REQUIRED | | NCA CAG-00446N | MCG: Obstetric and Gynecologic Surgery or Procedure GRG GRG: SG-OBS (ISC GRG) | WPATH Guidelines |
| 57400 | Dilation of vagina under anesthesia (other than local) | no auth | | | | |
| 57410 | Pelvic examination under anesthesia (other than local) | no auth | | | | |
| 57415 | Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 57420 | Colposcopy of the entire vagina, with cervix if present; | no auth | | | | |
| 57421 | Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix | no auth | | | | |
| 57423 | Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach | no auth | | | | |
| 57425 | Laparoscopy, surgical, colpopexy (suspension of vaginal apex) | no auth | | | | |
| 57426 | Revision (including removal) of prosthetic vaginal graft, laparoscopic approach | no auth | | | | |
| 57452 | Colposcopy of the cervix including upper/adjacent vagina; | no auth | | | | |
| 57454 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage | no auth | | | | |
| 57455 | Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix | no auth | | | | |
| 57456 | Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage | no auth | | | | |
| 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix | no auth | | | | |
| 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix | no auth | | | | |
| 57465 | Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure) | no auth | | | | |
| 57500 | Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) | no auth | | | | |
| 57505 | Endocervical curettage (not done as part of a dilation and curettage) | no auth | | | | |
| 57510 | Cautery of cervix; electro or thermal | no auth | | | | |
| 57511 | Cautery of cervix; cryocautery, initial or repeat | no auth | | | | |
| 57513 | Cautery of cervix; laser ablation | no auth | | | | |
| 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser | no auth | | | | |
| 57522 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision | no auth | | | | |
| 57530 | Trachelectomy (cervicectomy), amputation of cervix (separate procedure) | no auth | | | | |
| 57531 | Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s) | no auth | | | | |
| 57540 | Excision of cervical stump, abdominal approach; | no auth | | | | |
| 57545 | Excision of cervical stump, abdominal approach; with pelvic floor repair | no auth | | | | |
| 57550 | Excision of cervical stump, vaginal approach; | no auth | | | | |
| 57555 | Excision of cervical stump, vaginal approach; with anterior and/or posterior repair | no auth | | | | |
| 57556 | Excision of cervical stump, vaginal approach; with repair of enterocele | no auth | | | | |
| 57558 | Dilation and curettage of cervical stump | no auth | | | | |
| 57700 | Cerclage of uterine cervix, nonobstetrical | no auth | | | | |
| 57720 | Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach | no auth | | | | |
| 57800 | Dilation of cervical canal, instrumental (separate procedure) | no auth | | | | |
| 58100 | Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 58110 | Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure) | no auth | | | | |
| 58120 | Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) | no auth | | | | |
| 58140 | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach | no auth | | | | |
| 58145 | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach | no auth | | | | |
| 58146 | Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach | no auth | | | | |
| 58150 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); | no auth | | | | |
| 58152 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytostomy (eg, Marshall-Marchetti-Krantz, Burch) | no auth | | | | |
| 58180 | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) | no auth | | | | |
| 58200 | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s) | no auth | | | | |
| 58210 | Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s) | no auth | | | | |
| 58240 | Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof | AUTH REQUIRED | | | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |
| 58260 | Vaginal hysterectomy, for uterus 250 g or less; | no auth | | | | |
| 58262 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s) | no auth | | | | |
| 58263 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele | no auth | | | | |
| 58267 | Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytostomy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control | no auth | | | | |
| 58270 | Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele | no auth | | | | |
| 58275 | Vaginal hysterectomy, with total or partial vaginectomy; | no auth | | | | |
| 58280 | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele | no auth | | | | |
| 58285 | Vaginal hysterectomy, radical (Schauta type operation) | no auth | | | | |
| 58290 | Vaginal hysterectomy, for uterus greater than 250 g; | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|---|-------------------------------|
| 58291 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | no auth | | | | |
| 58292 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele | no auth | | | | |
| 58294 | Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele | no auth | | | | |
| 58300 | Insertion of intrauterine device (IUD) | NOT COVERED | | | | |
| 58301 | Removal of intrauterine device (IUD) | no auth | | | | |
| 58321 | Artificial insemination; intra-cervical | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 58322 | Artificial insemination; intra-uterine | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 58323 | Sperm washing for artificial insemination | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | no auth | | | | |
| 58345 | Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |
| 58346 | Insertion of Heyman capsules for clinical brachytherapy | no auth | | | | |
| 58350 | Chromotubation of oviduct, including materials | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |
| 58353 | Endometrial ablation, thermal, without hysteroscopic guidance | no auth | | | | |
| 58356 | Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed | no auth | | | | |
| 58400 | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure) | no auth | | | | |
| 58410 | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy | no auth | | | | |
| 58520 | Hysterorrhaphy, repair of ruptured uterus (nonobstetrical) | no auth | | | | |
| 58540 | Hysteroplasty, repair of uterine anomaly (Strassman type) | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 58541 | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; | no auth | | | | |
| 58542 | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) | no auth | | | | |
| 58543 | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; | no auth | | | | |
| 58544 | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | no auth | | | | |
| 58545 | Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas | no auth | | | | |
| 58546 | Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g | no auth | | | | |
| 58548 | Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed | no auth | | | | |
| 58550 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; | no auth | | | | |
| 58552 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) | no auth | | | | |
| 58553 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; | no auth | | | | |
| 58554 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | no auth | | | | |
| 58555 | Hysteroscopy, diagnostic (separate procedure) | no auth | | | | |
| 58558 | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C | no auth | | | | |
| 58559 | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) | no auth | | | | |
| 58560 | Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) | no auth | | | | |
| 58561 | Hysteroscopy, surgical; with removal of leiomyomata | no auth | | | | |
| 58562 | Hysteroscopy, surgical; with removal of impacted foreign body | no auth | | | | |
| 58563 | Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation) | no auth | | | | |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | no auth | | | | |
| 58570 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; | no auth | | | | |
| 58571 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) | no auth | | | | |
| 58572 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; | no auth | | | | |
| 58573 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | no auth | | | | |
| 58575 | Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--|-------------------------------|
| 58578 | Unlisted laparoscopy procedure, uterus | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 15, Section 20.1; Medicare Reasonable and Necessary Standard. | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG), Laparoscopic Uterosacral Nerve Ablation (LUNA) ACG: A-0284 (AC) | |
| 58579 | Unlisted hysteroscopy procedure, uterus | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 15, Section 20.1; Medicare Reasonable and Necessary Standard. | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG), Hysteroscopy, with or without Endometrial Resection, Ablation, or Myomectomy ACG: A-0286 (AC) | |
| 58580 | Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral | no auth | | | | |
| 58605 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) | no auth | | | | |
| 58611 | Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) | no auth | | | | |
| 58615 | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach | no auth | | | | |
| 58660 | Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure) | no auth | | | | |
| 58661 | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) | no auth | | | | |
| 58662 | Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method | no auth | | | | |
| 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) | no auth | | | | |
| 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring) | no auth | | | | |
| 58672 | Laparoscopy, surgical; with fimbrioplasty | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--|-------------------------------|
| 58673 | Laparoscopy, surgical; with salpingostomy (salpingoneostomy) | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |
| 58674 | Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency | no auth | | | | |
| 58679 | Unlisted laparoscopy procedure, oviduct, ovary | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 15, Section 20.1; Medicare Reasonable and Necessary Standard. | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |
| 58700 | Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) | no auth | | | | |
| 58720 | Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) | no auth | | | | |
| 58740 | Lysis of adhesions (salpingolysis, ovariolysis) | no auth | | | | |
| 58750 | Tubotubal anastomosis | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |
| 58752 | Tubouterine implantation | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |
| 58760 | Fimbrioplasty | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|---|-------------------------------|
| 58770 | Salpingostomy (salpingoneostomy) | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |
| 58800 | Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach | no auth | | | | |
| 58805 | Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach | no auth | | | | |
| 58820 | Drainage of ovarian abscess; vaginal approach, open | no auth | | | | |
| 58822 | Drainage of ovarian abscess; abdominal approach | no auth | | | | |
| 58825 | Transposition, ovary(s) | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | MCG: Laparoscopic Gynecologic Surgery, Including Myomectomy, Oophorectomy, and Salpingectomy ORG: S-775 (ISC) | |
| 58900 | Biopsy of ovary, unilateral or bilateral (separate procedure) | no auth | | | | |
| 58920 | Wedge resection or bisection of ovary, unilateral or bilateral | no auth | | | | |
| 58925 | Ovarian cystectomy, unilateral or bilateral | no auth | | | | |
| 58940 | Oophorectomy, partial or total, unilateral or bilateral; | no auth | | | | |
| 58943 | Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy | no auth | | | | |
| 58950 | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; | no auth | | | | |
| 58951 | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy | no auth | | | | |
| 58952 | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors) | no auth | | | | |
| 58953 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; | no auth | | | | |
| 58954 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy | no auth | | | | |
| 58956 | Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy | no auth | | | | |
| 58957 | Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|---|-------------------------------|
| 58958 | Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy | no auth | | | | |
| 58960 | Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy | no auth | | | | |
| 58970 | Follicle puncture for oocyte retrieval, any method | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 58974 | Embryo transfer, intrauterine | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 58976 | Gamete, zygote, or embryo intrafallopian transfer, any method | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 58999 | Unlisted procedure, female genital system (nonobstetrical) | AUTH REQUIRED | | | MCG:Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |
| 59000 | Amniocentesis; diagnostic | no auth | | | | |
| 59001 | Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance) | no auth | | | | |
| 59012 | Cordocentesis (intrauterine), any method | no auth | | | | |
| 59015 | Chorionic villus sampling, any method | no auth | | | | |
| 59020 | Fetal contraction stress test | no auth | | | | |
| 59025 | Fetal non-stress test | no auth | | | | |
| 59030 | Fetal scalp blood sampling | no auth | | | | |
| 59050 | Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation | no auth | | | | |
| 59051 | Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only | no auth | | | | |
| 59070 | Transabdominal amnioinfusion, including ultrasound guidance | AUTH REQUIRED | | | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 59072 | Fetal umbilical cord occlusion, including ultrasound guidance | AUTH REQUIRED | | | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |
| 59074 | Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance | AUTH REQUIRED | | | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |
| 59076 | Fetal shunt placement, including ultrasound guidance | AUTH REQUIRED | | | MCG: Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |
| 59100 | Hysterotomy, abdominal (eg, for hydatidiform mole, abortion) | no auth | | | | |
| 59120 | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach | no auth | | | | |
| 59121 | Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy | no auth | | | | |
| 59130 | Surgical treatment of ectopic pregnancy; abdominal pregnancy | no auth | | | | |
| 59136 | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus | no auth | | | | |
| 59140 | Surgical treatment of ectopic pregnancy; cervical, with evacuation | no auth | | | | |
| 59150 | Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy | no auth | | | | |
| 59151 | Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy | no auth | | | | |
| 59160 | Curettage, postpartum | no auth | | | | |
| 59200 | Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure) | no auth | | | | |
| 59300 | Episiotomy or vaginal repair, by other than attending | no auth | | | | |
| 59320 | Cerclage of cervix, during pregnancy; vaginal | no auth | | | | |
| 59325 | Cerclage of cervix, during pregnancy; abdominal | no auth | | | | |
| 59350 | Hysterorrhaphy of ruptured uterus | no auth | | | | |
| 59400 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care | no auth | | | | |
| 59409 | Vaginal delivery only (with or without episiotomy and/or forceps); | no auth | | | | |
| 59410 | Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care | no auth | | | | |
| 59412 | External cephalic version, with or without tocolysis | no auth | | | | |
| 59414 | Delivery of placenta (separate procedure) | no auth | | | | |
| 59425 | Antepartum care only; 4-6 visits | no auth | | | | |
| 59426 | Antepartum care only; 7 or more visits | no auth | | | | |
| 59430 | Postpartum care only (separate procedure) | no auth | | | | |
| 59510 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care | no auth | | | | |
| 59514 | Cesarean delivery only; | no auth | | | | |
| 59515 | Cesarean delivery only; including postpartum care | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 59525 | Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure) | no auth | | | | |
| 59610 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery | no auth | | | | |
| 59612 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); | no auth | | | | |
| 59614 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care | no auth | | | | |
| 59618 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery | no auth | | | | |
| 59620 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; | no auth | | | | |
| 59622 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care | no auth | | | | |
| 59812 | Treatment of incomplete abortion, any trimester, completed surgically | no auth | | | | |
| 59820 | Treatment of missed abortion, completed surgically; first trimester | no auth | | | | |
| 59821 | Treatment of missed abortion, completed surgically; second trimester | no auth | | | | |
| 59830 | Treatment of septic abortion, completed surgically | no auth | | | | |
| 59840 | Induced abortion, by dilation and curettage | AUTH REQUIRED | | NCD 140.1 | | |
| 59841 | Induced abortion, by dilation and evacuation | AUTH REQUIRED | | NCD 140.1 | | |
| 59850 | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; | AUTH REQUIRED | | NCD 140.2 | | |
| 59851 | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation | AUTH REQUIRED | | NCD 140.3 | | |
| 59852 | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection) | AUTH REQUIRED | | NCD 140.4 | | |
| 59855 | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; | AUTH REQUIRED | | NCD 140.5 | | |
| 59856 | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation | AUTH REQUIRED | | NCD 140.6 | | |
| 59857 | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation) | AUTH REQUIRED | | NCD 140.7 | | |
| 59866 | Multifetal pregnancy reduction(s) (MPR) | AUTH REQUIRED | | NCD 140.8 | | |
| 59870 | Uterine evacuation and curettage for hydatidiform mole | no auth | | | | |
| 59871 | Removal of cerclage suture under anesthesia (other than local) | no auth | | | | |
| 59897 | Unlisted fetal invasive procedure, including ultrasound guidance, when performed | AUTH REQUIRED | | | MCG:Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 59898 | Unlisted laparoscopy procedure, maternity care and delivery | AUTH REQUIRED | | | MCG:Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |
| 59899 | Unlisted procedure, maternity care and delivery | AUTH REQUIRED | | | MCG:Obstetric and Gynecologic Surgery or Procedure GRG: SG-OBS (ISC GRG) | |
| 60000 | Incision and drainage of thyroglossal duct cyst, infected | no auth | | | | |
| 6005F | Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented (CAP) | NOT COVERED | | MEASUREMENT CODE | | |
| 60100 | Biopsy thyroid, percutaneous core needle | no auth | | | | |
| 6010F | Dysphagia screening conducted prior to order for or receipt of any foods, fluids, or medication by mouth (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 6015F | Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 60200 | Excision of cyst or adenoma of thyroid, or transection of isthmus | no auth | | | | |
| 6020F | NPO (nothing by mouth) ordered (STR) | NOT COVERED | | MEASUREMENT CODE | | |
| 60210 | Partial thyroid lobectomy, unilateral; with or without isthmusectomy | no auth | | | | |
| 60212 | Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy | no auth | | | | |
| 60220 | Total thyroid lobectomy, unilateral; with or without isthmusectomy | no auth | | | | |
| 60225 | Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy | no auth | | | | |
| 60240 | Thyroidectomy, total or complete | no auth | | | | |
| 60252 | Thyroidectomy, total or subtotal for malignancy; with limited neck dissection | no auth | | | | |
| 60254 | Thyroidectomy, total or subtotal for malignancy; with radical neck dissection | no auth | | | | |
| 60260 | Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid | no auth | | | | |
| 60270 | Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach | no auth | | | | |
| 60271 | Thyroidectomy, including substernal thyroid; cervical approach | no auth | | | | |
| 60280 | Excision of thyroglossal duct cyst or sinus; | no auth | | | | |
| 60281 | Excision of thyroglossal duct cyst or sinus; recurrent | no auth | | | | |
| 60300 | Aspiration and/or injection, thyroid cyst | no auth | | | | |
| 6030F | All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT) | NOT COVERED | | MEASUREMENT CODE | | |
| 6040F | Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 6045F | Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 60500 | Parathyroidectomy or exploration of parathyroid(s); | no auth | | | | |
| 60502 | Parathyroidectomy or exploration of parathyroid(s); re-exploration | no auth | | | | |
| 60505 | Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach | no auth | | | | |

| CPT/HCPCSs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|------------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 60512 | Parathyroid autotransplantation (List separately in addition to code for primary procedure) | no auth | | | | |
| 60520 | Thymectomy, partial or total; transcervical approach (separate procedure) | no auth | | | | |
| 60521 | Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure) | no auth | | | | |
| 60522 | Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure) | no auth | | | | |
| 60540 | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); | no auth | | | | |
| 60545 | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor | no auth | | | | |
| 60600 | Excision of carotid body tumor; without excision of carotid artery | no auth | | | | |
| 60605 | Excision of carotid body tumor; with excision of carotid artery | no auth | | | | |
| 60650 | Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal | no auth | | | | |
| 60659 | Unlisted laparoscopy procedure, endocrine system | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 60699 | Unlisted procedure, endocrine system | AUTH REQUIRED | | | MCG:General Surgery or Procedure GRG: SG-GS (ISC GRG) | |
| 6070F | Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI) | NOT COVERED | | MEASUREMENT CODE | | |
| 6080F | Patient (or caregiver) queried about falls (Prkns, DSP) | NOT COVERED | | MEASUREMENT CODE | | |
| 6090F | Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns) | NOT COVERED | | MEASUREMENT CODE | | |
| 61000 | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial | AUTH REQUIRED | | | | |
| 61001 | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps | AUTH REQUIRED | | | | |
| 6100F | Timeout to verify correct patient, correct site, and correct procedure, documented (PATH) | NOT COVERED | | MEASUREMENT CODE | | |
| 6101F | Safety counseling for dementia provided (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 61020 | Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection | no auth | | | | |
| 61026 | Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment | no auth | | | | |
| 6102F | Safety counseling for dementia ordered (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 61050 | Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 61055 | Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment | no auth | | | | |
| 61070 | Puncture of shunt tubing or reservoir for aspiration or injection procedure | no auth | | | | |
| 61105 | Twist drill hole for subdural or ventricular puncture | no auth | | | | |
| 61107 | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device | no auth | | | | |
| 61108 | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma | no auth | | | | |
| 6110F | Counseling provided regarding risks of driving and the alternatives to driving (DEM) | NOT COVERED | | MEASUREMENT CODE | | |
| 61120 | Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material) | no auth | | | | |
| 61140 | Burr hole(s) or trephine; with biopsy of brain or intracranial lesion | no auth | | | | |
| 61150 | Burr hole(s) or trephine; with drainage of brain abscess or cyst | no auth | | | | |
| 61151 | Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst | no auth | | | | |
| 61154 | Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural | no auth | | | | |
| 61156 | Burr hole(s); with aspiration of hematoma or cyst, intracerebral | no auth | | | | |
| 61210 | Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure) | no auth | | | | |
| 61215 | Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter | no auth | | | | |
| 61250 | Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery | no auth | | | | |
| 61253 | Burr hole(s) or trephine, infratentorial, unilateral or bilateral | no auth | | | | |
| 61304 | Craniectomy or craniotomy, exploratory; supratentorial | no auth | | | | |
| 61305 | Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa) | no auth | | | | |
| 61312 | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural | no auth | | | | |
| 61313 | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral | no auth | | | | |
| 61314 | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural | no auth | | | | |
| 61315 | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar | no auth | | | | |
| 61316 | Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure) | no auth | | | | |
| 61320 | Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial | no auth | | | | |
| 61321 | Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial | no auth | | | | |
| 61322 | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy | no auth | | | | |
| 61323 | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy | no auth | | | | |
| 61330 | Decompression of orbit only, transcranial approach | no auth | | | | |

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| 61333 | Exploration of orbit (transcranial approach); with removal of lesion | no auth | | | | |
| 61340 | Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome) | no auth | | | | |
| 61343 | Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation) | no auth | | | | |
| 61345 | Other cranial decompression, posterior fossa | no auth | | | | |
| 61450 | Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion | no auth | | | | |
| 61458 | Craniectomy, suboccipital; for exploration or decompression of cranial nerves | no auth | | | | |
| 61460 | Craniectomy, suboccipital; for section of 1 or more cranial nerves | no auth | | | | |
| 61500 | Craniectomy; with excision of tumor or other bone lesion of skull | no auth | | | | |
| 61501 | Craniectomy; for osteomyelitis | no auth | | | | |
| 6150F | Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD) | NOT COVERED | | MEASUREMENT CODE | | |
| 61510 | Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma | no auth | | | | |
| 61512 | Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial | no auth | | | | |
| 61514 | Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial | no auth | | | | |
| 61516 | Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial | no auth | | | | |
| 61517 | Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure) | no auth | | | | |
| 61518 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull | no auth | | | | |
| 61519 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma | no auth | | | | |
| 61520 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor | no auth | | | | |
| 61521 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull | no auth | | | | |
| 61522 | Craniectomy, infratentorial or posterior fossa; for excision of brain abscess | no auth | | | | |
| 61524 | Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst | no auth | | | | |
| 61526 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; | no auth | | | | |
| 61530 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy | no auth | | | | |
| 61531 | Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring | no auth | | | | |
| 61533 | Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring | no auth | | | | |
| 61534 | Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery | no auth | | | | |
| 61535 | Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure) | no auth | | | | |

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| 61536 | Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array) | no auth | | | | |
| 61537 | Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery | no auth | | | | |
| 61538 | Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery | no auth | | | | |
| 61539 | Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery | no auth | | | | |
| 61540 | Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery | no auth | | | | |
| 61541 | Craniotomy with elevation of bone flap; for transection of corpus callosum | no auth | | | | |
| 61543 | Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy | no auth | | | | |
| 61544 | Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus | no auth | | | | |
| 61545 | Craniotomy with elevation of bone flap; for excision of craniopharyngioma | no auth | | | | |
| 61546 | Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach | no auth | | | | |
| 61548 | Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic | no auth | | | | |
| 61550 | Craniectomy for craniostylosis; single cranial suture | no auth | | | | |
| 61552 | Craniectomy for craniostylosis; multiple cranial sutures | no auth | | | | |
| 61556 | Craniotomy for craniostylosis; frontal or parietal bone flap | no auth | | | | |
| 61557 | Craniotomy for craniostylosis; bifrontal bone flap | no auth | | | | |
| 61558 | Extensive craniectomy for multiple cranial suture craniostylosis (eg, cloverleaf skull); not requiring bone grafts | no auth | | | | |
| 61559 | Extensive craniectomy for multiple cranial suture craniostylosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts) | no auth | | | | |
| 61563 | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression | no auth | | | | |
| 61564 | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression | no auth | | | | |
| 61566 | Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy | no auth | | | | |
| 61567 | Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery | no auth | | | | |
| 61570 | Craniectomy or craniotomy; with excision of foreign body from brain | no auth | | | | |
| 61571 | Craniectomy or craniotomy; with treatment of penetrating wound of brain | no auth | | | | |
| 61575 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; | no auth | | | | |
| 61576 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy) | no auth | | | | |
| 61580 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration | no auth | | | | |

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| 61581 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy | no auth | | | | |
| 61582 | Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa | no auth | | | | |
| 61583 | Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa | no auth | | | | |
| 61584 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration | no auth | | | | |
| 61585 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration | no auth | | | | |
| 61586 | Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft | no auth | | | | |
| 61590 | Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery | no auth | | | | |
| 61591 | Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery | no auth | | | | |
| 61592 | Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe | no auth | | | | |
| 61595 | Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization | no auth | | | | |
| 61596 | Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery | no auth | | | | |
| 61597 | Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization | no auth | | | | |
| 61598 | Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus | no auth | | | | |
| 61600 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural | no auth | | | | |
| 61601 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft | no auth | | | | |
| 61605 | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 61606 | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft | no auth | | | | |
| 61607 | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural | no auth | | | | |
| 61608 | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft | no auth | | | | |
| 61611 | Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure) | no auth | | | | |
| 61613 | Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus | no auth | | | | |
| 61615 | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural | no auth | | | | |
| 61616 | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft | no auth | | | | |
| 61618 | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts) | no auth | | | | |
| 61619 | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle) | no auth | | | | |
| 61623 | Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion | no auth | | | | |
| 61624 | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) | no auth | | | | |
| 61626 | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch) | no auth | | | | |
| 61630 | Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous | no auth | | | | |
| 61635 | Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed | no auth | | | | |
| 61640 | Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel | NOT COVERED | | | | |
| 61641 | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure) | NOT COVERED | | | | |

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| 61642 | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure) | NOT COVERED | | | | |
| 61645 | Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s) | no auth | | | | |
| 61650 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory | no auth | | | | |
| 61651 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure) | no auth | | | | |
| 61680 | Surgery of intracranial arteriovenous malformation; supratentorial, simple | no auth | | | | |
| 61682 | Surgery of intracranial arteriovenous malformation; supratentorial, complex | no auth | | | | |
| 61684 | Surgery of intracranial arteriovenous malformation; infratentorial, simple | no auth | | | | |
| 61686 | Surgery of intracranial arteriovenous malformation; infratentorial, complex | no auth | | | | |
| 61690 | Surgery of intracranial arteriovenous malformation; dural, simple | no auth | | | | |
| 61692 | Surgery of intracranial arteriovenous malformation; dural, complex | no auth | | | | |
| 61697 | Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation | no auth | | | | |
| 61698 | Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation | no auth | | | | |
| 61700 | Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation | no auth | | | | |
| 61702 | Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation | no auth | | | | |
| 61703 | Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type) | no auth | | | | |
| 61705 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery | no auth | | | | |
| 61708 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis | no auth | | | | |
| 61710 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter | no auth | | | | |
| 61711 | Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries | no auth | | | | |
| 61720 | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus | no auth | | | | |
| 61735 | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus | no auth | | | | |

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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 | no auth | | | | |
| 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) | no auth | | | | |
| 61750 | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; | no auth | | | | |
| 61751 | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance | no auth | | | | |
| 61760 | Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring | no auth | | | | |
| 61770 | Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source | no auth | | | | |
| 61781 | Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure) | no auth | | | | |
| 61782 | Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure) | no auth | | | | |
| 61783 | Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure) | no auth | | | | |
| 61790 | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion | no auth | | | | |
| 61791 | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract | no auth | | | | |
| 61796 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion | no auth | | | | |
| 61797 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure) | no auth | | | | |
| 61798 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion | no auth | | | | |
| 61799 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) | no auth | | | | |
| 61800 | Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) | no auth | | | | |
| 61850 | Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical | no auth | | | | |
| 61860 | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical | no auth | | | | |
| 61863 | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array | no auth | | | | |

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| 61864 | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure) | no auth | | | | |
| 61867 | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array | no auth | | | | |
| 61868 | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure) | no auth | | | | |
| 61880 | Revision or removal of intracranial neurostimulator electrodes | no auth | | | | |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | AUTH REQUIRED | | NCD 160.18 (vagus), NCD 160.7 (electrical nerve stim), and NCD 160.24 (deep brain), LCD 34328 (peripheral nerve) | MCG:MCG: Deep Brain Stimulation (DBS) ACG: A-0403 (AC), MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC) | |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays | AUTH REQUIRED | | NCD 160.18 (vagus), NCD 160.7 (electrical nerve stim), and NCD 160.24 (deep brain), LCD 34328 (peripheral nerve) | MCG:MCG: Deep Brain Stimulation (DBS) ACG: A-0403 (AC), MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC) | |
| 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver | no auth | | | | |
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 61891 | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 61892 | Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 62000 | Elevation of depressed skull fracture; simple, extradural | no auth | | | | |
| 62005 | Elevation of depressed skull fracture; compound or comminuted, extradural | no auth | | | | |
| 62010 | Elevation of depressed skull fracture; with repair of dura and/or debridement of brain | no auth | | | | |
| 62100 | Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 62115 | Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty | no auth | | | | |
| 62117 | Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts) | no auth | | | | |
| 62120 | Repair of encephalocele, skull vault, including cranioplasty | no auth | | | | |
| 62121 | Craniotomy for repair of encephalocele, skull base | no auth | | | | |
| 62140 | Cranioplasty for skull defect; up to 5 cm diameter | no auth | | | | |
| 62141 | Cranioplasty for skull defect; larger than 5 cm diameter | no auth | | | | |
| 62142 | Removal of bone flap or prosthetic plate of skull | no auth | | | | |
| 62143 | Replacement of bone flap or prosthetic plate of skull | no auth | | | | |
| 62145 | Cranioplasty for skull defect with reparative brain surgery | no auth | | | | |
| 62146 | Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter | no auth | | | | |
| 62147 | Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter | no auth | | | | |
| 62148 | Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure) | no auth | | | | |
| 62160 | Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure) | no auth | | | | |
| 62161 | Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter) | no auth | | | | |
| 62162 | Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage | no auth | | | | |
| 62164 | Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage | no auth | | | | |
| 62165 | Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach | no auth | | | | |
| 62180 | Ventriculocisternostomy (Torkildsen type operation) | no auth | | | | |
| 62190 | Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular | no auth | | | | |
| 62192 | Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus | no auth | | | | |
| 62194 | Replacement or irrigation, subarachnoid/subdural catheter | no auth | | | | |
| 62200 | Ventriculocisternostomy, third ventricle; | no auth | | | | |
| 62201 | Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method | no auth | | | | |
| 62220 | Creation of shunt; ventriculo-atrial, -jugular, -auricular | no auth | | | | |
| 62223 | Creation of shunt; ventriculo-peritoneal, -pleural, other terminus | no auth | | | | |
| 62225 | Replacement or irrigation, ventricular catheter | no auth | | | | |
| 62230 | Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system | no auth | | | | |
| 62252 | Reprogramming of programmable cerebrospinal shunt | no auth | | | | |
| 62256 | Removal of complete cerebrospinal fluid shunt system; without replacement | no auth | | | | |
| 62258 | Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 62263 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days | no auth | | | | |
| 62264 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day | no auth | | | | |
| 62267 | Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes | no auth | | | | |
| 62268 | Percutaneous aspiration, spinal cord cyst or syrinx | no auth | | | | |
| 62269 | Biopsy of spinal cord, percutaneous needle | no auth | | | | |
| 62270 | Spinal puncture, lumbar, diagnostic; | no auth | | | | |
| 62272 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); | no auth | | | | |
| 62273 | Injection, epidural, of blood or clot patch | no auth | | | | |
| 62280 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid | no auth | | | | |
| 62281 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic | no auth | | | | |
| 62282 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) | no auth | | | | |
| 62284 | Injection procedure for myelography and/or computed tomography, lumbar | no auth | | | | |
| 62287 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar | no auth | | | | |
| 62290 | Injection procedure for discography, each level; lumbar | no auth | | | | |
| 62291 | Injection procedure for discography, each level; cervical or thoracic | no auth | | | | |
| 62292 | Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar | no auth | | | | |
| 62294 | Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal | no auth | | | | |
| 62302 | Myelography via lumbar injection, including radiological supervision and interpretation; cervical | no auth | | | | |
| 62303 | Myelography via lumbar injection, including radiological supervision and interpretation; thoracic | no auth | | | | |
| 62304 | Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral | no auth | | | | |
| 62305 | Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|----------------------|--|-------------------------------|
| 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | no auth | | | | |
| 62321 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | no auth | | | | |
| 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | no auth | | | | |
| 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | no auth | | | | |
| 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | no auth | | | | |
| 62325 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | no auth | | | | |
| 62326 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | no auth | | | | |
| 62327 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | no auth | | | | |
| 62328 | Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance | no auth | | | | |
| 62329 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance | no auth | | | | |
| 62350 | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy | AUTH REQUIRED | | LCA 56778, LCD 35112 | MCG:Intrathecal Pump Implantation ACG: A-0420 (AC) | |
| 62351 | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy | AUTH REQUIRED | | LCA 56778, LCD 35112 | MCG:Intrathecal Pump Implantation ACG: A-0420 (AC) | |

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|-----------|---|------------------|-------------------------------|----------------------|---|-------------------------------|
| 62355 | Removal of previously implanted intrathecal or epidural catheter | no auth | | | | |
| 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir | AUTH REQUIRED | | | MCG:Intrathecal Pump Implantation ACG: A-0420 (AC) | |
| 62361 | Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump | AUTH REQUIRED | | LCA 56778, LCD 35112 | MCG:Intrathecal Pump Implantation ACG: A-0420 (AC) | |
| 62362 | Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming | AUTH REQUIRED | | LCA 56778, LCD 35112 | MCG:Intrathecal Pump Implantation ACG: A-0420 (AC) | |
| 62365 | Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion | no auth | | | | |
| 62367 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill | AUTH REQUIRED | | LCA 56778, LCD 35112 | | |
| 62368 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming | AUTH REQUIRED | | LCA 56778, LCD 35112 | | |
| 62369 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill | AUTH REQUIRED | | LCA 56778, LCD 35112 | | |
| 62370 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional) | AUTH REQUIRED | | LCA 56778, LCD 35112 | | |
| 62380 | Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar | AUTH REQUIRED | | | MCG:Lumbar Discectomy, Foraminotomy, or Laminotomy ORG: S-810 (ISC) | |
| 63001 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical | no auth | | | | |
| 63003 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic | no auth | | | | |
| 63005 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis | no auth | | | | |
| 63011 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 63012 | Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) | no auth | | | | |
| 63015 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical | no auth | | | | |
| 63016 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic | no auth | | | | |
| 63017 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar | no auth | | | | |
| 63020 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical | no auth | | | | |
| 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar | no auth | | | | |
| 63035 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) | no auth | | | | |
| 63040 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical | no auth | | | | |
| 63042 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar | no auth | | | | |
| 63043 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure) | no auth | | | | |
| 63044 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure) | no auth | | | | |
| 63045 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical | no auth | | | | |
| 63046 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic | no auth | | | | |
| 63047 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 63048 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure) | no auth | | | | |
| 63050 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; | no auth | | | | |
| 63051 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed) | no auth | | | | |
| 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) | no auth | | | | |
| 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 vertebral segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 63055 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic | no auth | | | | |
| 63056 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc) | no auth | | | | |
| 63057 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure) | no auth | | | | |
| 63064 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment | no auth | | | | |
| 63066 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 63075 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace | no auth | | | | |
| 63076 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure) | no auth | | | | |
| 63077 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace | no auth | | | | |
| 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 63081 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment | no auth | | | | |
| 63082 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 63085 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment | no auth | | | | |
| 63086 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 63087 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment | no auth | | | | |
| 63088 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 63090 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment | no auth | | | | |
| 63091 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 63101 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment | no auth | | | | |
| 63102 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment | no auth | | | | |
| 63103 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure) | no auth | | | | |
| 63170 | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar | no auth | | | | |
| 63172 | Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space | no auth | | | | |
| 63173 | Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space | no auth | | | | |
| 63185 | Laminectomy with rhizotomy; 1 or 2 segments | no auth | | | | |
| 63190 | Laminectomy with rhizotomy; more than 2 segments | no auth | | | | |
| 63191 | Laminectomy with section of spinal accessory nerve | no auth | | | | |
| 63197 | Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 63200 | Laminectomy, with release of tethered spinal cord, lumbar | no auth | | | | |
| 63250 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical | no auth | | | | |
| 63251 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic | no auth | | | | |
| 63252 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar | no auth | | | | |
| 63265 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical | no auth | | | | |
| 63266 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic | no auth | | | | |
| 63267 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar | no auth | | | | |
| 63268 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral | no auth | | | | |
| 63270 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical | no auth | | | | |
| 63271 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic | no auth | | | | |
| 63272 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar | no auth | | | | |
| 63273 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral | no auth | | | | |
| 63275 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical | no auth | | | | |
| 63276 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic | no auth | | | | |
| 63277 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar | no auth | | | | |
| 63278 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral | no auth | | | | |
| 63280 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical | no auth | | | | |
| 63281 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic | no auth | | | | |
| 63282 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar | no auth | | | | |
| 63283 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral | no auth | | | | |
| 63285 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical | no auth | | | | |
| 63286 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic | no auth | | | | |
| 63287 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar | no auth | | | | |
| 63290 | Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level | no auth | | | | |
| 63295 | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure) | no auth | | | | |
| 63300 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical | no auth | | | | |
| 63301 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|---|-------------------------------|
| 63302 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach | no auth | | | | |
| 63303 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach | no auth | | | | |
| 63304 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical | no auth | | | | |
| 63305 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach | no auth | | | | |
| 63306 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach | no auth | | | | |
| 63307 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach | no auth | | | | |
| 63308 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment) | no auth | | | | |
| 63600 | Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording) | no auth | | | | |
| 63610 | Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery | no auth | | | | |
| 63620 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion | no auth | | | | |
| 63621 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | AUTH REQUIRED | | NCD 160.7, LCD 35450 | MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC) | |
| 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | AUTH REQUIRED | | NCD 160.7, LCD 35450 | MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC) | |
| 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | AUTH REQUIRED | | NCD 160.7 | MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC) | |
| 63662 | Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | AUTH REQUIRED | | NCD 160.7 | MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|----------------------|--|-------------------------------|
| 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | AUTH REQUIRED | | NCD 160.7 | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC) | |
| 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | AUTH REQUIRED | | NCD 160.7 | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC) | |
| 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | AUTH REQUIRED | | NCD 160.7, LCD 35450 | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC) | |
| 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array | AUTH REQUIRED | | NCD 160.7 | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC) | |
| 63700 | Repair of meningocele; less than 5 cm diameter | no auth | | | | |
| 63702 | Repair of meningocele; larger than 5 cm diameter | no auth | | | | |
| 63704 | Repair of myelomeningocele; less than 5 cm diameter | no auth | | | | |
| 63706 | Repair of myelomeningocele; larger than 5 cm diameter | no auth | | | | |
| 63707 | Repair of dural/cerebrospinal fluid leak, not requiring laminectomy | no auth | | | | |
| 63709 | Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy | no auth | | | | |
| 63710 | Dural graft, spinal | no auth | | | | |
| 63740 | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy | no auth | | | | |
| 63741 | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy | no auth | | | | |
| 63744 | Replacement, irrigation or revision of lumbosubarachnoid shunt | no auth | | | | |
| 63746 | Removal of entire lumbosubarachnoid shunt system without replacement | no auth | | | | |
| 64400 | Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular) | no auth | | | | |
| 64405 | Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve | no auth | | | | |
| 64408 | Injection(s), anesthetic agent(s) and/or steroid; vagus nerve | no auth | | | | |
| 64415 | Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed | no auth | | | | |
| 64416 | Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed | no auth | | | | |
| 64417 | Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed | no auth | | | | |
| 64418 | Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve | no auth | | | | |
| 64420 | Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 64421 | Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure) | no auth | | | | |
| 64425 | Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves | no auth | | | | |
| 64430 | Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve | no auth | | | | |
| 64435 | Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve | no auth | | | | |
| 64445 | Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed | no auth | | | | |
| 64446 | Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed | no auth | | | | |
| 64447 | Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed | no auth | | | | |
| 64448 | Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed | no auth | | | | |
| 64449 | Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) | no auth | | | | |
| 64450 | Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch | no auth | | | | |
| 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | no auth | | | | |
| 64454 | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed | no auth | | | | |
| 64455 | Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma) | no auth | | | | |
| 64461 | Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed) | no auth | | | | |
| 64462 | Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure) | no auth | | | | |
| 64463 | Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed) | no auth | | | | |
| 64479 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level | no auth | | | | |
| 64480 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | no auth | | | | |
| 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level | no auth | | | | |
| 64484 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure) | no auth | | | | |
| 64486 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 64487 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed) | no auth | | | | |
| 64488 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed) | no auth | | | | |
| 64489 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed) | no auth | | | | |
| 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level | no auth | | | | |
| 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) | no auth | | | | |
| 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | no auth | | | | |
| 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level | no auth | | | | |
| 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) | no auth | | | | |
| 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | no auth | | | | |
| 64505 | Injection, anesthetic agent; sphenopalatine ganglion | no auth | | | | |
| 64510 | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) | no auth | | | | |
| 64517 | Injection, anesthetic agent; superior hypogastric plexus | no auth | | | | |
| 64520 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) | no auth | | | | |
| 64530 | Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring | no auth | | | | |
| 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | AUTH REQUIRED | | NCD 160.18 | MCG:Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC) | |
| 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | AUTH REQUIRED | | NCD 160.7 | MCG:Occipital Nerve Stimulation ACG: A-0716 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-----------------------|---|-------------------------------|
| 64561 | Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed | AUTH REQUIRED | | NCD 230.16, 230.18 | MCG: Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC) | |
| 64566 | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming | AUTH REQUIRED | | NCD 160.7, LCD 35011 | MCG: Percutaneous Tibial Nerve Stimulation (PTNS) ACG: A-0699 (AC) | |
| 64568 | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | AUTH REQUIRED | | NCD 160.18 | MCG: MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC) | |
| 64569 | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator | AUTH REQUIRED | | NCD 160.18 | MCG: MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC) | |
| 64570 | Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | AUTH REQUIRED | | NCD 160.18 | MCG: MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC) | |
| 64575 | Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | AUTH REQUIRED | | NCD 160.7, NCD 160.19 | MCG: MCG: Occipital Nerve Stimulation ACG: A-0716 (AC), MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 64580 | Open implantation of neurostimulator electrode array; neuromuscular | AUTH REQUIRED | | NCD 160.19 | MCG:Electrical Stimulation, Functional and Neuromuscular ACG: A-0507 (AC) | |
| 64581 | Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) | AUTH REQUIRED | | NCD 230.16, NCD 230.18 | MCG:Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC) | |
| 64582 | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array | AUTH REQUIRED | | LCD 38385 | MCG:Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC) | |
| 64583 | Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator | AUTH REQUIRED | | LCD 38385 | MCG:Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC) | |
| 64584 | Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array | AUTH REQUIRED | | LCD 38385 | MCG:Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC) | |
| 64585 | Revision or removal of peripheral neurostimulator electrode array | no auth | | | | |
| 64590 | Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | AUTH REQUIRED | | NCD 160.7, NCD 230.16, NCD 160.19, NCD 230.18 | MCG: Gastric Stimulation (Electrical) ACG: A-0395 (AC), MCG: Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC), MCG: Occipital Nerve Stimulation ACG: A-0716 (AC), MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 64595 | Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array | AUTH REQUIRED | | NCD 160.7, NCD 230.16, NCD 160.19, NCD 230.18 | MCG:MCG: Gastric Stimulation (Electrical) ACG: A-0395 (AC), MCG: Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC), MCG: Occipital Nerve Stimulation ACG: A-0716 (AC), MCG: Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC) | |
| 64596 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 64597 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 64598 | Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 64600 | Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch | no auth | | | | |
| 64605 | Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale | no auth | | | | |
| 64610 | Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring | no auth | | | | |
| 64611 | Chemodenervation of parotid and submandibular salivary glands, bilateral | no auth | | | | |
| 64612 | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm) | no auth | | | | |
| 64615 | Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine) | no auth | | | | |
| 64616 | Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis) | no auth | | | | |
| 64617 | Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed | no auth | | | | |
| 64620 | Destruction by neurolytic agent, intercostal nerve | no auth | | | | |
| 64624 | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed | no auth | | | | |
| 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | no auth | | | | |
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 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) | no auth | | | | |
| 64630 | Destruction by neurolytic agent; pudendal nerve | no auth | | | | |
| 64632 | Destruction by neurolytic agent; plantar common digital nerve | no auth | | | | |
| 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | no auth | | | | |
| 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) | no auth | | | | |
| 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint | no auth | | | | |
| 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 in addition to code for primary procedure) | no auth | | | | |
| 64640 | Destruction by neurolytic agent; other peripheral nerve or branch | no auth | | | | |
| 64642 | Chemodenervation of one extremity; 1-4 muscle(s) | no auth | | | | |
| 64643 | Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) | no auth | | | | |
| 64644 | Chemodenervation of one extremity; 5 or more muscles | no auth | | | | |
| 64645 | Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure) | no auth | | | | |
| 64646 | Chemodenervation of trunk muscle(s); 1-5 muscle(s) | no auth | | | | |
| 64647 | Chemodenervation of trunk muscle(s); 6 or more muscles | no auth | | | | |
| 64650 | Chemodenervation of eccrine glands; both axillae | no auth | | | | |
| 64653 | Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day | no auth | | | | |
| 64680 | Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus | no auth | | | | |
| 64681 | Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus | no auth | | | | |
| 64702 | Neuroplasty; digital, 1 or both, same digit | no auth | | | | |
| 64704 | Neuroplasty; nerve of hand or foot | no auth | | | | |
| 64708 | Neuroplasty, major peripheral nerve, arm or leg, open; other than specified | no auth | | | | |
| 64712 | Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve | no auth | | | | |
| 64713 | Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus | no auth | | | | |
| 64714 | Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus | no auth | | | | |
| 64716 | Neuroplasty and/or transposition; cranial nerve (specify) | no auth | | | | |
| 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow | no auth | | | | |
| 64719 | Neuroplasty and/or transposition; ulnar nerve at wrist | no auth | | | | |
| 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel | no auth | | | | |
| 64722 | Decompression; unspecified nerve(s) (specify) | no auth | | | | |
| 64726 | Decompression; plantar digital nerve | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 64727 | Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis) | no auth | | | | |
| 64732 | Transection or avulsion of; supraorbital nerve | no auth | | | | |
| 64734 | Transection or avulsion of; infraorbital nerve | no auth | | | | |
| 64736 | Transection or avulsion of; mental nerve | no auth | | | | |
| 64738 | Transection or avulsion of; inferior alveolar nerve by osteotomy | no auth | | | | |
| 64740 | Transection or avulsion of; lingual nerve | no auth | | | | |
| 64742 | Transection or avulsion of; facial nerve, differential or complete | no auth | | | | |
| 64744 | Transection or avulsion of; greater occipital nerve | no auth | | | | |
| 64746 | Transection or avulsion of; phrenic nerve | no auth | | | | |
| 64755 | Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy) | no auth | | | | |
| 64760 | Transection or avulsion of; vagus nerve (vagotomy), abdominal | no auth | | | | |
| 64763 | Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy | no auth | | | | |
| 64766 | Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy | no auth | | | | |
| 64771 | Transection or avulsion of other cranial nerve, extradural | no auth | | | | |
| 64772 | Transection or avulsion of other spinal nerve, extradural | no auth | | | | |
| 64774 | Excision of neuroma; cutaneous nerve, surgically identifiable | no auth | | | | |
| 64776 | Excision of neuroma; digital nerve, 1 or both, same digit | no auth | | | | |
| 64778 | Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure) | no auth | | | | |
| 64782 | Excision of neuroma; hand or foot, except digital nerve | no auth | | | | |
| 64783 | Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure) | no auth | | | | |
| 64784 | Excision of neuroma; major peripheral nerve, except sciatic | no auth | | | | |
| 64786 | Excision of neuroma; sciatic nerve | no auth | | | | |
| 64787 | Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision) | no auth | | | | |
| 64788 | Excision of neurofibroma or neurolemmoma; cutaneous nerve | no auth | | | | |
| 64790 | Excision of neurofibroma or neurolemmoma; major peripheral nerve | no auth | | | | |
| 64792 | Excision of neurofibroma or neurolemmoma; extensive (including malignant type) | no auth | | | | |
| 64795 | Biopsy of nerve | no auth | | | | |
| 64802 | Sympathectomy, cervical | no auth | | | | |
| 64804 | Sympathectomy, cervicothoracic | no auth | | | | |
| 64809 | Sympathectomy, thoracolumbar | no auth | | | | |
| 64818 | Sympathectomy, lumbar | no auth | | | | |
| 64820 | Sympathectomy; digital arteries, each digit | no auth | | | | |
| 64821 | Sympathectomy; radial artery | no auth | | | | |
| 64822 | Sympathectomy; ulnar artery | no auth | | | | |
| 64823 | Sympathectomy; superficial palmar arch | no auth | | | | |
| 64831 | Suture of digital nerve, hand or foot; 1 nerve | no auth | | | | |
| 64832 | Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure) | no auth | | | | |
| 64834 | Suture of 1 nerve; hand or foot, common sensory nerve | no auth | | | | |
| 64835 | Suture of 1 nerve; median motor thenar | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 64836 | Suture of 1 nerve; ulnar motor | no auth | | | | |
| 64837 | Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure) | no auth | | | | |
| 64840 | Suture of posterior tibial nerve | no auth | | | | |
| 64856 | Suture of major peripheral nerve, arm or leg, except sciatic; including transposition | no auth | | | | |
| 64857 | Suture of major peripheral nerve, arm or leg, except sciatic; without transposition | no auth | | | | |
| 64858 | Suture of sciatic nerve | no auth | | | | |
| 64859 | Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure) | no auth | | | | |
| 64861 | Suture of; brachial plexus | no auth | | | | |
| 64862 | Suture of; lumbar plexus | no auth | | | | |
| 64864 | Suture of facial nerve; extracranial | no auth | | | | |
| 64865 | Suture of facial nerve; infratemporal, with or without grafting | no auth | | | | |
| 64866 | Anastomosis; facial-spinal accessory | no auth | | | | |
| 64868 | Anastomosis; facial-hypoglossal | no auth | | | | |
| 64872 | Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurotaphy) | no auth | | | | |
| 64874 | Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture) | no auth | | | | |
| 64876 | Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture) | no auth | | | | |
| 64885 | Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length | no auth | | | | |
| 64886 | Nerve graft (includes obtaining graft), head or neck; more than 4 cm length | no auth | | | | |
| 64890 | Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length | no auth | | | | |
| 64891 | Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length | no auth | | | | |
| 64892 | Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length | no auth | | | | |
| 64893 | Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length | no auth | | | | |
| 64895 | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length | no auth | | | | |
| 64896 | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length | no auth | | | | |
| 64897 | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length | no auth | | | | |
| 64898 | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length | no auth | | | | |
| 64901 | Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure) | no auth | | | | |
| 64902 | Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure) | no auth | | | | |
| 64905 | Nerve pedicle transfer; first stage | no auth | | | | |
| 64907 | Nerve pedicle transfer; second stage | no auth | | | | |
| 64910 | Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve | no auth | | | | |
| 64911 | Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve | no auth | | | | |
| 64912 | Nerve repair; with nerve allograft, each nerve, first strand (cable) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|---|-------------------------------|
| 64913 | Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure) | no auth | | | | |
| 64999 | Unlisted procedure, nervous system | AUTH REQUIRED | | NCD 20.18, NCD 160.1, NCD 160.7.1, NCD 160.7, NCD 110.20, NCD 150.11, LCD 34892 | MCG:Presacral Neurectomy ACG: A-0236 (AC) | |
| 65091 | Evisceration of ocular contents; without implant | no auth | | | | |
| 65093 | Evisceration of ocular contents; with implant | no auth | | | | |
| 65101 | Enucleation of eye; without implant | no auth | | | | |
| 65103 | Enucleation of eye; with implant, muscles not attached to implant | no auth | | | | |
| 65105 | Enucleation of eye; with implant, muscles attached to implant | no auth | | | | |
| 65110 | Exenteration of orbit (does not include skin graft), removal of orbital contents; only | no auth | | | | |
| 65112 | Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone | no auth | | | | |
| 65114 | Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap | no auth | | | | |
| 65125 | Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure) | no auth | | | | |
| 65130 | Insertion of ocular implant secondary; after evisceration, in scleral shell | no auth | | | | |
| 65135 | Insertion of ocular implant secondary; after enucleation, muscles not attached to implant | no auth | | | | |
| 65140 | Insertion of ocular implant secondary; after enucleation, muscles attached to implant | no auth | | | | |
| 65150 | Reinsertion of ocular implant; with or without conjunctival graft | no auth | | | | |
| 65155 | Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant | no auth | | | | |
| 65175 | Removal of ocular implant | no auth | | | | |
| 65205 | Removal of foreign body, external eye; conjunctival superficial | no auth | | | | |
| 65210 | Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating | no auth | | | | |
| 65220 | Removal of foreign body, external eye; corneal, without slit lamp | no auth | | | | |
| 65222 | Removal of foreign body, external eye; corneal, with slit lamp | no auth | | | | |
| 65235 | Removal of foreign body, intraocular; from anterior chamber of eye or lens | no auth | | | | |
| 65260 | Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route | no auth | | | | |
| 65265 | Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction | no auth | | | | |
| 65270 | Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure | no auth | | | | |
| 65272 | Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization | no auth | | | | |
| 65273 | Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization | no auth | | | | |
| 65275 | Repair of laceration; cornea, nonperforating, with or without removal foreign body | no auth | | | | |
| 65280 | Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue | no auth | | | | |
| 65285 | Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 65286 | Repair of laceration; application of tissue glue, wounds of cornea and/or sclera | no auth | | | | |
| 65290 | Repair of wound, extraocular muscle, tendon and/or Tenon's capsule | no auth | | | | |
| 65400 | Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium | no auth | | | | |
| 65410 | Biopsy of cornea | no auth | | | | |
| 65420 | Excision or transposition of pterygium; without graft | no auth | | | | |
| 65426 | Excision or transposition of pterygium; with graft | no auth | | | | |
| 65430 | Scraping of cornea, diagnostic, for smear and/or culture | no auth | | | | |
| 65435 | Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage) | no auth | | | | |
| 65436 | Removal of corneal epithelium; with application of chelating agent (eg, EDTA) | no auth | | | | |
| 65450 | Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization | no auth | | | | |
| 65600 | Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo) | no auth | | | | |
| 65710 | Keratoplasty (corneal transplant); anterior lamellar | no auth | | | | |
| 65730 | Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia) | no auth | | | | |
| 65750 | Keratoplasty (corneal transplant); penetrating (in aphakia) | no auth | | | | |
| 65755 | Keratoplasty (corneal transplant); penetrating (in pseudophakia) | no auth | | | | |
| 65756 | Keratoplasty (corneal transplant); endothelial | no auth | | | | |
| 65757 | Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure) | no auth | | | | |
| 65760 | Keratomileusis | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 65765 | Keratophakia | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 65767 | Epikeratoplasty | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 65770 | Keratoprosthesis | no auth | | | | |
| 65771 | Radial keratotomy | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 65772 | Corneal relaxing incision for correction of surgically induced astigmatism | AUTH REQUIRED | | NCD 80.7 | | |
| 65775 | Corneal wedge resection for correction of surgically induced astigmatism | AUTH REQUIRED | | NCD 80.7 | | |
| 65778 | Placement of amniotic membrane on the ocular surface; without sutures | no auth | | | | |
| 65779 | Placement of amniotic membrane on the ocular surface; single layer, sutured | no auth | | | | |
| 65780 | Ocular surface reconstruction; amniotic membrane transplantation, multiple layers | no auth | | | | |
| 65781 | Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 65782 | Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft) | no auth | | | | |
| 65785 | Implantation of intrastromal corneal ring segments | no auth | | | | |
| 65800 | Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous | no auth | | | | |
| 65810 | Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or dissection of anterior hyaloid membrane, with or without air injection | no auth | | | | |
| 65815 | Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection | no auth | | | | |
| 65820 | Goniotomy | no auth | | | | |
| 65850 | Trabeculotomy ab externo | no auth | | | | |
| 65855 | Trabeculoplasty by laser surgery | no auth | | | | |
| 65860 | Severing adhesions of anterior segment, laser technique (separate procedure) | no auth | | | | |
| 65865 | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae | no auth | | | | |
| 65870 | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae | no auth | | | | |
| 65875 | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae | no auth | | | | |
| 65880 | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions | no auth | | | | |
| 65900 | Removal of epithelial downgrowth, anterior chamber of eye | no auth | | | | |
| 65920 | Removal of implanted material, anterior segment of eye | no auth | | | | |
| 65930 | Removal of blood clot, anterior segment of eye | no auth | | | | |
| 66020 | Injection, anterior chamber of eye (separate procedure); air or liquid | no auth | | | | |
| 66030 | Injection, anterior chamber of eye (separate procedure); medication | no auth | | | | |
| 66130 | Excision of lesion, sclera | no auth | | | | |
| 66150 | Fistulization of sclera for glaucoma; trephination with iridectomy | no auth | | | | |
| 66155 | Fistulization of sclera for glaucoma; thermocauterization with iridectomy | no auth | | | | |
| 66160 | Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy | no auth | | | | |
| 66170 | Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery | no auth | | | | |
| 66172 | Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) | no auth | | | | |
| 66174 | Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent | no auth | | | | |
| 66175 | Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent | no auth | | | | |
| 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft | no auth | | | | |
| 66180 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft | no auth | | | | |
| 66183 | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 66184 | Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft | no auth | | | | |
| 66185 | Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft | no auth | | | | |
| 66225 | Repair of scleral staphyloma; with graft | no auth | | | | |
| 66250 | Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure | no auth | | | | |
| 66500 | Iridotomy by stab incision (separate procedure); except transfixion | no auth | | | | |
| 66505 | Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe | no auth | | | | |
| 66600 | Iridectomy, with corneoscleral or corneal section; for removal of lesion | no auth | | | | |
| 66605 | Iridectomy, with corneoscleral or corneal section; with cyclectomy | no auth | | | | |
| 66625 | Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure) | no auth | | | | |
| 66630 | Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure) | no auth | | | | |
| 66635 | Iridectomy, with corneoscleral or corneal section; optical (separate procedure) | no auth | | | | |
| 66680 | Repair of iris, ciliary body (as for iridodialysis) | no auth | | | | |
| 66682 | Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture) | no auth | | | | |
| 66700 | Ciliary body destruction; diathermy | no auth | | | | |
| 66710 | Ciliary body destruction; cyclophotocoagulation, transscleral | no auth | | | | |
| 66711 | Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens | no auth | | | | |
| 66720 | Ciliary body destruction; cryotherapy | no auth | | | | |
| 66740 | Ciliary body destruction; cyclodialysis | no auth | | | | |
| 66761 | Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session) | no auth | | | | |
| 66762 | Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle) | no auth | | | | |
| 66770 | Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure) | no auth | | | | |
| 66820 | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife) | no auth | | | | |
| 66821 | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages) | no auth | | | | |
| 66825 | Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure) | no auth | | | | |
| 66830 | Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy) | no auth | | | | |
| 66840 | Removal of lens material; aspiration technique, 1 or more stages | no auth | | | | |
| 66850 | Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration | no auth | | | | |
| 66852 | Removal of lens material; pars plana approach, with or without vitrectomy | no auth | | | | |
| 66920 | Removal of lens material; intracapsular | no auth | | | | |
| 66930 | Removal of lens material; intracapsular, for dislocated lens | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| 66940 | Removal of lens material; extracapsular (other than 66840, 66850, 66852) | no auth | | | | |
| 66982 | 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; without endoscopic cyclophotocoagulation | no auth | | | | |
| 66983 | Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure) | no auth | | | | |
| 66984 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation | no auth | | | | |
| 66985 | Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal | no auth | | | | |
| 66986 | Exchange of intraocular lens | no auth | | | | |
| 66987 | 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 endoscopic cyclophotocoagulation | no auth | | | | |
| 66988 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation | no auth | | | | |
| 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 | no auth | | | | |
| 66990 | Use of ophthalmic endoscope (List separately in addition to code for primary procedure) | no auth | | | | |
| 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 | no auth | | | | |
| 66999 | Unlisted procedure, anterior segment of eye | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 67005 | Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal | no auth | | | | |
| 67010 | Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy | no auth | | | | |
| 67015 | Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy) | no auth | | | | |
| 67025 | Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure) | no auth | | | | |
| 67027 | Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous | no auth | | | | |
| 67028 | Intravitreal injection of a pharmacologic agent (separate procedure) | no auth | | | | |
| 67030 | Discission of vitreous strands (without removal), pars plana approach | no auth | | | | |
| 67031 | Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages) | no auth | | | | |
| 67036 | Vitrectomy, mechanical, pars plana approach; | no auth | | | | |
| 67039 | Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation | no auth | | | | |
| 67040 | Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation | no auth | | | | |
| 67041 | Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker) | no auth | | | | |
| 67042 | Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) | no auth | | | | |
| 67043 | Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation | no auth | | | | |
| 67101 | Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy | no auth | | | | |
| 67105 | Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation | no auth | | | | |
| 67107 | Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid | no auth | | | | |
| 67108 | Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique | no auth | | | | |
| 67110 | Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy) | no auth | | | | |
| 67113 | Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens | no auth | | | | |
| 67115 | Release of encircling material (posterior segment) | no auth | | | | |
| 67120 | Removal of implanted material, posterior segment; extraocular | no auth | | | | |
| 67121 | Removal of implanted material, posterior segment; intraocular | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 67141 | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy | no auth | | | | |
| 67145 | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation | no auth | | | | |
| 67208 | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy | no auth | | | | |
| 67210 | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation | no auth | | | | |
| 67218 | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source) | no auth | | | | |
| 67220 | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions | no auth | | | | |
| 67221 | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion) | no auth | | | | |
| 67225 | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment) | no auth | | | | |
| 67227 | Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy | no auth | | | | |
| 67228 | Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation | no auth | | | | |
| 67229 | Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy | no auth | | | | |
| 67250 | Scleral reinforcement (separate procedure); without graft | no auth | | | | |
| 67255 | Scleral reinforcement (separate procedure); with graft | no auth | | | | |
| 67299 | Unlisted procedure, posterior segment | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 67311 | Strabismus surgery, recession or resection procedure; 1 horizontal muscle | no auth | | | | |
| 67312 | Strabismus surgery, recession or resection procedure; 2 horizontal muscles | no auth | | | | |
| 67314 | Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique) | no auth | | | | |
| 67316 | Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique) | no auth | | | | |
| 67318 | Strabismus surgery, any procedure, superior oblique muscle | no auth | | | | |
| 67320 | Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure) | no auth | | | | |
| 67331 | Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure) | no auth | | | | |
| 67332 | Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 67334 | Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure) | no auth | | | | |
| 67335 | Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery) | no auth | | | | |
| 67340 | Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure) | no auth | | | | |
| 67343 | Release of extensive scar tissue without detaching extraocular muscle (separate procedure) | no auth | | | | |
| 67345 | Chemodeneration of extraocular muscle | no auth | | | | |
| 67346 | Biopsy of extraocular muscle | no auth | | | | |
| 67399 | Unlisted procedure, extraocular muscle | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 67400 | Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy | no auth | | | | |
| 67405 | Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only | no auth | | | | |
| 67412 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion | no auth | | | | |
| 67413 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body | no auth | | | | |
| 67414 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression | no auth | | | | |
| 67415 | Fine needle aspiration of orbital contents | no auth | | | | |
| 67420 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion | no auth | | | | |
| 67430 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body | no auth | | | | |
| 67440 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage | no auth | | | | |
| 67445 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression | no auth | | | | |
| 67450 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy | no auth | | | | |
| 67500 | Retrobulbar injection; medication (separate procedure, does not include supply of medication) | no auth | | | | |
| 67505 | Retrobulbar injection; alcohol | no auth | | | | |
| 67515 | Injection of medication or other substance into Tenon's capsule | no auth | | | | |
| 67516 | Suprachoroidal space injection of pharmacologic agent (separate procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 67550 | Orbital implant (implant outside muscle cone); insertion | no auth | | | | |
| 67560 | Orbital implant (implant outside muscle cone); removal or revision | no auth | | | | |
| 67570 | Optic nerve decompression (eg, incision or fenestration of optic nerve sheath) | no auth | | | | |
| 67599 | Unlisted procedure, orbit | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 67700 | Blepharotomy, drainage of abscess, eyelid | no auth | | | | |
| 67710 | Severing of tarsorrhaphy | no auth | | | | |
| 67715 | Canthotomy (separate procedure) | no auth | | | | |
| 67800 | Excision of chalazion; single | no auth | | | | |
| 67801 | Excision of chalazion; multiple, same lid | no auth | | | | |
| 67805 | Excision of chalazion; multiple, different lids | no auth | | | | |
| 67808 | Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple | no auth | | | | |
| 67810 | Incisional biopsy of eyelid skin including lid margin | no auth | | | | |
| 67820 | Correction of trichiasis; epilation, by forceps only | no auth | | | | |
| 67825 | Correction of trichiasis; epilation by other than forceps (eg, by electro-surgery, cryotherapy, laser surgery) | no auth | | | | |
| 67830 | Correction of trichiasis; incision of lid margin | no auth | | | | |
| 67835 | Correction of trichiasis; incision of lid margin, with free mucous membrane graft | no auth | | | | |
| 67840 | Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure | no auth | | | | |
| 67850 | Destruction of lesion of lid margin (up to 1 cm) | no auth | | | | |
| 67875 | Temporary closure of eyelids by suture (eg, Frost suture) | no auth | | | | |
| 67880 | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; | no auth | | | | |
| 67882 | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate | no auth | | | | |
| 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) | AUTH REQUIRED | | LCD 35004 | | |
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) | AUTH REQUIRED | | LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia) | AUTH REQUIRED | | LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach | AUTH REQUIRED | | LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach | AUTH REQUIRED | | LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) | AUTH REQUIRED | | LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) | AUTH REQUIRED | | LCD 35004 | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 67909 | Reduction of overcorrection of ptosis | AUTH REQUIRED | | LCD 35004 | | |
| 67911 | Correction of lid retraction | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 67912 | Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight) | no auth | | | | |
| 67914 | Repair of ectropion; suture | no auth | | | | |
| 67915 | Repair of ectropion; thermocauterization | no auth | | | | |
| 67916 | Repair of ectropion; excision tarsal wedge | no auth | | | | |
| 67917 | Repair of ectropion; extensive (eg, tarsal strip operations) | no auth | | | | |
| 67921 | Repair of entropion; suture | no auth | | | | |
| 67922 | Repair of entropion; thermocauterization | no auth | | | | |
| 67923 | Repair of entropion; excision tarsal wedge | no auth | | | | |
| 67924 | Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation) | no auth | | | | |
| 67930 | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness | no auth | | | | |
| 67935 | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness | no auth | | | | |
| 67938 | Removal of embedded foreign body, eyelid | no auth | | | | |
| 67950 | Canthoplasty (reconstruction of canthus) | AUTH REQUIRED | | | MCG:Blepharoplasty, Canthoplasty, and Related Procedures ACG: A-0195 (AC) | |
| 67961 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin | no auth | | | | |
| 67966 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin | no auth | | | | |
| 67971 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage | no auth | | | | |
| 67973 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage | no auth | | | | |
| 67974 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage | no auth | | | | |
| 67975 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage | no auth | | | | |
| 67999 | Unlisted procedure, eyelids | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 68020 | Incision of conjunctiva, drainage of cyst | no auth | | | | |
| 68040 | Expression of conjunctival follicles (eg, for trachoma) | no auth | | | | |
| 68100 | Biopsy of conjunctiva | no auth | | | | |
| 68110 | Excision of lesion, conjunctiva; up to 1 cm | no auth | | | | |
| 68115 | Excision of lesion, conjunctiva; over 1 cm | no auth | | | | |
| 68130 | Excision of lesion, conjunctiva; with adjacent sclera | no auth | | | | |
| 68135 | Destruction of lesion, conjunctiva | no auth | | | | |
| 68200 | Subconjunctival injection | no auth | | | | |
| 68320 | Conjunctivoplasty; with conjunctival graft or extensive rearrangement | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 68325 | Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft) | no auth | | | | |
| 68326 | Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement | no auth | | | | |
| 68328 | Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft) | no auth | | | | |
| 68330 | Repair of symblepharon; conjunctivoplasty, without graft | no auth | | | | |
| 68335 | Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft) | no auth | | | | |
| 68340 | Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens | no auth | | | | |
| 68360 | Conjunctival flap; bridge or partial (separate procedure) | no auth | | | | |
| 68362 | Conjunctival flap; total (such as Gunderson thin flap or purse string flap) | no auth | | | | |
| 68371 | Harvesting conjunctival allograft, living donor | no auth | | | | |
| 68399 | Unlisted procedure, conjunctiva | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 68400 | Incision, drainage of lacrimal gland | no auth | | | | |
| 68420 | Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy) | no auth | | | | |
| 68440 | Snip incision of lacrimal punctum | no auth | | | | |
| 68500 | Excision of lacrimal gland (dacryoadenectomy), except for tumor; total | no auth | | | | |
| 68505 | Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial | no auth | | | | |
| 68510 | Biopsy of lacrimal gland | no auth | | | | |
| 68520 | Excision of lacrimal sac (dacryocystectomy) | no auth | | | | |
| 68525 | Biopsy of lacrimal sac | no auth | | | | |
| 68530 | Removal of foreign body or dacryolith, lacrimal passages | no auth | | | | |
| 68540 | Excision of lacrimal gland tumor; frontal approach | no auth | | | | |
| 68550 | Excision of lacrimal gland tumor; involving osteotomy | no auth | | | | |
| 68700 | Plastic repair of canaliculi | no auth | | | | |
| 68705 | Correction of everted punctum, cautery | no auth | | | | |
| 68720 | Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity) | no auth | | | | |
| 68745 | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube | no auth | | | | |
| 68750 | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent | no auth | | | | |
| 68760 | Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery | no auth | | | | |
| 68761 | Closure of the lacrimal punctum; by plug, each | no auth | | | | |
| 68770 | Closure of lacrimal fistula (separate procedure) | no auth | | | | |
| 68801 | Dilation of lacrimal punctum, with or without irrigation | no auth | | | | |
| 68810 | Probing of nasolacrimal duct, with or without irrigation; | no auth | | | | |
| 68811 | Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia | no auth | | | | |
| 68815 | Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent | no auth | | | | |
| 68816 | Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation | no auth | | | | |
| 68840 | Probing of lacrimal canaliculi, with or without irrigation | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 68841 | Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each | no auth | | | | |
| 68850 | Injection of contrast medium for dacryocystography | no auth | | | | |
| 68899 | Unlisted procedure, lacrimal system | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 69000 | Drainage external ear, abscess or hematoma; simple | no auth | | | | |
| 69005 | Drainage external ear, abscess or hematoma; complicated | no auth | | | | |
| 69020 | Drainage external auditory canal, abscess | no auth | | | | |
| 69090 | Ear piercing | NOT COVERED | | | | |
| 69100 | Biopsy external ear | no auth | | | | |
| 69105 | Biopsy external auditory canal | no auth | | | | |
| 69110 | Excision external ear; partial, simple repair | no auth | | | | |
| 69120 | Excision external ear; complete amputation | no auth | | | | |
| 69140 | Excision exostosis(es), external auditory canal | no auth | | | | |
| 69145 | Excision soft tissue lesion, external auditory canal | no auth | | | | |
| 69150 | Radical excision external auditory canal lesion; without neck dissection | no auth | | | | |
| 69155 | Radical excision external auditory canal lesion; with neck dissection | no auth | | | | |
| 69200 | Removal foreign body from external auditory canal; without general anesthesia | no auth | | | | |
| 69205 | Removal foreign body from external auditory canal; with general anesthesia | no auth | | | | |
| 69209 | Removal impacted cerumen using irrigation/lavage, unilateral | no auth | | | | |
| 69210 | Removal impacted cerumen requiring instrumentation, unilateral | no auth | | | | |
| 69220 | Debridement, mastoidectomy cavity, simple (eg, routine cleaning) | no auth | | | | |
| 69222 | Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning) | no auth | | | | |
| 69300 | Otoplasty, protruding ear, with or without size reduction | no auth | | | | |
| 69310 | Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure) | no auth | | | | |
| 69320 | Reconstruction external auditory canal for congenital atresia, single stage | no auth | | | | |
| 69399 | Unlisted procedure, external ear | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 69420 | Myringotomy including aspiration and/or eustachian tube inflation | no auth | | | | |
| 69421 | Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia | no auth | | | | |
| 69424 | Ventilating tube removal requiring general anesthesia | no auth | | | | |
| 69433 | Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia | no auth | | | | |
| 69436 | Tympanostomy (requiring insertion of ventilating tube), general anesthesia | no auth | | | | |
| 69440 | Middle ear exploration through postauricular or ear canal incision | no auth | | | | |
| 69450 | Tympanolysis, transcanal | no auth | | | | |
| 69501 | Transmastoid antrotomy (simple mastoidectomy) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 69502 | Mastoidectomy; complete | no auth | | | | |
| 69505 | Mastoidectomy; modified radical | no auth | | | | |
| 69511 | Mastoidectomy; radical | no auth | | | | |
| 69530 | Petrous apicectomy including radical mastoidectomy | no auth | | | | |
| 69535 | Resection temporal bone, external approach | no auth | | | | |
| 69540 | Excision aural polyp | no auth | | | | |
| 69550 | Excision aural glomus tumor; transcanal | no auth | | | | |
| 69552 | Excision aural glomus tumor; transmastoid | no auth | | | | |
| 69554 | Excision aural glomus tumor; extended (extratemporal) | no auth | | | | |
| 69601 | Revision mastoidectomy; resulting in complete mastoidectomy | no auth | | | | |
| 69602 | Revision mastoidectomy; resulting in modified radical mastoidectomy | no auth | | | | |
| 69603 | Revision mastoidectomy; resulting in radical mastoidectomy | no auth | | | | |
| 69604 | Revision mastoidectomy; resulting in tympanoplasty | no auth | | | | |
| 69610 | Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch | no auth | | | | |
| 69620 | Myringoplasty (surgery confined to drumhead and donor area) | no auth | | | | |
| 69631 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction | no auth | | | | |
| 69632 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration) | no auth | | | | |
| 69633 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) | no auth | | | | |
| 69635 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction | no auth | | | | |
| 69636 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction | no auth | | | | |
| 69637 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) | no auth | | | | |
| 69641 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction | no auth | | | | |
| 69642 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction | no auth | | | | |
| 69643 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction | no auth | | | | |
| 69644 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction | no auth | | | | |
| 69645 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction | no auth | | | | |

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|-----------|---|------------------|-------------------------------|--|---|-------------------------------|
| 69646 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction | no auth | | | | |
| 69650 | Stapes mobilization | no auth | | | | |
| 69660 | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; | no auth | | | | |
| 69661 | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out | no auth | | | | |
| 69662 | Revision of stapedectomy or stapedotomy | no auth | | | | |
| 69666 | Repair oval window fistula | no auth | | | | |
| 69667 | Repair round window fistula | no auth | | | | |
| 69670 | Mastoid obliteration (separate procedure) | no auth | | | | |
| 69676 | Tympanic neurectomy | no auth | | | | |
| 69700 | Closure postauricular fistula, mastoid (separate procedure) | no auth | | | | |
| 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral | no auth | | | | |
| 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral | no auth | | | | |
| 69710 | Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone | NOT COVERED | | | | |
| 69711 | Removal or repair of electromagnetic bone conduction hearing device in temporal bone | no auth | | | | |
| 69714 | Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 16, Section 100 | MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC) | |
| 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 16, Section 100 | MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC) | |
| 69717 | Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 16, Section 100 | MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC) | |

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|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 69719 | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 16, Section 100 | MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC) | |
| 69720 | Decompression facial nerve, intratemporal; lateral to geniculate ganglion | no auth | | | | |
| 69725 | Decompression facial nerve, intratemporal; including medial to geniculate ganglion | no auth | | | | |
| 69726 | Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 16, Section 100 | MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC) | |
| 69727 | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 16, Section 100 | MCG:MCG: Cochlear Implant ACG: A-0177 (AC), MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC) | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC), Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC), Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG: Hearing Aids, Bone Anchored and Bone Conduction ACG: A-0564 (AC), Head and Neck Surgery or Procedure GRG GRG: SG-HNS (ISC GRG) | |
| 69740 | Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion | no auth | | | | |
| 69745 | Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion | no auth | | | | |
| 69799 | Unlisted procedure, middle ear | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 69801 | Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal | no auth | | | | |
| 69805 | Endolymphatic sac operation; without shunt | no auth | | | | |
| 69806 | Endolymphatic sac operation; with shunt | no auth | | | | |
| 69905 | Labyrinthectomy; transcanal | no auth | | | | |
| 69910 | Labyrinthectomy; with mastoidectomy | no auth | | | | |
| 69915 | Vestibular nerve section, translabyrinthine approach | no auth | | | | |
| 69930 | Cochlear device implantation, with or without mastoidectomy | AUTH REQUIRED | | NCD 50.3 | MCG:Cochlear Implant ACG: A-0177 (AC) | |
| 69949 | Unlisted procedure, inner ear | AUTH REQUIRED | | NCD 50.8, NCD 50.7 | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 69950 | Vestibular nerve section, transcranial approach | no auth | | | | |
| 69955 | Total facial nerve decompression and/or repair (may include graft) | no auth | | | | |
| 69960 | Decompression internal auditory canal | no auth | | | | |
| 69970 | Removal of tumor, temporal bone | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--|-------------------------------|
| 69979 | Unlisted procedure, temporal bone, middle fossa approach | AUTH REQUIRED | | | MCG:Head and Neck Surgery or Procedure GRG: SG-HNS (ISC GRG) | |
| 69990 | Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure) | no auth | | | | |
| 70010 | Myelography, posterior fossa, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 70015 | Cisternography, positive contrast, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 70030 | Radiologic examination, eye, for detection of foreign body | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70100 | Radiologic examination, mandible; partial, less than 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 7010F | Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow up with patients regarding missed or unscheduled appointments (ML) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 70110 | Radiologic examination, mandible; complete, minimum of 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70120 | Radiologic examination, mastoids; less than 3 views per side | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70130 | Radiologic examination, mastoids; complete, minimum of 3 views per side | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70134 | Radiologic examination, internal auditory meati, complete | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70140 | Radiologic examination, facial bones; less than 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70150 | Radiologic examination, facial bones; complete, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70160 | Radiologic examination, nasal bones, complete, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70170 | Dacryocystography, nasolacrimal duct, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70190 | Radiologic examination; optic foramina | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70200 | Radiologic examination; orbits, complete, minimum of 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 7020F | Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA approved equivalent categories) entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD) | NOT COVERED | | MEASUREMENT CODE | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|---|--------------|-------------------------------|
| 70210 | Radiologic examination, sinuses, paranasal, less than 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70220 | Radiologic examination, sinuses, paranasal, complete, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70240 | Radiologic examination, sella turcica | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70250 | Radiological examination, skull; less than 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 7025F | Patient information entered into a reminder system with a target due date for the next mammogram (RAD) | NOT COVERED | | MEASUREMENT CODE | | |
| 70260 | Radiologic examination, skull; complete, minimum of 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70300 | Radiologic examination, teeth; single view | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70310 | Radiologic examination, teeth; partial examination, less than full mouth | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70320 | Radiologic examination, teeth; complete, full mouth | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70328 | Radiologic examination, temporomandibular joint, open and closed mouth; unilateral | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70330 | Radiologic examination, temporomandibular joint, open and closed mouth; bilateral | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70332 | Temporomandibular joint arthrography, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70350 | Cephalogram, orthodontic | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 70355 | Orthopantomogram (eg, panoramic x-ray) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 70360 | Radiologic examination; neck, soft tissue | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70370 | Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique | no auth | Payable in Regulated Space without authorization. | | | |
| 70371 | Complex dynamic pharyngeal and speech evaluation by cine or video recording | no auth | Payable in Regulated Space without authorization. | | | |
| 70380 | Radiologic examination, salivary gland for calculus | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70390 | Sialography, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 70450 | Computed tomography, head or brain; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70460 | Computed tomography, head or brain; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70482 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70486 | Computed tomography, maxillofacial area; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70487 | Computed tomography, maxillofacial area; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70490 | Computed tomography, soft tissue neck; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70491 | Computed tomography, soft tissue neck; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70496 | Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70498 | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70544 | Magnetic resonance angiography, head; without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70545 | Magnetic resonance angiography, head; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|----------------------|--|-------------------------------|
| 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70547 | Magnetic resonance angiography, neck; without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70548 | Magnetic resonance angiography, neck; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 70554 | Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration | AUTH REQUIRED | | NCD 220.2, LCA 58917 | MCG:Brain Functional MRI ACG: A-0539 (AC) | |
| 70555 | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing | AUTH REQUIRED | | NCD 220.2, LCA 58917 | MCG:Brain Functional MRI ACG: A-0539 (AC) | |
| 70557 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material | no auth | Payable in Regulated Space without authorization. | | | |
| 70558 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 70559 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences | no auth | Payable in Regulated Space without authorization. | | | |
| 71045 | Radiologic examination, chest; single view | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71046 | Radiologic examination, chest; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71047 | Radiologic examination, chest; 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71048 | Radiologic examination, chest; 4 or more views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71100 | Radiologic examination, ribs, unilateral; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 71101 | Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71110 | Radiologic examination, ribs, bilateral; 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71111 | Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71120 | Radiologic examination; sternum, minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71130 | Radiologic examination; sternoclavicular joint or joints, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71250 | Computed tomography, thorax, diagnostic; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71260 | Computed tomography, thorax, diagnostic; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72020 | Radiologic examination, spine, single view, specify level | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72040 | Radiologic examination, spine, cervical; 2 or 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72050 | Radiologic examination, spine, cervical; 4 or 5 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72052 | Radiologic examination, spine, cervical; 6 or more views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72070 | Radiologic examination, spine; thoracic, 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 72072 | Radiologic examination, spine; thoracic, 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72074 | Radiologic examination, spine; thoracic, minimum of 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72080 | Radiologic examination, spine; thoracolumbar junction, minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72081 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72082 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72083 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72084 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72100 | Radiologic examination, spine, lumbosacral; 2 or 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72110 | Radiologic examination, spine, lumbosacral; minimum of 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72114 | Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72120 | Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72125 | Computed tomography, cervical spine; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72126 | Computed tomography, cervical spine; with contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72128 | Computed tomography, thoracic spine; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72129 | Computed tomography, thoracic spine; with contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72131 | Computed tomography, lumbar spine; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72132 | Computed tomography, lumbar spine; with contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72170 | Radiologic examination, pelvis; 1 or 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72190 | Radiologic examination, pelvis; complete, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72192 | Computed tomography, pelvis; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72193 | Computed tomography, pelvis; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72200 | Radiologic examination, sacroiliac joints; less than 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72202 | Radiologic examination, sacroiliac joints; 3 or more views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72220 | Radiologic examination, sacrum and coccyx, minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 72240 | Myelography, cervical, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 72255 | Myelography, thoracic, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 72265 | Myelography, lumbosacral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 72270 | Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 72285 | Discography, cervical or thoracic, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 72295 | Discography, lumbar, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 73000 | Radiologic examination; clavicle, complete | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73010 | Radiologic examination; scapula, complete | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73020 | Radiologic examination, shoulder; 1 view | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73030 | Radiologic examination, shoulder; complete, minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73040 | Radiologic examination, shoulder, arthrography, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73050 | Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73060 | Radiologic examination; humerus, minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73070 | Radiologic examination, elbow; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73080 | Radiologic examination, elbow; complete, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73085 | Radiologic examination, elbow, arthrography, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 73090 | Radiologic examination; forearm, 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73092 | Radiologic examination; upper extremity, infant, minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73100 | Radiologic examination, wrist; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73110 | Radiologic examination, wrist; complete, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73115 | Radiologic examination, wrist, arthrography, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73120 | Radiologic examination, hand; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73130 | Radiologic examination, hand; minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73140 | Radiologic examination, finger(s), minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73200 | Computed tomography, upper extremity; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73201 | Computed tomography, upper extremity; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73202 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73206 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 73501 | Radiologic examination, hip, unilateral, with pelvis when performed; 1 view | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73502 | Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73503 | Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73521 | Radiologic examination, hips, bilateral, with pelvis when performed; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73522 | Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73523 | Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73525 | Radiologic examination, hip, arthrography, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73551 | Radiologic examination, femur; 1 view | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73552 | Radiologic examination, femur; minimum 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73560 | Radiologic examination, knee; 1 or 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73562 | Radiologic examination, knee; 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73564 | Radiologic examination, knee; complete, 4 or more views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73565 | Radiologic examination, knee; both knees, standing, anteroposterior | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73580 | Radiologic examination, knee, arthrography, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73590 | Radiologic examination; tibia and fibula, 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73592 | Radiologic examination; lower extremity, infant, minimum of 2 views | AUTH REQUIRED | | | | |
| 73600 | Radiologic examination, ankle; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73610 | Radiologic examination, ankle; complete, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73615 | Radiologic examination, ankle, arthrography, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 73620 | Radiologic examination, foot; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73630 | Radiologic examination, foot; complete, minimum of 3 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73650 | Radiologic examination; calcaneus, minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73660 | Radiologic examination; toe(s), minimum of 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73700 | Computed tomography, lower extremity; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73701 | Computed tomography, lower extremity; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73702 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73706 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74018 | Radiologic examination, abdomen; 1 view | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74019 | Radiologic examination, abdomen; 2 views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74021 | Radiologic examination, abdomen; 3 or more views | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74022 | Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 74150 | Computed tomography, abdomen; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74160 | Computed tomography, abdomen; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing | no auth | Payable in Regulated Space without authorization. | | | |
| 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74176 | Computed tomography, abdomen and pelvis; without contrast material | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74190 | Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74210 | Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study | no auth | Payable in Regulated Space without authorization. | | | |
| 74220 | Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74221 | Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74230 | Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study | no auth | Payable in Regulated Space without authorization. | | | |
| 74235 | Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74240 | Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|------------------------------|--------------|-------------------------------|
| 74246 | Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74248 | Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74250 | Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74251 | Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered | no auth | Payable in Regulated Space without authorization. | | | |
| 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material | AUTH REQUIRED | | NCD 220.1 | | |
| 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed | AUTH REQUIRED | | NCD 220.1 | | |
| 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing | NOT COVERED | | NCD 210.3 STATES NOT COVERED | | |
| 74270 | Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74280 | Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74283 | Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus) | no auth | Payable in Regulated Space without authorization. | | | |
| 74290 | Cholecystography, oral contrast | no auth | Payable in Regulated Space without authorization. | | | |
| 74300 | Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74301 | Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 74328 | Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74329 | Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74330 | Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74340 | Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74355 | Percutaneous placement of enteroclysis tube, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74360 | Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74363 | Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|---|-------------------------------------|-------------------------------|
| 74400 | Urography (pyelography), intravenous, with or without KUB, with or without tomography | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74410 | Urography, infusion, drip technique and/or bolus technique; | no auth | Payable in Regulated Space without authorization. | | | |
| 74415 | Urography, infusion, drip technique and/or bolus technique; with nephrotomography | no auth | Payable in Regulated Space without authorization. | | | |
| 74420 | Urography, retrograde, with or without KUB | no auth | Payable in Regulated Space without authorization. | | | |
| 74425 | Urography, antegrade, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74430 | Cystography, minimum of 3 views, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74440 | Vasography, vesiculography, or epididymography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74445 | Corpora cavernosography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74450 | Urethrocystography, retrograde, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74455 | Urethrocystography, voiding, radiological supervision and interpretation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 74470 | Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74485 | Dilation of ureter(s) or urethra, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation | AUTH REQUIRED | | | MCG: Pelvic MRI ACG: A-0055 (AC) | |
| 74713 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG: Pelvic MRI ACG: A-0055 (AC) | |
| 74740 | Hysterosalpingography, radiological supervision and interpretation | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 74742 | Transcervical catheterization of fallopian tube, radiological supervision and interpretation | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 74775 | Perineogram (eg, vaginogram, for sex determination or extent of anomalies) | AUTH REQUIRED | | | | |
| 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material; | no auth | Payable in Regulated Space without authorization. | | | |
| 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging | no auth | Payable in Regulated Space without authorization. | | | |
| 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; | no auth | Payable in Regulated Space without authorization. | | | |
| 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|---|--------------|-------------------------------|
| 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 75571 | Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium | no auth | Payable in Regulated Space without authorization. | | | |
| 75572 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) | no auth | Payable in Regulated Space without authorization. | | | |
| 75573 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed) | no auth | Payable in Regulated Space without authorization. | | | |
| 75574 | Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) | no auth | Payable in Regulated Space without authorization. | | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 75600 | Aortography, thoracic, without serialography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75605 | Aortography, thoracic, by serialography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75625 | Aortography, abdominal, by serialography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75630 | Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 75705 | Angiography, spinal, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75710 | Angiography, extremity, unilateral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75716 | Angiography, extremity, bilateral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75726 | Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75731 | Angiography, adrenal, unilateral, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75733 | Angiography, adrenal, bilateral, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75736 | Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75741 | Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75743 | Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75746 | Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|-------------------|--------------|-------------------------------|
| 75756 | Angiography, internal mammary, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75774 | Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 75801 | Lymphangiography, extremity only, unilateral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75803 | Lymphangiography, extremity only, bilateral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75805 | Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75807 | Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75809 | Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75810 | Splenoportography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75820 | Venography, extremity, unilateral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75822 | Venography, extremity, bilateral, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75825 | Venography, caval, inferior, with serialography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75827 | Venography, caval, superior, with serialography, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75831 | Venography, renal, unilateral, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75833 | Venography, renal, bilateral, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75840 | Venography, adrenal, unilateral, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75842 | Venography, adrenal, bilateral, selective, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75860 | Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75870 | Venography, superior sagittal sinus, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75872 | Venography, epidural, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75880 | Venography, orbital, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75885 | Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75887 | Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75889 | Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75891 | Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75893 | Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75894 | Transcatheter therapy, embolization, any method, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|-------------------|--------------|-------------------------------|
| 75898 | Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis | no auth | Payable in Regulated Space without authorization. | | | |
| 75901 | Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75902 | Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75956 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75957 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75958 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75959 | Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75970 | Transcatheter biopsy, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75984 | Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 75989 | Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 76000 | Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time | no auth | Payable in Regulated Space without authorization. | | | |
| 76010 | Radiologic examination from nose to rectum for foreign body, single view, child | AUTH REQUIRED | | | | |
| 76080 | Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 76098 | Radiological examination, surgical specimen | no auth | Payable in Regulated Space without authorization. | | | |
| 76100 | Radiologic examination, single plane body section (eg, tomography), other than with urography | no auth | Payable in Regulated Space without authorization. | | | |
| 76120 | Cineradiography/videoradiography, except where specifically included | no auth | Payable in Regulated Space without authorization. | | | |
| 76125 | Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|--|---|-------------------------------|
| 76140 | Consultation on X-ray examination made elsewhere, written report | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 76145 | Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report | AUTH REQUIRED | | | MCG:MCG: Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC), MCG: Brachytherapy ACG: A-0270 (AC), MCG: Proton Beam Therapy ACG: A-0389 (AC), MCG: Brachytherapy (Cardiovascular) ACG: A-0419 (AC), MCG: Stereotactic Radiosurgery ACG: A-0423 (AC), MCG: Stereotactic Body Radiotherapy ACG: A-0694 (AC) | |
| 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation | no auth | Payable in Regulated Space without authorization. | | | |
| 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76380 | Computed tomography, limited or localized follow-up study | no auth | Payable in Regulated Space without authorization. | | | |
| 76390 | Magnetic resonance spectroscopy | NOT COVERED | | NCD 220.2.1 STATES NOT COVERED | | |
| 76391 | Magnetic resonance (eg, vibration) elastography | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76496 | Unlisted fluoroscopic procedure (eg, diagnostic, interventional) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 76497 | Unlisted computed tomography procedure (eg, diagnostic, interventional) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 76498 | Unlisted magnetic resonance procedure (eg, diagnostic, interventional) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|---|--------------|-------------------------------|
| 76499 | Unlisted diagnostic radiographic procedure | AUTH REQUIRED | | NCD 220.9, Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| 76506 | Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated | no auth | Payable in Regulated Space without authorization. | | | |
| 76510 | Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter | no auth | Payable in Regulated Space without authorization. | | | |
| 76511 | Ophthalmic ultrasound, diagnostic; quantitative A-scan only | no auth | Payable in Regulated Space without authorization. | | | |
| 76512 | Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) | no auth | Payable in Regulated Space without authorization. | | | |
| 76513 | Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral | no auth | Payable in Regulated Space without authorization. | | | |
| 76514 | Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) | no auth | Payable in Regulated Space without authorization. | | | |
| 76516 | Ophthalmic biometry by ultrasound echography, A-scan; | no auth | Payable in Regulated Space without authorization. | | | |
| 76519 | Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation | no auth | Payable in Regulated Space without authorization. | | | |
| 76529 | Ophthalmic ultrasonic foreign body localization | no auth | Payable in Regulated Space without authorization. | | | |
| 76536 | Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76604 | Ultrasound, chest (includes mediastinum), real time with image documentation | no auth | Payable in Regulated Space without authorization. | | | |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76700 | Ultrasound, abdominal, real time with image documentation; complete | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76705 | Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76706 | Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76770 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76775 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76776 | Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation | no auth | Payable in Regulated Space without authorization. | | | |
| 76800 | Ultrasound, spinal canal and contents | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 76801 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76802 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76805 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76810 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76812 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 76813 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation | no auth | Payable in Regulated Space without authorization. | | | |
| 76814 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 76815 | Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses | no auth | Payable in Regulated Space without authorization. | | | |
| 76816 | Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus | no auth | Payable in Regulated Space without authorization. | | | |
| 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76818 | Fetal biophysical profile; with non-stress testing | no auth | Payable in Regulated Space without authorization. | | | |
| 76819 | Fetal biophysical profile; without non-stress testing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76820 | Doppler velocimetry, fetal; umbilical artery | no auth | Payable in Regulated Space without authorization. | | | |
| 76821 | Doppler velocimetry, fetal; middle cerebral artery | no auth | Payable in Regulated Space without authorization. | | | |

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|-----------|--|-------------------------------------|--|---|--------------|-------------------------------|
| 76825 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; | no auth | Payable in Regulated Space without authorization. | | | |
| 76826 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study | no auth | Payable in Regulated Space without authorization. | | | |
| 76827 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete | no auth | Payable in Regulated Space without authorization. | | | |
| 76828 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study | no auth | Payable in Regulated Space without authorization. | | | |
| 76830 | Ultrasound, transvaginal | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76831 | Saline infusion sonohysterography (SIS), including color flow Doppler, when performed | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76870 | Ultrasound, scrotum and contents | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76872 | Ultrasound, transrectal; | no auth | Payable in Regulated Space without authorization. | | | |
| 76873 | Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 76881 | Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76882 | Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76883 | Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 76885 | Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation) | AUTH REQUIRED | | | | |
| 76886 | Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation) | AUTH REQUIRED | | | | |
| 76932 | Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 76936 | Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) | no auth | Payable in Regulated Space without authorization. | | | |
| 76937 | Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|--|--------------|-------------------------------|
| 76940 | Ultrasound guidance for, and monitoring of, parenchymal tissue ablation | no auth | Payable in Regulated Space without authorization. | | | |
| 76941 | Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation | no auth | | | | |
| 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 76945 | Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation | no auth | | | | |
| 76946 | Ultrasonic guidance for amniocentesis, imaging supervision and interpretation | no auth | | | | |
| 76948 | Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 76965 | Ultrasonic guidance for interstitial radioelement application | no auth | Payable in Regulated Space without authorization. | | | |
| 76975 | Gastrointestinal endoscopic ultrasound, supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 76977 | Ultrasound bone density measurement and interpretation, peripheral site(s), any method | no auth | Payable in Regulated Space without authorization. | | | |
| 76978 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion | no auth | Payable in Regulated Space without authorization. | | | |
| 76979 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 76981 | Ultrasound, elastography; parenchyma (eg, organ) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 76982 | Ultrasound, elastography; first target lesion | no auth | Payable in Regulated Space without authorization. | | | |
| 76983 | Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 76984 | Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 76987 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 76988 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 76989 | Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 76998 | Ultrasonic guidance, intraoperative | no auth | Payable in Regulated Space without authorization. | | | |
| 76999 | Unlisted ultrasound procedure (eg, diagnostic, interventional) | AUTH REQUIRED | | NCD 220.5, Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 77001 | Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 77002 | Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77003 | Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 77011 | Computed tomography guidance for stereotactic localization | no auth | Payable in Regulated Space without authorization. | | | |
| 77012 | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 77013 | Computed tomography guidance for, and monitoring of, parenchymal tissue ablation | no auth | Payable in Regulated Space without authorization. | | | |
| 77014 | Computed tomography guidance for placement of radiation therapy fields | no auth | Payable in Regulated Space without authorization. | | | |
| 77021 | Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 77022 | Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation | no auth | Payable in Regulated Space without authorization. | | | |
| 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77053 | Mammary ductogram or galactogram, single duct, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 77054 | Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation | no auth | Payable in Regulated Space without authorization. | | | |
| 77061 | Diagnostic digital breast tomosynthesis; unilateral | NOT COVERED | MAY USE G0279 INSTEAD | LCA 53252 | | |
| 77062 | Diagnostic digital breast tomosynthesis; bilateral | NOT COVERED | MAY USE G0279 INSTEAD | LCA 53252 | | |
| 77063 | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 77065 | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77066 | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------------------|--|-------------------|--------------|-------------------------------|
| 77067 | Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed | no auth | Payable in Regulated Space without authorization. | | | |
| 77071 | Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated | no auth | Payable in Regulated Space without authorization. | | | |
| 77072 | Bone age studies | AUTH REQUIRED | | | | |
| 77073 | Bone length studies (orthoroentgenogram, scanogram) | no auth | Payable in Regulated Space without authorization. | | | |
| 77074 | Radiologic examination, osseous survey; limited (eg, for metastases) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77075 | Radiologic examination, osseous survey; complete (axial and appendicular skeleton) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77076 | Radiologic examination, osseous survey, infant | AUTH REQUIRED | | | | |
| 77077 | Joint survey, single view, 2 or more joints (specify) | no auth | Payable in Regulated Space without authorization. | | | |
| 77078 | Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) | no auth | Payable in Regulated Space without authorization. | | | |
| 77080 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77081 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) | no auth | Payable in Regulated Space without authorization. | | | |
| 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply | no auth | Payable in Regulated Space without authorization. | | | |
| 77085 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 77086 | Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) | no auth | Payable in Regulated Space without authorization. | | | |
| 77089 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; using dual X-ray absorptiometry (DXA) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk | no auth | Payable in Regulated Space without authorization. | | | |
| 77090 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere | no auth | Payable in Regulated Space without authorization. | | | |
| 77091 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; technical calculation only | no auth | Payable in Regulated Space without authorization. | | | |
| 77092 | Trabecular bone score (TBS), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional | no auth | Payable in Regulated Space without authorization. | | | |
| 77261 | Therapeutic radiology treatment planning; simple | no auth | Payable in Regulated Space without authorization. | | | |
| 77262 | Therapeutic radiology treatment planning; intermediate | no auth | Payable in Regulated Space without authorization. | | | |
| 77263 | Therapeutic radiology treatment planning; complex | no auth | Payable in Regulated Space without authorization. | | | |
| 77280 | Therapeutic radiology simulation-aided field setting; simple | no auth | Payable in Regulated Space without authorization. | | | |
| 77285 | Therapeutic radiology simulation-aided field setting; intermediate | no auth | Payable in Regulated Space without authorization. | | | |
| 77290 | Therapeutic radiology simulation-aided field setting; complex | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|---|---|-------------------------------|
| 77293 | Respiratory motion management simulation (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 77295 | 3-dimensional radiotherapy plan, including dose-volume histograms | no auth | Payable in Regulated Space without authorization. | | | |
| 77299 | Unlisted procedure, therapeutic radiology clinical treatment planning | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Alternating Electric Field Therapy ACG: A-0930 (AC) | |
| 77300 | Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician | no auth | Payable in Regulated Space without authorization. | | | |
| 77301 | Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications | no auth | Payable in Regulated Space without authorization. | | | |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 77321 | Special teletherapy port plan, particles, hemibody, total body | no auth | Payable in Regulated Space without authorization. | | | |
| 77331 | Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician | no auth | Payable in Regulated Space without authorization. | | | |
| 77332 | Treatment devices, design and construction; simple (simple block, simple bolus) | no auth | Payable in Regulated Space without authorization. | | | |
| 77333 | Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) | no auth | Payable in Regulated Space without authorization. | | | |
| 77334 | Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) | no auth | Payable in Regulated Space without authorization. | | | |
| 77336 | Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy | no auth | Payable in Regulated Space without authorization. | | | |
| 77338 | Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan | no auth | Payable in Regulated Space without authorization. | | | |
| 77370 | Special medical radiation physics consultation | no auth | Payable in Regulated Space without authorization. | | | |
| 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based | no auth | Payable in Regulated Space without authorization. | | | |

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|-----------|--|------------------|---|---|--|-------------------------------|
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based | no auth | Payable in Regulated Space without authorization. | | | |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | no auth | Payable in Regulated Space without authorization. | | | |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple | AUTH REQUIRED | | LCD 36711 | MCG: Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC) | |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex | AUTH REQUIRED | | LCD 36711 | MCG: Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC) | |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed | no auth | Payable in Regulated Space without authorization. | | | |
| 77399 | Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 77401 | Radiation treatment delivery, superficial and/or ortho voltage, per day | no auth | Payable in Regulated Space without authorization. | | | |
| 77402 | Radiation treatment delivery, => 1 MeV; simple | no auth | | | | |
| 77407 | Radiation treatment delivery, => 1 MeV; intermediate | NOT COVERED | MAY USE G6003-G6014 INSTEAD | | | |
| 77412 | Radiation treatment delivery, => 1 MeV; complex | no auth | | | | |
| 77417 | Therapeutic radiology port image(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 77423 | High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session | no auth | Payable in Regulated Space without authorization. | | | |
| 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session | no auth | Payable in Regulated Space without authorization. | | | |
| 77427 | Radiation treatment management, 5 treatments | no auth | Payable in Regulated Space without authorization. | | | |
| 77431 | Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only | no auth | Payable in Regulated Space without authorization. | | | |
| 77432 | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) | no auth | Payable in Regulated Space without authorization. | | | |
| 77435 | Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions | no auth | Payable in Regulated Space without authorization. | | | |
| 77469 | Intraoperative radiation treatment management | no auth | Payable in Regulated Space without authorization. | | | |
| 77470 | Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) | no auth | Payable in Regulated Space without authorization. | | | |
| 77499 | Unlisted procedure, therapeutic radiology treatment management | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 77520 | Proton treatment delivery; simple, without compensation | no auth | Payable in Regulated Space without authorization. | | | |

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|-----------|---|------------------|---|---|--|-------------------------------|
| 77522 | Proton treatment delivery; simple, with compensation | no auth | Payable in Regulated Space without authorization. | | | |
| 77523 | Proton treatment delivery; intermediate | no auth | Payable in Regulated Space without authorization. | | | |
| 77525 | Proton treatment delivery; complex | no auth | Payable in Regulated Space without authorization. | | | |
| 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) | no auth | Payable in Regulated Space without authorization. | | | |
| 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) | no auth | Payable in Regulated Space without authorization. | | | |
| 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators | no auth | Payable in Regulated Space without authorization. | | | |
| 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators | no auth | Payable in Regulated Space without authorization. | | | |
| 77620 | Hyperthermia generated by intracavitary probe(s) | no auth | Payable in Regulated Space without authorization. | | | |
| 77750 | Infusion or instillation of radioelement solution (includes 3-month follow-up care) | no auth | Payable in Regulated Space without authorization. | | | |
| 77761 | Intracavitary radiation source application; simple | no auth | Payable in Regulated Space without authorization. | | | |
| 77762 | Intracavitary radiation source application; intermediate | no auth | Payable in Regulated Space without authorization. | | | |
| 77763 | Intracavitary radiation source application; complex | no auth | Payable in Regulated Space without authorization. | | | |
| 77767 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel | no auth | Payable in Regulated Space without authorization. | | | |
| 77768 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions | no auth | Payable in Regulated Space without authorization. | | | |
| 77770 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel | no auth | Payable in Regulated Space without authorization. | | | |
| 77771 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels | no auth | Payable in Regulated Space without authorization. | | | |
| 77772 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels | no auth | Payable in Regulated Space without authorization. | | | |
| 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed | no auth | Payable in Regulated Space without authorization. | | | |
| 77789 | Surface application of low dose rate radionuclide source | no auth | Payable in Regulated Space without authorization. | | | |
| 77790 | Supervision, handling, loading of radiation source | no auth | Payable in Regulated Space without authorization. | | | |
| 77799 | Unlisted procedure, clinical brachytherapy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Brachytherapy ACG: A-0270 (AC), Brachytherapy (Cardiovascular)ACG: A-0419 (AC) | |
| 78012 | Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) | no auth | Payable in Regulated Space without authorization. | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|---|--------------|-------------------------------|
| 78013 | Thyroid imaging (including vascular flow, when performed); | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78014 | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78015 | Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only) | no auth | Payable in Regulated Space without authorization. | | | |
| 78016 | Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery) | no auth | Payable in Regulated Space without authorization. | | | |
| 78018 | Thyroid carcinoma metastases imaging; whole body | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78020 | Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 78070 | Parathyroid planar imaging (including subtraction, when performed); | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78071 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) | no auth | Payable in Regulated Space without authorization. | | | |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | no auth | Payable in Regulated Space without authorization. | | | |
| 78075 | Adrenal imaging, cortex and/or medulla | no auth | Payable in Regulated Space without authorization. | | | |
| 78099 | Unlisted endocrine procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 78102 | Bone marrow imaging; limited area | no auth | Payable in Regulated Space without authorization. | | | |
| 78103 | Bone marrow imaging; multiple areas | no auth | Payable in Regulated Space without authorization. | | | |
| 78104 | Bone marrow imaging; whole body | no auth | Payable in Regulated Space without authorization. | | | |
| 78110 | Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling | no auth | Payable in Regulated Space without authorization. | | | |
| 78111 | Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings | no auth | Payable in Regulated Space without authorization. | | | |
| 78120 | Red cell volume determination (separate procedure); single sampling | no auth | Payable in Regulated Space without authorization. | | | |
| 78121 | Red cell volume determination (separate procedure); multiple samplings | no auth | Payable in Regulated Space without authorization. | | | |
| 78122 | Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique) | no auth | Payable in Regulated Space without authorization. | | | |
| 78130 | Red cell survival study | no auth | Payable in Regulated Space without authorization. | | | |
| 78140 | Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic) | no auth | Payable in Regulated Space without authorization. | | | |
| 78185 | Spleen imaging only, with or without vascular flow | no auth | Payable in Regulated Space without authorization. | | | |
| 78191 | Platelet survival study | no auth | Payable in Regulated Space without authorization. | | | |
| 78195 | Lymphatics and lymph nodes imaging | no auth | Payable in Regulated Space without authorization. | | | |

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|-----------|---|-------------------------------------|--|---|---|-------------------------------|
| 78199 | Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Labeled Leukocyte Scan ACG: A-0070 (AC) | |
| 78201 | Liver imaging; static only | no auth | Payable in Regulated Space without authorization. | | | |
| 78202 | Liver imaging; with vascular flow | no auth | Payable in Regulated Space without authorization. | | | |
| 78215 | Liver and spleen imaging; static only | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78216 | Liver and spleen imaging; with vascular flow | no auth | Payable in Regulated Space without authorization. | | | |
| 78226 | Hepatobiliary system imaging, including gallbladder when present; | no auth | Payable in Regulated Space without authorization. | | | |
| 78227 | Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78230 | Salivary gland imaging; | no auth | Payable in Regulated Space without authorization. | | | |
| 78231 | Salivary gland imaging; with serial images | no auth | Payable in Regulated Space without authorization. | | | |
| 78232 | Salivary gland function study | no auth | Payable in Regulated Space without authorization. | | | |
| 78258 | Esophageal motility | no auth | Payable in Regulated Space without authorization. | | | |
| 78261 | Gastric mucosa imaging | no auth | Payable in Regulated Space without authorization. | | | |
| 78262 | Gastroesophageal reflux study | no auth | Payable in Regulated Space without authorization. | | | |
| 78264 | Gastric emptying imaging study (eg, solid, liquid, or both); | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78265 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78266 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78267 | Urea breath test, C-14 (isotopic); acquisition for analysis | no auth | | | | |
| 78268 | Urea breath test, C-14 (isotopic); analysis | no auth | | | | |
| 78278 | Acute gastrointestinal blood loss imaging | no auth | Payable in Regulated Space without authorization. | | | |
| 78282 | Gastrointestinal protein loss | no auth | Payable in Regulated Space without authorization. | | | |
| 78290 | Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78291 | Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt) | no auth | Payable in Regulated Space without authorization. | | | |
| 78299 | Unlisted gastrointestinal procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 78300 | Bone and/or joint imaging; limited area | no auth | Payable in Regulated Space without authorization. | | | |
| 78305 | Bone and/or joint imaging; multiple areas | no auth | Payable in Regulated Space without authorization. | | | |

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|-----------|--|-------------------------------------|--|---|---|-------------------------------|
| 78306 | Bone and/or joint imaging; whole body | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78315 | Bone and/or joint imaging; 3 phase study | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78350 | Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry | NOT COVERED | | NCD 150.3 STATES NOT COVERED | | |
| 78351 | Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites | NOT COVERED | | NCD 150.3 STATES NOT COVERED | | |
| 78399 | Unlisted musculoskeletal procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Bone Scan (Bone Scintigraphy) ACG: A-0069 (AC) | |
| 78414 | Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations | no auth | Payable in Regulated Space without authorization. | | | |
| 78428 | Cardiac shunt detection | no auth | Payable in Regulated Space without authorization. | | | |
| 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | AUTH REQUIRED | | NCD 220.6.8 | MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC) | |
| 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | AUTH REQUIRED | | NCD 220.6.8 | MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC) | |
| 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | AUTH REQUIRED | | NCD 220.6.8 | MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC) | |
| 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); | AUTH REQUIRED | | NCD 220.6.8 | MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC) | |
| 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | AUTH REQUIRED | | NCD 220.6.8 | MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------------------|--|-------------------|---|-------------------------------|
| 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) | no auth | | | | |
| 78445 | Non-cardiac vascular flow imaging (ie, angiography, venography) | no auth | Payable in Regulated Space without authorization. | | | |
| 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | no auth | Payable in Regulated Space without authorization. | | | |
| 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | no auth | Payable in Regulated Space without authorization. | | | |
| 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) | no auth | Payable in Regulated Space without authorization. | | | |
| 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection | no auth | Payable in Regulated Space without authorization. | | | |
| 78456 | Acute venous thrombosis imaging, peptide | no auth | Payable in Regulated Space without authorization. | | | |
| 78457 | Venous thrombosis imaging, venogram; unilateral | no auth | Payable in Regulated Space without authorization. | | | |
| 78458 | Venous thrombosis imaging, venogram; bilateral | no auth | Payable in Regulated Space without authorization. | | | |
| 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; | AUTH REQUIRED | | NCD 220.6.8 | MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC) | |
| 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative | no auth | Payable in Regulated Space without authorization. | | | |
| 78468 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique | no auth | Payable in Regulated Space without authorization. | | | |
| 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification | no auth | Payable in Regulated Space without authorization. | | | |
| 78472 | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78473 | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification | no auth | Payable in Regulated Space without authorization. | | | |
| 78481 | Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | no auth | Payable in Regulated Space without authorization. | | | |

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|-----------|---|-------------------------------------|--|---|---|-------------------------------|
| 78483 | Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification | no auth | Payable in Regulated Space without authorization. | | | |
| 78491 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) | AUTH REQUIRED | | NCD 220.6.1 | MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC) | |
| 78492 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) | AUTH REQUIRED | | NCD 220.6.1 | MCG:Myocardial Positron Emission Tomography (PET) and PET-CT ACG: A-0097 (AC) | |
| 78494 | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing | no auth | Payable in Regulated Space without authorization. | | | |
| 78496 | Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 78499 | Unlisted cardiovascular procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 78579 | Pulmonary ventilation imaging (eg, aerosol or gas) | no auth | Payable in Regulated Space without authorization. | | | |
| 78580 | Pulmonary perfusion imaging (eg, particulate) | no auth | Payable in Regulated Space without authorization. | | | |
| 78582 | Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78597 | Quantitative differential pulmonary perfusion, including imaging when performed | no auth | Payable in Regulated Space without authorization. | | | |
| 78598 | Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed | no auth | Payable in Regulated Space without authorization. | | | |
| 78599 | Unlisted respiratory procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | MCG:Lung, Single Photon Emission Computed Tomography (SPECT) ACG: A-0091 (AC) | |
| 78600 | Brain imaging, less than 4 static views; | no auth | Payable in Regulated Space without authorization. | | | |
| 78601 | Brain imaging, less than 4 static views; with vascular flow | no auth | Payable in Regulated Space without authorization. | | | |
| 78605 | Brain imaging, minimum 4 static views; | no auth | Payable in Regulated Space without authorization. | | | |
| 78606 | Brain imaging, minimum 4 static views; with vascular flow | no auth | Payable in Regulated Space without authorization. | | | |
| 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation | AUTH REQUIRED | | NCD 220.6.13, NCD 220.6.9, NCD 220.6.16, NCD 220.6.17 | | |
| 78609 | Brain imaging, positron emission tomography (PET); perfusion evaluation | NOT COVERED | | LCA 53134 STATES NOT COVERED | | |

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|-----------|--|-------------------------------------|--|---|--------------|-------------------------------|
| 78610 | Brain imaging, vascular flow only | no auth | Payable in Regulated Space without authorization. | | | |
| 78630 | Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography | no auth | Payable in Regulated Space without authorization. | | | |
| 78635 | Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography | no auth | Payable in Regulated Space without authorization. | | | |
| 78645 | Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation | no auth | Payable in Regulated Space without authorization. | | | |
| 78650 | Cerebrospinal fluid leakage detection and localization | no auth | Payable in Regulated Space without authorization. | | | |
| 78660 | Radiopharmaceutical dacryocystography | no auth | Payable in Regulated Space without authorization. | | | |
| 78699 | Unlisted nervous system procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 78700 | Kidney imaging morphology; | no auth | Payable in Regulated Space without authorization. | | | |
| 78701 | Kidney imaging morphology; with vascular flow | no auth | Payable in Regulated Space without authorization. | | | |
| 78707 | Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78708 | Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78709 | Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) | no auth | Payable in Regulated Space without authorization. | | | |
| 78725 | Kidney function study, non-imaging radioisotopic study | no auth | Payable in Regulated Space without authorization. | | | |
| 78730 | Urinary bladder residual study (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 78740 | Ureteral reflux study (radiopharmaceutical voiding cystogram) | no auth | Payable in Regulated Space without authorization. | | | |
| 78761 | Testicular imaging with vascular flow | no auth | Payable in Regulated Space without authorization. | | | |
| 78799 | Unlisted genitourinary procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 78800 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78801 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78802 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

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|-----------|---|-------------------------------------|--|---|--------------|-------------------------------|
| 78803 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78804 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78808 | Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma) | no auth | Payable in Regulated Space without authorization. | | | |
| 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) | no auth | Payable in Regulated Space without authorization. | | | |
| 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh | no auth | Payable in Regulated Space without authorization. | | | |
| 78813 | Positron emission tomography (PET) imaging; whole body | no auth | Payable in Regulated Space without authorization. | | | |
| 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 78830 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging | no auth | Payable in Regulated Space without authorization. | | | |
| 78831 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days | no auth | Payable in Regulated Space without authorization. | | | |
| 78832 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days | no auth | Payable in Regulated Space without authorization. | | | |
| 78835 | Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure) | no auth | Payable in Regulated Space without authorization. | | | |
| 78999 | Unlisted miscellaneous procedure, diagnostic nuclear medicine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|-------------------------------------|--|----------------------------------|--|-------------------------------|
| 79005 | Radiopharmaceutical therapy, by oral administration | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 79101 | Radiopharmaceutical therapy, by intravenous administration | no auth | Payable in Regulated Space without authorization. | | | |
| 79200 | Radiopharmaceutical therapy, by intracavitary administration | no auth | Payable in Regulated Space without authorization. | | | |
| 79300 | Radiopharmaceutical therapy, by interstitial radioactive colloid administration | no auth | Payable in Regulated Space without authorization. | | | |
| 79403 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion | no auth | Payable in Regulated Space without authorization. | | | |
| 79440 | Radiopharmaceutical therapy, by intra-articular administration | no auth | Payable in Regulated Space without authorization. | | | |
| 79445 | Radiopharmaceutical therapy, by intra-arterial particulate administration | no auth | Payable in Regulated Space without authorization. | | | |
| 79999 | Radiopharmaceutical therapy, unlisted procedure | AUTH REQUIRED | | | MCG:Medical Oncology GRG: PG-ONC (ISC GRG) | |
| 80047 | Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520) | no auth | | | | |
| 80048 | Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) | no auth | | | | |
| 80050 | General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443) | NOT COVERED | | NOT ON MEDICARE LAB FEE SCHEDULE | | |
| 80051 | Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295) | no auth | | | | |
| 80053 | Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520) | no auth | | | | |
| 80055 | Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 80061 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) | no auth | | | | |
| 80069 | Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) | no auth | | | | |
| 80074 | Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803) | no auth | | | | |
| 80076 | Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) | no auth | | | | |
| 80081 | Obstetric panel (includes HIV testing) | no auth | | | | |
| 80143 | Acetaminophen | no auth | | | | |
| 80145 | Adalimumab | no auth | | | | |
| 80150 | Amikacin | no auth | | | | |
| 80151 | Amiodarone | no auth | | | | |
| 80155 | Caffeine | no auth | | | | |
| 80156 | Carbamazepine; total | no auth | | | | |
| 80157 | Carbamazepine; free | no auth | | | | |
| 80158 | Cyclosporine | no auth | | | | |
| 80159 | Clozapine | no auth | | | | |
| 80161 | Carbamazepine; -10,11-epoxide | no auth | | | | |
| 80162 | Digoxin; total | no auth | | | | |
| 80163 | Digoxin; free | no auth | | | | |
| 80164 | Valproic acid (dipropylacetic acid); total | no auth | | | | |
| 80165 | Valproic acid (dipropylacetic acid); free | no auth | | | | |
| 80167 | Felbamate | no auth | | | | |
| 80168 | Ethosuximide | no auth | | | | |
| 80169 | Everolimus | no auth | | | | |
| 80170 | Gentamicin | no auth | | | | |
| 80171 | Gabapentin, whole blood, serum, or plasma | no auth | | | | |
| 80173 | Haloperidol | no auth | | | | |
| 80175 | Lamotrigine | no auth | | | | |
| 80176 | Lidocaine | no auth | | | | |
| 80177 | Levetiracetam | no auth | | | | |
| 80178 | Lithium | no auth | | | | |
| 80179 | Salicylate | no auth | | | | |
| 80180 | Mycophenolate (mycophenolic acid) | no auth | | | | |
| 80181 | Flecainide | no auth | | | | |
| 80183 | Oxcarbazepine | no auth | | | | |
| 80184 | Phenobarbital | no auth | | | | |
| 80185 | Phenytoin; total | no auth | | | | |
| 80186 | Phenytoin; free | no auth | | | | |
| 80187 | Posaconazole | no auth | | | | |
| 80188 | Primidone | no auth | | | | |
| 80189 | Itraconazole | no auth | | | | |

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|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| 80190 | Procainamide; | no auth | | | | |
| 80192 | Procainamide; with metabolites (eg, n-acetyl procainamide) | no auth | | | | |
| 80193 | Leflunomide | no auth | | | | |
| 80194 | Quinidine | no auth | | | | |
| 80195 | Sirolimus | no auth | | | | |
| 80197 | Tacrolimus | no auth | | | | |
| 80198 | Theophylline | no auth | | | | |
| 80199 | Tiagabine | no auth | | | | |
| 80200 | Tobramycin | no auth | | | | |
| 80201 | Topiramate | no auth | | | | |
| 80202 | Vancomycin | no auth | | | | |
| 80203 | Zonisamide | no auth | | | | |
| 80204 | Methotrexate | no auth | | | | |
| 80210 | Rufinamide | no auth | | | | |
| 80220 | Hydroxychloroquine | no auth | | | | |
| 80230 | Infliximab | no auth | | | | |
| 80235 | Lacosamide | no auth | | | | |
| 80280 | Vedolizumab | no auth | | | | |
| 80285 | Voriconazole | no auth | | | | |
| 80299 | Quantitation of therapeutic drug, not elsewhere specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 80305 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service | no auth | | | | |
| 80306 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service | no auth | | | | |
| 80307 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service | no auth | | | | |
| 80320 | Alcohols | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80321 | Alcohol biomarkers; 1 or 2 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80322 | Alcohol biomarkers; 3 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80323 | Alkaloids, not otherwise specified | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |

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|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| 80324 | Amphetamines; 1 or 2 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80325 | Amphetamines; 3 or 4 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80326 | Amphetamines; 5 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80327 | Anabolic steroids; 1 or 2 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80328 | Anabolic steroids; 3 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80329 | Analgesics, non-opioid; 1 or 2 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80330 | Analgesics, non-opioid; 3-5 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80331 | Analgesics, non-opioid; 6 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80332 | Antidepressants, serotonergic class; 1 or 2 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80333 | Antidepressants, serotonergic class; 3-5 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80334 | Antidepressants, serotonergic class; 6 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80335 | Antidepressants, tricyclic and other cyclical; 1 or 2 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80336 | Antidepressants, tricyclic and other cyclical; 3-5 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80337 | Antidepressants, tricyclic and other cyclical; 6 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| 80338 | Antidepressants, not otherwise specified | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80339 | Antiepileptics, not otherwise specified; 1-3 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80340 | Antiepileptics, not otherwise specified; 4-6 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80341 | Antiepileptics, not otherwise specified; 7 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80342 | Antipsychotics, not otherwise specified; 1-3 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80343 | Antipsychotics, not otherwise specified; 4-6 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80344 | Antipsychotics, not otherwise specified; 7 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80345 | Barbiturates | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80346 | Benzodiazepines; 1-12 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80347 | Benzodiazepines; 13 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80348 | Buprenorphine | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80349 | Cannabinoids, natural | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80350 | Cannabinoids, synthetic; 1-3 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80351 | Cannabinoids, synthetic; 4-6 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| 80352 | Cannabinoids, synthetic; 7 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80353 | Cocaine | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80354 | Fentanyl | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80355 | Gabapentin, non-blood | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80356 | Heroin metabolite | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80357 | Ketamine and norketamine | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80358 | Methadone | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80359 | Methylenedioxyamphetamines (MDA, MDEA, MDMA) | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80360 | Methylphenidate | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80361 | Opiates, 1 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80362 | Opioids and opiate analogs; 1 or 2 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80363 | Opioids and opiate analogs; 3 or 4 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80364 | Opioids and opiate analogs; 5 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80365 | Oxycodone | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 80366 | Pregabalin | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80367 | Propoxyphene | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80368 | Sedative hypnotics (non-benzodiazepines) | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80369 | Skeletal muscle relaxants; 1 or 2 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80370 | Skeletal muscle relaxants; 3 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80371 | Stimulants, synthetic | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80372 | Tapentadol | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80373 | Tramadol | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80374 | Stereoisomer (enantiomer) analysis, single drug class | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80376 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6 | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80377 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more | NOT COVERED | | LCA 56915 STATES NOT COVERED (with exception of acute inpatient setting) | | |
| 80400 | ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2) | no auth | | | | |
| 80402 | ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2) | no auth | | | | |
| 80406 | ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 80408 | Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2) | no auth | | | | |
| 80410 | Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3) | no auth | | | | |
| 80412 | Corticotropin releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic hormone (ACTH) (82024 x 6) | no auth | | | | |
| 80414 | Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples) | no auth | | | | |
| 80415 | Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples) | no auth | | | | |
| 80416 | Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6) | no auth | | | | |
| 80417 | Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2) | no auth | | | | |
| 80418 | Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4) | no auth | | | | |
| 80420 | Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2) | no auth | | | | |
| 80422 | Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3) | no auth | | | | |
| 80424 | Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2) | no auth | | | | |
| 80426 | Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4) | no auth | | | | |
| 80428 | Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4) | no auth | | | | |
| 80430 | Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4) | no auth | | | | |
| 80432 | Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5) | no auth | | | | |
| 80434 | Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5) | no auth | | | | |
| 80435 | Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5) | no auth | | | | |
| 80436 | Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2) | no auth | | | | |
| 80438 | Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 80439 | Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4) | no auth | | | | |
| 80503 | Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making. When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation. | no auth | | | | |
| 80504 | Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making. When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation. | no auth | | | | |
| 80505 | Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making. When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation. | no auth | | | | |
| 80506 | Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure) | no auth | | | | |
| 81000 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy | no auth | | | | |
| 81001 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy | no auth | | | | |
| 81002 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy | no auth | | | | |
| 81003 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy | no auth | | | | |
| 81005 | Urinalysis; qualitative or semiquantitative, except immunoassays | no auth | | | | |
| 81007 | Urinalysis; bacteriuria screen, except by culture or dipstick | no auth | | | | |
| 81015 | Urinalysis; microscopic only | no auth | | | | |
| 81020 | Urinalysis; 2 or 3 glass test | no auth | | | | |
| 81025 | Urine pregnancy test, by visual color comparison methods | no auth | | | | |
| 81050 | Volume measurement for timed collection, each | no auth | | | | |
| 81099 | Unlisted urinalysis procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 81105 | Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC) | |

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|-----------|---|------------------|-------------------------------|----------------------|---|-------------------------------|
| 81106 | Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC) | |
| 81107 | Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC) | |
| 81108 | Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC) | |
| 81109 | Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E)) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC) | |
| 81110 | Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC), Post-Transfusion Purpura - Human Platelet Antigen (HPA) Genotyping ACG: A-0800 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---------------------------------|---|-------------------------------|
| 81111 | Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC), Post-Transfusion Purpura - Human Platelet Antigen (HPA) Genotyping ACG: A-0800 (AC) | |
| 81112 | Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Fetal and Neonatal Alloimmune Thrombocytopenia - Human Platelet Antigen (HPA) Genotyping ACG: A-0793 (AC), Post-Transfusion Purpura - Human Platelet Antigen (HPA) Genotyping ACG: A-0800 (AC) | |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81161 | DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Muscular Dystrophies (Duchenne, Becker) - DMD Gene ACG: A-0608 (AC), MCG: Familial Dilated Cardiomyopathy - Gene and Gene Panel Testing ACG: A-0648 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|--|-------------------------------|
| 81162 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81164 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|----------------------|---|-------------------------------|
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---------------------------------|--|-------------------------------|
| 81168 | CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81170 | ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:MCG: Acute Lymphoblastic Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0759 (AC), MCG: Chronic Myelogenous Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0771 (AC) | |
| 81171 | AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81172 | AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81173 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81174 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81176 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |

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|-----------|---|------------------|-------------------------------|----------------------|--|-------------------------------|
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81184 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81185 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81186 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81187 | CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Myotonic Dystrophy, Type 2 - CNBP Gene ACG: A-0844 (AC) | |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC) | |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC) | |
| 81191 | NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC) | |
| 81192 | NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC) | |
| 81193 | NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC) | |
| 81194 | NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC) | |
| 81200 | ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC) | |
| 81201 | APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Familial Adenomatous Polyposis - APC Gene ACG: A-0534 (AC) | |
| 81202 | APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Familial Adenomatous Polyposis - APC Gene ACG: A-0534 (AC) | |
| 81203 | APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Familial Adenomatous Polyposis - APC Gene ACG: A-0534 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81204 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81205 | BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Maple Syrup Urine Disease, Type 1 or Type 2 - BCKDHA, BCKDHB, and DBT Genes ACG: A-0681 (AC) | |
| 81206 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:MCG: Acute Lymphoblastic Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0759 (AC), MCG: Chronic Myelogenous Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0771 (AC) | |
| 81207 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:MCG: Acute Lymphoblastic Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0759 (AC), MCG: Chronic Myelogenous Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0771 (AC) | |
| 81208 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:MCG: Acute Lymphoblastic Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0759 (AC), MCG: Chronic Myelogenous Leukemia - BCR-ABL1 Fusion Gene Testing ACG: A-0771 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81209 | BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Bloom Syndrome - BLM Gene ACG: A-0682 (AC) | |
| 81210 | BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:MCG: Colorectal Cancer - BRAF V600E Testing ACG: A-0772 (AC), MCG: Malignant Melanoma (Cutaneous) - BRAF V600 Testing ACG: A-0787 (AC) | |
| 81212 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81215 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |

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| 81216 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81217 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Breast or Ovarian Cancer, Hereditary - BRCA1 and BRCA2 Genes ACG: A-0499 (AC), MCG: Prostate Cancer - BRCA1 and BRCA2 Genes ACG: A-0612 (AC), MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81218 | CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81219 | CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9 | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:MCG: Myeloproliferative Neoplasms - MPL Gene ACG: A-0843 (AC), MCG: Myeloproliferative Neoplasms - CALR Gene ACG: A-0975 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81220 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC) | |
| 81221 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC) | |
| 81222 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC) | |
| 81223 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81224 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Cystic Fibrosis - CFTR Gene and Mutation Panel ACG: A-0597 (AC), MCG: Pancreatitis, Hereditary - CFTR, CPA1, CTRC, PRSS1, and SPINK1 Genes ACG: A-0646 (AC) | |
| 81225 | CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Clopidogrel Pharmacogenetics - CYP2C19 Gene ACG: A-0631 (AC), MCG: Psychotropic Medication Pharmacogenetics - CYP450 Polymorphisms ACG: A-0692 (AC), Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 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, *1XN, *2XN, *4XN) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Tamoxifen Pharmacogenetics - CYP2D6 Gene ACG: A-0647 (AC), MCG: Psychotropic Medication Pharmacogenetics - CYP450 Polymorphisms ACG: A-0692 (AC), Attention-Deficit Hyperactivity Disorder Medication Pharmacogenetics - ADRA2A, COMT, CYP2B6, and CYP2D6 Genes ACG: A-0764 (AC); Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC) | |
| 81227 | CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Warfarin Pharmacogenetics - CYP2C9, CYP4F2, and VKORC1 Genes ACG: A-0587 (AC), MCG: Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC) | |
| 81228 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria depending on reason for analysis (ex: MEN, Alzheimers, ALS, DM, etc.) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81229 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria depending on reason for analysis (ex: MEN, Alzheimers, ALS, DM, etc.) | |
| 81230 | CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Tacrolimus Pharmacogenetics - CYP3A4 and CYP3A5 Genes ACG: A-0775 (AC), MCG: Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC) | |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Tacrolimus Pharmacogenetics - CYP3A4 and CYP3A5 Genes ACG: A-0775 (AC), MCG: Opioid Pharmacogenetics - CYP450 Polymorphisms and OPRM1 Gene ACG: A-0992 (AC) | |
| 81232 | DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: 5-Fluorouracil Pharmacogenetics - DPYD and TYMS Genes ACG: A-0665 (AC) | |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Myotonic Dystrophy, Type 1 - DMPK Gene ACG: A-0609 (AC) | |
| 81235 | EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC) | |

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| 81236 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 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) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Myotonic Dystrophy, Type 1 - DMPK Gene ACG: A-0609 (AC) | |
| 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Prothrombin Thrombophilia - F2 Gene ACG: A-0613 (AC) | |
| 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Factor V Leiden Thrombophilia - F5 Gene ACG: A-0600 (AC) | |
| 81242 | FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Fanconi Anemia - FANCC Genes and Gene Panel Testing ACG: A-0683 (AC) | |
| 81243 | FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG depending on diagnosis | |
| 81244 | FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG depending on diagnosis | |
| 81245 | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81246 | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81247 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:G6PD Pharmacogenetics - G6PD Gene ACG: A-0653 (AC) | |
| 81248 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:G6PD Pharmacogenetics - G6PD Gene ACG: A-0653 (AC) | |

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| 81249 | G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:G6PD Pharmacogenetics - G6PD Gene ACG: A-0653 (AC) | |
| 81250 | G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Glycogen Storage Disease, Type I - G6PC and SLC37A4 Genes ACG: A-0684 (AC) | |
| 81251 | GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:MCG: Gaucher Disease - GBA Gene ACG: A-0603 (AC), MCG: Parkinson Disease - Gene Testing and Gene Panels ACG: A-0671 (AC) | |
| 81252 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Deafness and Hearing Loss, Nonsyndromic - GJB2, MT-RNR1, MT-TS1, POU3F4, PRPS1, and SMPX Genes ACG: A-0596 (AC) | |
| 81253 | GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Deafness and Hearing Loss, Nonsyndromic - GJB2, MT-RNR1, MT-TS1, POU3F4, PRPS1, and SMPX Genes ACG: A-0596 (AC) | |
| 81254 | GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)]) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Deafness and Hearing Loss, Nonsyndromic - GJB2, MT-RNR1, MT-TS1, POU3F4, PRPS1, and SMPX Genes ACG: A-0596 (AC) | |

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| 81255 | HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Tay-Sachs Disease and Variants - HEXA Gene ACG: A-0614 (AC) | |
| 81256 | HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hemochromatosis - HFE Gene ACG: A-0599 (AC) | |
| 81257 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria depending on reason for analysis (ex: Alpha thal, MED, VHL, ALS, etc.) | |
| 81258 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Alpha Thalassemia - HBA1 and HBA2 Genes ACG: A-0808 (AC) | |
| 81259 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Alpha Thalassemia - HBA1 and HBA2 Genes ACG: A-0808 (AC) | |
| 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+6T>C, R696P) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Familial Dysautonomia - ELP1 Gene ACG: A-0685 (AC) | |
| 81261 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81262 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81263 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81264 | IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81265 | Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81266 | Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81267 | Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81268 | Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81269 | HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Alpha Thalassemia - HBA1 and HBA2 Genes ACG: A-0808 (AC) | |
| 81270 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myeloproliferative Neoplasms - JAK2 Gene ACG: A-0669 (AC) | |
| 81271 | HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Huntington Disease - HTT Gene ACG: A-0605 (AC) | |
| 81272 | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:MCG: Gastrointestinal Stromal Tumor (GIST) - KIT and PDGFRA Genes ACG: A-0780 (AC) | |
| 81273 | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:MCG: Gastrointestinal Stromal Tumor (GIST) - KIT and PDGFRA Genes ACG: A-0780 (AC) | |
| 81274 | HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Huntington Disease - HTT Gene ACG: A-0605 (AC) | |
| 81275 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG: Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC); MCG: Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81276 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG: Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC); MCG: Non-Small Cell Lung Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0795 (AC) | |
| 81277 | Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81278 | IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG depending on diagnosis (Deafness, diabetes, asthma, Alzheimers, etc.) | |
| 81279 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Myeloproliferative Neoplasms - JAK2 Gene ACG: A-0669 (AC) | |
| 81283 | IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Friedreich Ataxia - FXN Gene ACG: A-0907 (AC) | |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Friedreich Ataxia - FXN Gene ACG: A-0907 (AC) | |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Friedreich Ataxia - FXN Gene ACG: A-0907 (AC) | |
| 81287 | MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81288 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: MCG: Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC) | |
| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Friedreich Ataxia - FXN Gene ACG: A-0907 (AC) | |

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| 81290 | MCOLN1 (mucopolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Mucopolipidosis IV - MCOLN1 Gene ACG: A-0686 (AC) | |
| 81291 | MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hyperhomocysteinemia - MTHFR Gene ACG: A-0629 (AC); Methotrexate Pharmacogenetics - MTHFR Gene ACG: A-1009 (AC) | |
| 81292 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81293 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81294 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |

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| 81295 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81296 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81297 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); | |
| 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); | |

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| 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); | |
| 81301 | Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); | |
| 81302 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis | AUTH REQUIRED | | | | |
| 81303 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant | AUTH REQUIRED | | | | |
| 81304 | MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants | AUTH REQUIRED | | | | |
| 81305 | MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Tacrolimus Pharmacogenetics - CYP3A4 and CYP3A5 Genes ACG: A-0775 (AC) | |
| 81307 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer - PALB2 Gene ACG: A-0989 (AC) | |
| 81308 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer - PALB2 Gene ACG: A-0989 (AC) | |
| 81309 | PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81310 | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81311 | NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Colorectal Cancer - KRAS and NRAS Genes ACG: A-0773 (AC) | |
| 81312 | PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

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| 81313 | PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Prostate Cancer - PCA3 Gene ACG: A-0855 (AC) | |
| 81314 | PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Gastrointestinal Stromal Tumor (GIST) - KIT and PDGFRA Genes ACG: A-0780 (AC) | |
| 81315 | PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Acute Promyelocytic Leukemia - PML-RARA Fusion Gene Testing ACG: A-0760 (AC) | |
| 81316 | PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Acute Promyelocytic Leukemia - PML-RARA Fusion Gene Testing ACG: A-0760 (AC) | |
| 81317 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC) | |
| 81318 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC) | |
| 81319 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC) | |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |

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| 81321 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG: Cowden Syndrome - PTEN Gene ACG: A-0585 (AC) | |
| 81322 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG: Cowden Syndrome - PTEN Gene ACG: A-0585 (AC) | |
| 81323 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG: Cowden Syndrome - PTEN Gene ACG: A-0585 (AC) | |
| 81324 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing ACG: A-0691 (AC) | |
| 81325 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing ACG: A-0691 (AC) | |
| 81326 | PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing ACG: A-0691 (AC) | |
| 81327 | SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG: Septin 9 (SEPT9) DNA Methylation Testing ACG: A-0706 (AC) | |
| 81328 | SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Statin Pharmacogenetics - SLCO1B1 Gene ACG: A-0981 (AC) | |
| 81329 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed | AUTH REQUIRED | | | | |
| 81330 | SMPD1 (sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330) | AUTH REQUIRED | | | | |

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| 81331 | SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis | AUTH REQUIRED | | | | |
| 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 *Z) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Alpha-1 Antitrypsin Deficiency - SERPINA1 Gene ACG: A-1006 (AC) | |
| 81333 | TGFB1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81334 | RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81335 | TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Azathioprine and 6-Mercaptopurine Pharmacogenetics - NUDT15 and TPMT Genes ACG: A-0628 (AC) | |
| 81336 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence | AUTH REQUIRED | | | | |
| 81337 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s) | AUTH REQUIRED | | | | |
| 81338 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Myeloproliferative Neoplasms - MPL Gene ACG: A-0843 (AC) | |
| 81339 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Myeloproliferative Neoplasms - MPL Gene ACG: A-0843 (AC) | |
| 81340 | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Lymphoma - T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing ACG: A-0786 (AC) | |
| 81341 | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Lymphoma - T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing ACG: A-0786 (AC) | |

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| 81342 | TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Lymphoma - T-Cell Antigen Receptor (TCR) Gene Rearrangement Testing ACG: A-0786 (AC) | |
| 81343 | PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81344 | TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Spinocerebellar Ataxia - Gene Testing and Gene Panels ACG: A-0908 (AC) | |
| 81345 | TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | | |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:5-Fluorouracil Pharmacogenetics - DPYD and TYMS Genes ACG: A-0665 (AC) | |
| 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81348 | SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 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 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81350 | UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Irinotecan Pharmacogenetics - UGT1A1 Gene ACG: A-0624 (AC) | |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Li-Fraumeni Syndrome - TP53 Gene ACG: A-0584 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---------------------------------|---|-------------------------------|
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Li-Fraumeni Syndrome - TP53 Gene ACG: A-0584 (AC) | |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Li-Fraumeni Syndrome - TP53 Gene ACG: A-0584 (AC) | |
| 81355 | VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Warfarin Pharmacogenetics - CYP2C9, CYP4F2, and VKORC1 Genes ACG: A-0587 (AC) | |
| 81357 | U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81360 | ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81361 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC) | |
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81363 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC) | |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC) | |
| 81370 | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC) | |
| 81371 | HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|---|-------------------------------|
| 81372 | HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Hemoglobin C and E - HBB Gene ACG: A-0604 (AC); Beta Thalassemia - HBB Gene ACG: A-0815 (AC); Sickle Cell Disease - HBB Gene ACG: A-0864 (AC) | |
| 81373 | HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC) | |
| 81374 | HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each | no auth | | | | |
| 81375 | HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81376 | HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC); Narcolepsy - HLA Testing ACG: A-1005 (AC) | |
| 81377 | HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Narcolepsy - HLA Testing ACG: A-1005 (AC) | |
| 81378 | HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81379 | HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81380 | HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC) | |
| 81381 | HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC) | |
| 81382 | HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:HLA Pharmacogenetics - HLA Testing ACG: A-0649 (AC); Narcolepsy - HLA Testing ACG: A-1005 (AC); Celiac Disease - HLA Testing ACG: A-0769 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|--|-------------------------------|
| 81383 | HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Narcolepsy - HLA Testing ACG: A-1005 (AC); Celiac Disease - HLA Testing ACG: A-0769 (AC) | |
| 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) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 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 dynamic mutation disorder/triplet repeat) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 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], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 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, mutation scanning or duplication/deletion variants of 2-5 exons) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 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 characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 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, regionally targeted cytogenomic array analysis) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 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) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|--|-------------------------------|
| 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 analysis of multiple genes on one platform) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81408 | Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81410 | Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Familial Thoracic Aortic Aneurysm and Aortic Dissection - Gene Testing and Gene Panels ACG: A-0778 (AC); Loeys-Dietz Syndrome - Gene and Gene Panel Testing ACG: A-0909 (AC); Ehlers-Danlos Syndrome (Vascular) - COL3A1 Gene ACG: A-0910 (AC) | |
| 81411 | Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Familial Thoracic Aortic Aneurysm and Aortic Dissection - Gene Testing and Gene Panels ACG: A-0778 (AC); Loeys-Dietz Syndrome - Gene and Gene Panel Testing ACG: A-0909 (AC); Ehlers-Danlos Syndrome (Vascular) - COL3A1 Gene ACG: A-0910 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|---|-------------------------------|
| 81412 | Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Ashkenazi Jewish Genetic Carrier Panel ACG: A-0592 (AC) | |
| 81413 | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81414 | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81415 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81416 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81417 | Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 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 | AUTH REQUIRED | | LCD 35062, LCD 39063 | | |
| 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, STXB1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Epilepsies (Hereditary) - Gene Panels ACG: A-0905 (AC) | |
| 81420 | Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81422 | Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81425 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81426 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81427 | Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Many MCG Criteria based on underlying clinical context. Contact Alterwood for specific criteria. | |
| 81430 | Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81431 | Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Deafness and Hearing Loss, Nonsyndromic - Microarray and Multigene Panels ACG: A-0823 (AC) | |
| 81432 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53 | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | MCG: Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81433 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11 | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062 | MCG: Breast Cancer (Hereditary) - Gene Panel ACG: A-0767 (AC); Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC) | |
| 81434 | Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Retinal Disorders (Hereditary) - Gene Panels ACG: A-0912 (AC) | |
| 81435 | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11 | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062, LCD 35396 | MCG: Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Colorectal Cancer (Hereditary) - Gene Panel ACG: A-0774 (AC) | |
| 81436 | Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11 | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062, LCD 35396 | MCG: Lynch Syndrome - EPCAM, MLH1, MSH2, MSH6, and PMS2 Genes and Gene Panel ACG: A-0533 (AC); Colorectal Cancer (Hereditary) - Gene Panel ACG: A-0774 (AC) | |
| 81437 | Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062, LCD 35396 | MCG: Paraganglioma-Pheochromocytoma (Hereditary) - Gene Testing and Gene Panel ACG: A-0798 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 81438 | Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Paraganglioma - Pheochromocytoma (Hereditary) - Gene Testing and Gene Panel ACG: A-0798 (AC) | |
| 81439 | Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Arrhythmogenic Right Ventricular Cardiomyopathy - ARVC Genes ACG: A-0627 (AC); Familial Hypertrophic Cardiomyopathy, Nonsyndromic - Gene and Gene Panel Testing ACG: A-0633 (AC); Familial Dilated Cardiomyopathy - Gene and Gene Panel Testing ACG: A-0648 (AC) | |
| 81440 | Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81441 | Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2 | AUTH REQUIRED | | LCD 35062 | MCG: Fanconi Anemia - FANC Genes and Gene Panel Testing ACG: A-0683 (AC) | |
| 81442 | Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Noonan Syndrome - Gene and Gene Panel Testing ACG: A-0915 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 81443 | Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Ashkenazi Jewish Genetic Carrier Panel ACG: A-0592 (AC); Autosomal and X-Linked Recessive Disease Carrier Screening - Expanded Gene Panels ACG: A-0768 (AC) | |
| 81445 | Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062, LCD 35396 | MCG: Ovarian Cancer (Hereditary) - Gene and Gene Panel Testing ACG: A-0782 (AC); Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC); Pancreatic Cancer (Hereditary) - Gene Panel ACG: A-0797 (AC) | |
| 81448 | Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1) | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing ACG: A-0691 (AC) | |
| 81449 | Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis | AUTH REQUIRED | | LCD 35062 | MCG: Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 81450 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062, LCD 35396 | MCG:Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC); Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81451 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis | AUTH REQUIRED | | LCD 35062 | MCG: Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC), Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81455 | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC) | |
| 81456 | Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis | AUTH REQUIRED | | LCD 35062 | MCG: Multiple Cancers, Including Cancer Syndromes (Hereditary) - Gene Panel ACG: A-0790 (AC), Myelodysplastic Syndromes (Somatic) - Gene Panels ACG: A-0791 (AC) | |
| 81457 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability | AUTH REQUIRED | | | | |
| 81458 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability | AUTH REQUIRED | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| 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 | AUTH REQUIRED | | | | |
| 81460 | Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 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 | AUTH REQUIRED | | | | |
| 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 | AUTH REQUIRED | | | | |
| 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 | AUTH REQUIRED | | | | |
| 81465 | Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81470 | X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Intellectual Disability - Gene Panels ACG: A-0923 (AC) | |
| 81471 | X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Intellectual Disability - Gene Panels ACG: A-0923 (AC) | |
| 81479 | Unlisted molecular pathology procedure | AUTH REQUIRED | | NCD 90.2, LCA 58917, LCD 35062, LCD 35396 | MCG: Many MCG criteria based on underlying clinical context (ex: BRCA 1/2, Lynch, ALS, Melanoma, etc.) | |
| 81490 | Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 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 | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81500 | Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG: Proteomics - Ovarian Cancer Biomarker Panel (ROMA) ACG: A-0858 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---------------------------------|--|-------------------------------|
| 81503 | Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Proteomics - Ovarian Cancer Biomarker Panel (ROMA) ACG: A-0858 (AC) | |
| 81504 | Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Cancer of Unknown Primary Gene Expression Profiling ACG: A-0673 (AC) | |
| 81506 | Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81507 | Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Noninvasive Prenatal Testing (Cell-Free Fetal DNA) - Aneuploidy Testing ACG: A-0724 (AC) | |
| 81508 | Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81509 | Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81510 | Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81511 | Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81512 | Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81513 | Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis | no auth | | | | |
| 81514 | Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---------------------------------|---|-------------------------------|
| 81517 | Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years | no auth | | | | |
| 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, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81519 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC) | |
| 81520 | Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC) | |
| 81521 | Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC) | |
| 81522 | Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC) | |
| 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 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Breast Cancer Gene Expression Assays ACG: A-0532 (AC) | |
| 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 reported as a recurrence score | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Colon Cancer Gene Expression Assay Oncotype DX ACG: A-0651 (AC) | |
| 81528 | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result | no auth | | NCD 210.3, LCA 58917, LCD 35062 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---------------------------------|--|-------------------------------|
| 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 | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Melanoma (Cutaneous) - Gene Expression Profiling ACG: A-0837 (AC) | |
| 81535 | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81536 | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81538 | Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Proteomics (VeriStrat) ACG: A-0693 (AC) | |
| 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 algorithm reported as a probability score | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 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 subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Cancer of Unknown Primary - Gene Expression Profiling ACG: A-0673 (AC) | |
| 81541 | Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Prostate Cancer Gene Expression Testing - Prolaris ACG: A-0857 (AC) | |
| 81542 | Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Prostate Cancer Gene Expression Testing - Decipher ACG: A-0856 (AC) | |
| 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) | AUTH REQUIRED | | LCA 58917, LCD 35062, LCD 35396 | MCG:Thyroid Nodule Gene Expression Testing ACG: A-0711 (AC) | |
| 81551 | Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 81552 | Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Melanoma (Uveal) - Gene Expression Profiling ACG: A-0670 (AC) | |

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|-----------|--|------------------|-------------------------------|--|---|-------------------------------|
| 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]) | AUTH REQUIRED | | LCA 58917, LCD 35062 | | |
| 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 | AUTH REQUIRED | | | | |
| 81595 | Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subtraction of peripheral blood, algorithm reported as a rejection risk score | AUTH REQUIRED | | LCA 58917, LCD 35062 | MCG:Heart Transplant Rejection Gene Expression Profiling (AlloMap) ACG: A-0623 (AC) | |
| 81596 | Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver | no auth | | | | |
| 81599 | Unlisted multianalyte assay with algorithmic analysis | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 82009 | Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative | no auth | | | | |
| 82010 | Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative | no auth | | | | |
| 82013 | Acetylcholinesterase | no auth | | | | |
| 82016 | Acylcarnitines; qualitative, each specimen | no auth | | | | |
| 82017 | Acylcarnitines; quantitative, each specimen | no auth | | | | |
| 82024 | Adrenocorticotrophic hormone (ACTH) | no auth | | | | |
| 82030 | Adenosine, 5-monophosphate, cyclic (cyclic AMP) | no auth | | | | |
| 82040 | Albumin; serum, plasma or whole blood | no auth | | | | |
| 82042 | Albumin; other source, quantitative, each specimen | no auth | | | | |
| 82043 | Albumin; urine (eg, microalbumin), quantitative | no auth | | | | |
| 82044 | Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay) | no auth | | | | |
| 82045 | Albumin; ischemia modified | no auth | | | | |
| 82075 | Alcohol (ethanol); breath | no auth | | | | |
| 82077 | Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase) | no auth | | | | |
| 82085 | Aldolase | no auth | | | | |
| 82088 | Aldosterone | no auth | | | | |
| 82103 | Alpha-1-antitrypsin; total | no auth | | | | |
| 82104 | Alpha-1-antitrypsin; phenotype | no auth | | | | |
| 82105 | Alpha-fetoprotein (AFP); serum | no auth | | | | |
| 82106 | Alpha-fetoprotein (AFP); amniotic fluid | no auth | | | | |
| 82107 | Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio) | no auth | | | | |
| 82108 | Aluminum | no auth | | | | |
| 82120 | Amines, vaginal fluid, qualitative | no auth | | | | |
| 82127 | Amino acids; single, qualitative, each specimen | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 82128 | Amino acids; multiple, qualitative, each specimen | no auth | | | | |
| 82131 | Amino acids; single, quantitative, each specimen | no auth | | | | |
| 82135 | Aminolevulinic acid, delta (ALA) | no auth | | | | |
| 82136 | Amino acids, 2 to 5 amino acids, quantitative, each specimen | no auth | | | | |
| 82139 | Amino acids, 6 or more amino acids, quantitative, each specimen | no auth | | | | |
| 82140 | Ammonia | no auth | | | | |
| 82143 | Amniotic fluid scan (spectrophotometric) | no auth | | | | |
| 82150 | Amylase | no auth | | | | |
| 82154 | Androstenediol glucuronide | no auth | | | | |
| 82157 | Androstenedione | no auth | | | | |
| 82160 | Androsterone | no auth | | | | |
| 82163 | Angiotensin II | no auth | | | | |
| 82164 | Angiotensin I - converting enzyme (ACE) | no auth | | | | |
| 82166 | Anti-mullerian hormone (AMH) | AUTH REQUIRED | | | | |
| 82172 | Apolipoprotein, each | no auth | | | | |
| 82175 | Arsenic | no auth | | | | |
| 82180 | Ascorbic acid (Vitamin C), blood | no auth | | | | |
| 82190 | Atomic absorption spectroscopy, each analyte | no auth | | | | |
| 82232 | Beta-2 microglobulin | no auth | | | | |
| 82239 | Bile acids; total | no auth | | | | |
| 82240 | Bile acids; cholyglycine | no auth | | | | |
| 82247 | Bilirubin; total | no auth | | | | |
| 82248 | Bilirubin; direct | no auth | | | | |
| 82252 | Bilirubin; feces, qualitative | no auth | | | | |
| 82261 | Biotinidase, each specimen | no auth | | | | |
| 82270 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection) | no auth | | | | |
| 82271 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources | no auth | | | | |
| 82272 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening | no auth | | | | |
| 82274 | Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations | no auth | | | | |
| 82286 | Bradykinin | no auth | | | | |
| 82300 | Cadmium | no auth | | | | |
| 82306 | Vitamin D; 25 hydroxy, includes fraction(s), if performed | no auth | | | | |
| 82308 | Calcitonin | no auth | | | | |
| 82310 | Calcium; total | no auth | | | | |
| 82330 | Calcium; ionized | no auth | | | | |
| 82331 | Calcium; after calcium infusion test | no auth | | | | |
| 82340 | Calcium; urine quantitative, timed specimen | no auth | | | | |
| 82355 | Calculus; qualitative analysis | no auth | | | | |
| 82360 | Calculus; quantitative analysis, chemical | no auth | | | | |
| 82365 | Calculus; infrared spectroscopy | no auth | | | | |
| 82370 | Calculus; X-ray diffraction | no auth | | | | |
| 82373 | Carbohydrate deficient transferrin | no auth | | | | |
| 82374 | Carbon dioxide (bicarbonate) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 82375 | Carboxyhemoglobin; quantitative | no auth | | | | |
| 82376 | Carboxyhemoglobin; qualitative | no auth | | | | |
| 82378 | Carcinoembryonic antigen (CEA) | no auth | | | | |
| 82379 | Carnitine (total and free), quantitative, each specimen | no auth | | | | |
| 82380 | Carotene | no auth | | | | |
| 82382 | Catecholamines; total urine | no auth | | | | |
| 82383 | Catecholamines; blood | no auth | | | | |
| 82384 | Catecholamines; fractionated | no auth | | | | |
| 82387 | Cathepsin-D | no auth | | | | |
| 82390 | Ceruloplasmin | no auth | | | | |
| 82397 | Chemiluminescent assay | no auth | | | | |
| 82415 | Chloramphenicol | no auth | | | | |
| 82435 | Chloride; blood | no auth | | | | |
| 82436 | Chloride; urine | no auth | | | | |
| 82438 | Chloride; other source | no auth | | | | |
| 82441 | Chlorinated hydrocarbons, screen | no auth | | | | |
| 82465 | Cholesterol, serum or whole blood, total | no auth | | | | |
| 82480 | Cholinesterase; serum | no auth | | | | |
| 82482 | Cholinesterase; RBC | no auth | | | | |
| 82485 | Chondroitin B sulfate, quantitative | no auth | | | | |
| 82495 | Chromium | no auth | | | | |
| 82507 | Citrate | no auth | | | | |
| 82523 | Collagen cross links, any method | no auth | | | | |
| 82525 | Copper | no auth | | | | |
| 82528 | Corticosterone | no auth | | | | |
| 82530 | Cortisol; free | no auth | | | | |
| 82533 | Cortisol; total | no auth | | | | |
| 82540 | Creatine | no auth | | | | |
| 82542 | Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen | no auth | | | | |
| 82550 | Creatine kinase (CK), (CPK); total | no auth | | | | |
| 82552 | Creatine kinase (CK), (CPK); isoenzymes | no auth | | | | |
| 82553 | Creatine kinase (CK), (CPK); MB fraction only | no auth | | | | |
| 82554 | Creatine kinase (CK), (CPK); isoforms | no auth | | | | |
| 82565 | Creatinine; blood | no auth | | | | |
| 82570 | Creatinine; other source | no auth | | | | |
| 82575 | Creatinine; clearance | no auth | | | | |
| 82585 | Cryofibrinogen | no auth | | | | |
| 82595 | Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit) | no auth | | | | |
| 82600 | Cyanide | no auth | | | | |
| 82607 | Cyanocobalamin (Vitamin B-12); | no auth | | | | |
| 82608 | Cyanocobalamin (Vitamin B-12); unsaturated binding capacity | no auth | | | | |
| 82610 | Cystatin C | no auth | | | | |
| 82615 | Cystine and homocystine, urine, qualitative | no auth | | | | |
| 82626 | Dehydroepiandrosterone (DHEA) | no auth | | | | |
| 82627 | Dehydroepiandrosterone-sulfate (DHEA-S) | no auth | | | | |
| 82633 | Desoxycorticosterone, 11- | no auth | | | | |
| 82634 | Deoxycortisol, 11- | no auth | | | | |
| 82638 | Dibucaine number | no auth | | | | |
| 82642 | Dihydrotestosterone (DHT) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 82652 | Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed | no auth | | | | |
| 82653 | Elastase, pancreatic (EL-1), fecal; quantitative | no auth | | | | |
| 82656 | Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative | no auth | | | | |
| 82657 | Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen | no auth | | | | |
| 82658 | Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen | no auth | | | | |
| 82664 | Electrophoretic technique, not elsewhere specified | no auth | | | | |
| 82668 | Erythropoietin | no auth | | | | |
| 82670 | Estradiol; total | no auth | | | | |
| 82671 | Estrogens; fractionated | no auth | | | | |
| 82672 | Estrogens; total | no auth | | | | |
| 82677 | Estriol | no auth | | | | |
| 82679 | Estrone | no auth | | | | |
| 82681 | Estradiol; free, direct measurement (eg, equilibrium dialysis) | no auth | | | | |
| 82693 | Ethylene glycol | no auth | | | | |
| 82696 | Etiocolanolone | no auth | | | | |
| 82705 | Fat or lipids, feces; qualitative | no auth | | | | |
| 82710 | Fat or lipids, feces; quantitative | no auth | | | | |
| 82715 | Fat differential, feces, quantitative | no auth | | | | |
| 82725 | Fatty acids, nonesterified | no auth | | | | |
| 82726 | Very long chain fatty acids | no auth | | | | |
| 82728 | Ferritin | no auth | | | | |
| 82731 | Fetal fibronectin, cervicovaginal secretions, semi-quantitative | no auth | | | | |
| 82735 | Fluoride | no auth | | | | |
| 82746 | Folic acid; serum | no auth | | | | |
| 82747 | Folic acid; RBC | no auth | | | | |
| 82757 | Fructose, semen | no auth | | | | |
| 82759 | Galactokinase, RBC | no auth | | | | |
| 82760 | Galactose | no auth | | | | |
| 82775 | Galactose-1-phosphate uridyl transferase; quantitative | no auth | | | | |
| 82776 | Galactose-1-phosphate uridyl transferase; screen | no auth | | | | |
| 82777 | Galectin-3 | no auth | | | | |
| 82784 | Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each | no auth | | | | |
| 82785 | Gammaglobulin (immunoglobulin); IgE | no auth | | | | |
| 82787 | Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each | no auth | | | | |
| 82800 | Gases, blood, pH only | no auth | | | | |
| 82803 | Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); | no auth | | | | |
| 82805 | Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry | no auth | | | | |
| 82810 | Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry | no auth | | | | |
| 82820 | Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen) | no auth | | | | |
| 82930 | Gastric acid analysis, includes pH if performed, each specimen | no auth | | | | |
| 82938 | Gastrin after secretin stimulation | no auth | | | | |
| 82941 | Gastrin | no auth | | | | |
| 82943 | Glucagon | no auth | | | | |
| 82945 | Glucose, body fluid, other than blood | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 82946 | Glucagon tolerance test | no auth | | | | |
| 82947 | Glucose; quantitative, blood (except reagent strip) | no auth | | | | |
| 82948 | Glucose; blood, reagent strip | no auth | | | | |
| 82950 | Glucose; post glucose dose (includes glucose) | no auth | | | | |
| 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) | no auth | | | | |
| 82952 | Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure) | no auth | | | | |
| 82955 | Glucose-6-phosphate dehydrogenase (G6PD); quantitative | no auth | | | | |
| 82960 | Glucose-6-phosphate dehydrogenase (G6PD); screen | no auth | | | | |
| 82962 | Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use | no auth | | | | |
| 82963 | Glucosidase, beta | no auth | | | | |
| 82965 | Glutamate dehydrogenase | no auth | | | | |
| 82977 | Glutamyltransferase, gamma (GGT) | no auth | | | | |
| 82978 | Glutathione | no auth | | | | |
| 82979 | Glutathione reductase, RBC | no auth | | | | |
| 82985 | Glycated protein | no auth | | | | |
| 83001 | Gonadotropin; follicle stimulating hormone (FSH) | no auth | | | | |
| 83002 | Gonadotropin; luteinizing hormone (LH) | no auth | | | | |
| 83003 | Growth hormone, human (HGH) (somatotropin) | no auth | | | | |
| 83006 | Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 83009 | Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13) | no auth | | | | |
| 83010 | Haptoglobin; quantitative | no auth | | | | |
| 83012 | Haptoglobin; phenotypes | no auth | | | | |
| 83013 | Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13) | no auth | | | | |
| 83014 | Helicobacter pylori; drug administration | no auth | | | | |
| 83015 | Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes | no auth | | | | |
| 83018 | Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified | no auth | | | | |
| 83020 | Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F) | no auth | | | | |
| 83021 | Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F) | no auth | | | | |
| 83026 | Hemoglobin; by copper sulfate method, non-automated | no auth | | | | |
| 83030 | Hemoglobin; F (fetal), chemical | no auth | | | | |
| 83033 | Hemoglobin; F (fetal), qualitative | no auth | | | | |
| 83036 | Hemoglobin; glycosylated (A1C) | no auth | | | | |
| 83037 | Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use | no auth | | | | |
| 83045 | Hemoglobin; methemoglobin, qualitative | no auth | | | | |
| 83050 | Hemoglobin; methemoglobin, quantitative | no auth | | | | |
| 83051 | Hemoglobin; plasma | no auth | | | | |
| 83060 | Hemoglobin; sulfhemoglobin, quantitative | no auth | | | | |
| 83065 | Hemoglobin; thermolabile | no auth | | | | |
| 83068 | Hemoglobin; unstable, screen | no auth | | | | |
| 83069 | Hemoglobin; urine | no auth | | | | |
| 83070 | Hemosiderin, qualitative | no auth | | | | |
| 83080 | b-Hexosaminidase, each assay | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 83088 | Histamine | no auth | | | | |
| 83090 | Homocysteine | no auth | | | | |
| 83150 | Homovanillic acid (HVA) | no auth | | | | |
| 83491 | Hydroxycorticosteroids, 17- (17-OHCS) | no auth | | | | |
| 83497 | Hydroxyindolacetic acid, 5-(HIAA) | no auth | | | | |
| 83498 | Hydroxyprogesterone, 17-d | no auth | | | | |
| 83500 | Hydroxyproline; free | no auth | | | | |
| 83505 | Hydroxyproline; total | no auth | | | | |
| 83516 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method | no auth | | | | |
| 83518 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip) | no auth | | | | |
| 83519 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA) | no auth | | | | |
| 83520 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified | no auth | | | | |
| 83521 | Immunoglobulin light chains (ie, kappa, lambda), free, each | no auth | | | | |
| 83525 | Insulin; total | no auth | | | | |
| 83527 | Insulin; free | no auth | | | | |
| 83528 | Intrinsic factor | no auth | | | | |
| 83529 | Interleukin-6 (IL-6) | no auth | | | | |
| 83540 | Iron | no auth | | | | |
| 83550 | Iron binding capacity | no auth | | | | |
| 83570 | Isocitric dehydrogenase (IDH) | no auth | | | | |
| 83582 | Ketogenic steroids, fractionation | no auth | | | | |
| 83586 | Ketosteroids, 17- (17-KS); total | no auth | | | | |
| 83593 | Ketosteroids, 17- (17-KS); fractionation | no auth | | | | |
| 83605 | Lactate (lactic acid) | no auth | | | | |
| 83615 | Lactate dehydrogenase (LD), (LDH); | no auth | | | | |
| 83625 | Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation | no auth | | | | |
| 83630 | Lactoferrin, fecal; qualitative | no auth | | | | |
| 83631 | Lactoferrin, fecal; quantitative | no auth | | | | |
| 83632 | Lactogen, human placental (HPL) human chorionic somatomammotropin | no auth | | | | |
| 83633 | Lactose, urine, qualitative | no auth | | | | |
| 83655 | Lead | no auth | | | | |
| 83661 | Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio | no auth | | | | |
| 83662 | Fetal lung maturity assessment; foam stability test | no auth | | | | |
| 83663 | Fetal lung maturity assessment; fluorescence polarization | no auth | | | | |
| 83664 | Fetal lung maturity assessment; lamellar body density | no auth | | | | |
| 83670 | Leucine aminopeptidase (LAP) | no auth | | | | |
| 83690 | Lipase | no auth | | | | |
| 83695 | Lipoprotein (a) | no auth | | | | |
| 83698 | Lipoprotein-associated phospholipase A2 (Lp-PLA2) | no auth | | | | |
| 83700 | Lipoprotein, blood; electrophoretic separation and quantitation | no auth | | | | |
| 83701 | Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 83704 | Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed | no auth | | | | |
| 83718 | Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) | no auth | | | | |
| 83719 | Lipoprotein, direct measurement; VLDL cholesterol | no auth | | | | |
| 83721 | Lipoprotein, direct measurement; LDL cholesterol | no auth | | | | |
| 83722 | Lipoprotein, direct measurement; small dense LDL cholesterol | no auth | | | | |
| 83727 | Luteinizing releasing factor (LRH) | no auth | | | | |
| 83735 | Magnesium | no auth | | | | |
| 83775 | Malate dehydrogenase | no auth | | | | |
| 83785 | Manganese | no auth | | | | |
| 83789 | Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen | no auth | | | | |
| 83825 | Mercury, quantitative | no auth | | | | |
| 83835 | Metanephrines | no auth | | | | |
| 83857 | Methemalbumin | no auth | | | | |
| 83861 | Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity | no auth | | | | |
| 83864 | Mucopolysaccharides, acid, quantitative | no auth | | | | |
| 83872 | Mucin, synovial fluid (Ropes test) | no auth | | | | |
| 83873 | Myelin basic protein, cerebrospinal fluid | no auth | | | | |
| 83874 | Myoglobin | no auth | | | | |
| 83876 | Myeloperoxidase (MPO) | no auth | | | | |
| 83880 | Natriuretic peptide | no auth | | | | |
| 83883 | Nephelometry, each analyte not elsewhere specified | no auth | | | | |
| 83885 | Nickel | no auth | | | | |
| 83915 | Nucleotidase 5' | no auth | | | | |
| 83916 | Oligoclonal immune (oligoclonal bands) | no auth | | | | |
| 83918 | Organic acids; total, quantitative, each specimen | no auth | | | | |
| 83919 | Organic acids; qualitative, each specimen | no auth | | | | |
| 83921 | Organic acid, single, quantitative | no auth | | | | |
| 83930 | Osmolality; blood | no auth | | | | |
| 83935 | Osmolality; urine | no auth | | | | |
| 83937 | Osteocalcin (bone g1a protein) | no auth | | | | |
| 83945 | Oxalate | no auth | | | | |
| 83950 | Oncoprotein; HER-2/neu | no auth | | | | |
| 83951 | Oncoprotein; des-gamma-carboxy-prothrombin (DCP) | no auth | | | | |
| 83970 | Parathormone (parathyroid hormone) | no auth | | | | |
| 83986 | pH; body fluid, not otherwise specified | no auth | | | | |
| 83987 | pH; exhaled breath condensate | no auth | | | | |
| 83992 | Phencyclidine (PCP) | NOT COVERED | | Medicare Addendum B of OPSS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| 83993 | Calprotectin, fecal | no auth | | | | |
| 84030 | Phenylalanine (PKU), blood | no auth | | | | |
| 84035 | Phenylketones, qualitative | no auth | | | | |
| 84060 | Phosphatase, acid; total | no auth | | | | |
| 84066 | Phosphatase, acid; prostatic | no auth | | | | |
| 84075 | Phosphatase, alkaline; | no auth | | | | |
| 84078 | Phosphatase, alkaline; heat stable (total not included) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 84080 | Phosphatase, alkaline; isoenzymes | no auth | | | | |
| 84081 | Phosphatidylglycerol | no auth | | | | |
| 84085 | Phosphogluconate, 6-, dehydrogenase, RBC | no auth | | | | |
| 84087 | Phosphohexose isomerase | no auth | | | | |
| 84100 | Phosphorus inorganic (phosphate); | no auth | | | | |
| 84105 | Phosphorus inorganic (phosphate); urine | no auth | | | | |
| 84106 | Porphobilinogen, urine; qualitative | no auth | | | | |
| 84110 | Porphobilinogen, urine; quantitative | no auth | | | | |
| 84112 | Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen | no auth | | | | |
| 84119 | Porphyrins, urine; qualitative | no auth | | | | |
| 84120 | Porphyrins, urine; quantitation and fractionation | no auth | | | | |
| 84126 | Porphyrins, feces, quantitative | no auth | | | | |
| 84132 | Potassium; serum, plasma or whole blood | no auth | | | | |
| 84133 | Potassium; urine | no auth | | | | |
| 84134 | Prealbumin | no auth | | | | |
| 84135 | Pregnanediol | no auth | | | | |
| 84138 | Pregnanetriol | no auth | | | | |
| 84140 | Pregnenolone | no auth | | | | |
| 84143 | 17-hydroxypregnenolone | no auth | | | | |
| 84144 | Progesterone | no auth | | | | |
| 84145 | Procalcitonin (PCT) | no auth | | | | |
| 84146 | Prolactin | no auth | | | | |
| 84150 | Prostaglandin, each | no auth | | | | |
| 84152 | Prostate specific antigen (PSA); complexed (direct measurement) | no auth | | | | |
| 84153 | Prostate specific antigen (PSA); total | no auth | | | | |
| 84154 | Prostate specific antigen (PSA); free | no auth | | | | |
| 84155 | Protein, total, except by refractometry; serum, plasma or whole blood | no auth | | | | |
| 84156 | Protein, total, except by refractometry; urine | no auth | | | | |
| 84157 | Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid) | no auth | | | | |
| 84160 | Protein, total, by refractometry, any source | no auth | | | | |
| 84163 | Pregnancy-associated plasma protein-A (PAPP-A) | no auth | | | | |
| 84165 | Protein; electrophoretic fractionation and quantitation, serum | no auth | | | | |
| 84166 | Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF) | no auth | | | | |
| 84181 | Protein; Western Blot, with interpretation and report, blood or other body fluid | no auth | | | | |
| 84182 | Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each | no auth | | | | |
| 84202 | Protoporphyrin, RBC; quantitative | no auth | | | | |
| 84203 | Protoporphyrin, RBC; screen | no auth | | | | |
| 84206 | Proinsulin | no auth | | | | |
| 84207 | Pyridoxal phosphate (Vitamin B-6) | no auth | | | | |
| 84210 | Pyruvate | no auth | | | | |
| 84220 | Pyruvate kinase | no auth | | | | |
| 84228 | Quinine | no auth | | | | |
| 84233 | Receptor assay; estrogen | no auth | | | | |
| 84234 | Receptor assay; progesterone | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 84235 | Receptor assay; endocrine, other than estrogen or progesterone (specify hormone) | no auth | | | | |
| 84238 | Receptor assay; non-endocrine (specify receptor) | no auth | | | | |
| 84244 | Renin | no auth | | | | |
| 84252 | Riboflavin (Vitamin B-2) | no auth | | | | |
| 84255 | Selenium | no auth | | | | |
| 84260 | Serotonin | no auth | | | | |
| 84270 | Sex hormone binding globulin (SHBG) | no auth | | | | |
| 84275 | Sialic acid | no auth | | | | |
| 84285 | Silica | no auth | | | | |
| 84295 | Sodium; serum, plasma or whole blood | no auth | | | | |
| 84300 | Sodium; urine | no auth | | | | |
| 84302 | Sodium; other source | no auth | | | | |
| 84305 | Somatomedin | no auth | | | | |
| 84307 | Somatostatin | no auth | | | | |
| 84311 | Spectrophotometry, analyte not elsewhere specified | no auth | | | | |
| 84315 | Specific gravity (except urine) | no auth | | | | |
| 84375 | Sugars, chromatographic, TLC or paper chromatography | no auth | | | | |
| 84376 | Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen | no auth | | | | |
| 84377 | Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen | no auth | | | | |
| 84378 | Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen | no auth | | | | |
| 84379 | Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen | no auth | | | | |
| 84392 | Sulfate, urine | no auth | | | | |
| 84402 | Testosterone; free | no auth | | | | |
| 84403 | Testosterone; total | no auth | | | | |
| 84410 | Testosterone; bioavailable, direct measurement (eg, differential precipitation) | no auth | | | | |
| 84425 | Thiamine (Vitamin B-1) | no auth | | | | |
| 84430 | Thiocyanate | no auth | | | | |
| 84431 | Thromboxane metabolite(s), including thromboxane if performed, urine | no auth | | | | |
| 84432 | Thyroglobulin | no auth | | | | |
| 84433 | Thiopurine S-methyltransferase (TPMT) | no auth | | | | |
| 84436 | Thyroxine; total | no auth | | | | |
| 84437 | Thyroxine; requiring elution (eg, neonatal) | no auth | | | | |
| 84439 | Thyroxine; free | no auth | | | | |
| 84442 | Thyroxine binding globulin (TBG) | no auth | | | | |
| 84443 | Thyroid stimulating hormone (TSH) | no auth | | | | |
| 84445 | Thyroid stimulating immune globulins (TSI) | no auth | | | | |
| 84446 | Tocopherol alpha (Vitamin E) | no auth | | | | |
| 84449 | Transcortin (cortisol binding globulin) | no auth | | | | |
| 84450 | Transferase; aspartate amino (AST) (SGOT) | no auth | | | | |
| 84460 | Transferase; alanine amino (ALT) (SGPT) | no auth | | | | |
| 84466 | Transferrin | no auth | | | | |
| 84478 | Triglycerides | no auth | | | | |
| 84479 | Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR) | no auth | | | | |
| 84480 | Triiodothyronine T3; total (TT-3) | no auth | | | | |
| 84481 | Triiodothyronine T3; free | no auth | | | | |
| 84482 | Triiodothyronine T3; reverse | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 84484 | Troponin, quantitative | no auth | | | | |
| 84485 | Trypsin; duodenal fluid | no auth | | | | |
| 84488 | Trypsin; feces, qualitative | no auth | | | | |
| 84490 | Trypsin; feces, quantitative, 24-hour collection | no auth | | | | |
| 84510 | Tyrosine | no auth | | | | |
| 84512 | Troponin, qualitative | no auth | | | | |
| 84520 | Urea nitrogen; quantitative | no auth | | | | |
| 84525 | Urea nitrogen; semiquantitative (eg, reagent strip test) | no auth | | | | |
| 84540 | Urea nitrogen, urine | no auth | | | | |
| 84545 | Urea nitrogen, clearance | no auth | | | | |
| 84550 | Uric acid; blood | no auth | | | | |
| 84560 | Uric acid; other source | no auth | | | | |
| 84577 | Urobilinogen, feces, quantitative | no auth | | | | |
| 84578 | Urobilinogen, urine; qualitative | no auth | | | | |
| 84580 | Urobilinogen, urine; quantitative, timed specimen | no auth | | | | |
| 84583 | Urobilinogen, urine; semiquantitative | no auth | | | | |
| 84585 | Vanillylmandelic acid (VMA), urine | no auth | | | | |
| 84586 | Vasoactive intestinal peptide (VIP) | no auth | | | | |
| 84588 | Vasopressin (antidiuretic hormone, ADH) | no auth | | | | |
| 84590 | Vitamin A | no auth | | | | |
| 84591 | Vitamin, not otherwise specified | no auth | | | | |
| 84597 | Vitamin K | no auth | | | | |
| 84600 | Volatiles (eg, acetic anhydride, diethylether) | no auth | | | | |
| 84620 | Xylose absorption test, blood and/or urine | no auth | | | | |
| 84630 | Zinc | no auth | | | | |
| 84681 | C-peptide | no auth | | | | |
| 84702 | Gonadotropin, chorionic (hCG); quantitative | no auth | | | | |
| 84703 | Gonadotropin, chorionic (hCG); qualitative | no auth | | | | |
| 84704 | Gonadotropin, chorionic (hCG); free beta chain | no auth | | | | |
| 84830 | Ovulation tests, by visual color comparison methods for human luteinizing hormone | no auth | | | | |
| 84999 | Unlisted chemistry procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 85002 | Bleeding time | no auth | | | | |
| 85004 | Blood count; automated differential WBC count | no auth | | | | |
| 85007 | Blood count; blood smear, microscopic examination with manual differential WBC count | no auth | | | | |
| 85008 | Blood count; blood smear, microscopic examination without manual differential WBC count | no auth | | | | |
| 85009 | Blood count; manual differential WBC count, buffy coat | no auth | | | | |
| 85013 | Blood count; spun microhematocrit | no auth | | | | |
| 85014 | Blood count; hematocrit (Hct) | no auth | | | | |
| 85018 | Blood count; hemoglobin (Hgb) | no auth | | | | |
| 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count | no auth | | | | |
| 85027 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) | no auth | | | | |
| 85032 | Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each | no auth | | | | |
| 85041 | Blood count; red blood cell (RBC), automated | no auth | | | | |
| 85044 | Blood count; reticulocyte, manual | no auth | | | | |
| 85045 | Blood count; reticulocyte, automated | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 85046 | Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHr], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement | no auth | | | | |
| 85048 | Blood count; leukocyte (WBC), automated | no auth | | | | |
| 85049 | Blood count; platelet, automated | no auth | | | | |
| 85055 | Reticulated platelet assay | no auth | | | | |
| 85060 | Blood smear, peripheral, interpretation by physician with written report | no auth | | | | |
| 85097 | Bone marrow, smear interpretation | no auth | | | | |
| 85130 | Chromogenic substrate assay | no auth | | | | |
| 85170 | Clot retraction | no auth | | | | |
| 85175 | Clot lysis time, whole blood dilution | no auth | | | | |
| 85210 | Clotting; factor II, prothrombin, specific | no auth | | | | |
| 85220 | Clotting; factor V (AcG or proaccelerin), labile factor | no auth | | | | |
| 85230 | Clotting; factor VII (proconvertin, stable factor) | no auth | | | | |
| 85240 | Clotting; factor VIII (AHG), 1-stage | no auth | | | | |
| 85244 | Clotting; factor VIII related antigen | no auth | | | | |
| 85245 | Clotting; factor VIII, VW factor, ristocetin cofactor | no auth | | | | |
| 85246 | Clotting; factor VIII, VW factor antigen | no auth | | | | |
| 85247 | Clotting; factor VIII, von Willebrand factor, multimetric analysis | no auth | | | | |
| 85250 | Clotting; factor IX (PTC or Christmas) | no auth | | | | |
| 85260 | Clotting; factor X (Stuart-Prower) | no auth | | | | |
| 85270 | Clotting; factor XI (PTA) | no auth | | | | |
| 85280 | Clotting; factor XII (Hageman) | no auth | | | | |
| 85290 | Clotting; factor XIII (fibrin stabilizing) | no auth | | | | |
| 85291 | Clotting; factor XIII (fibrin stabilizing), screen solubility | no auth | | | | |
| 85292 | Clotting; prekallikrein assay (Fletcher factor assay) | no auth | | | | |
| 85293 | Clotting; high molecular weight kininogen assay (Fitzgerald factor assay) | no auth | | | | |
| 85300 | Clotting inhibitors or anticoagulants; antithrombin III, activity | no auth | | | | |
| 85301 | Clotting inhibitors or anticoagulants; antithrombin III, antigen assay | no auth | | | | |
| 85302 | Clotting inhibitors or anticoagulants; protein C, antigen | no auth | | | | |
| 85303 | Clotting inhibitors or anticoagulants; protein C, activity | no auth | | | | |
| 85305 | Clotting inhibitors or anticoagulants; protein S, total | no auth | | | | |
| 85306 | Clotting inhibitors or anticoagulants; protein S, free | no auth | | | | |
| 85307 | Activated Protein C (APC) resistance assay | no auth | | | | |
| 85335 | Factor inhibitor test | no auth | | | | |
| 85337 | Thrombomodulin | no auth | | | | |
| 85345 | Coagulation time; Lee and White | no auth | | | | |
| 85347 | Coagulation time; activated | no auth | | | | |
| 85348 | Coagulation time; other methods | no auth | | | | |
| 85360 | Euglobulin lysis | no auth | | | | |
| 85362 | Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative | no auth | | | | |
| 85366 | Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation | no auth | | | | |
| 85370 | Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative | no auth | | | | |
| 85378 | Fibrin degradation products, D-dimer; qualitative or semiquantitative | no auth | | | | |
| 85379 | Fibrin degradation products, D-dimer; quantitative | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 85380 | Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative | no auth | | | | |
| 85384 | Fibrinogen; activity | no auth | | | | |
| 85385 | Fibrinogen; antigen | no auth | | | | |
| 85390 | Fibrinolysins or coagulopathy screen, interpretation and report | no auth | | | | |
| 85396 | Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day | no auth | | | | |
| 85397 | Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte | no auth | | | | |
| 85400 | Fibrinolytic factors and inhibitors; plasmin | no auth | | | | |
| 85410 | Fibrinolytic factors and inhibitors; alpha-2 antiplasmin | no auth | | | | |
| 85415 | Fibrinolytic factors and inhibitors; plasminogen activator | no auth | | | | |
| 85420 | Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay | no auth | | | | |
| 85421 | Fibrinolytic factors and inhibitors; plasminogen, antigenic assay | no auth | | | | |
| 85441 | Heinz bodies; direct | no auth | | | | |
| 85445 | Heinz bodies; induced, acetyl phenylhydrazine | no auth | | | | |
| 85460 | Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke) | no auth | | | | |
| 85461 | Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette | no auth | | | | |
| 85475 | Hemolysin, acid | no auth | | | | |
| 85520 | Heparin assay | no auth | | | | |
| 85525 | Heparin neutralization | no auth | | | | |
| 85530 | Heparin-protamine tolerance test | no auth | | | | |
| 85536 | Iron stain, peripheral blood | no auth | | | | |
| 85540 | Leukocyte alkaline phosphatase with count | no auth | | | | |
| 85547 | Mechanical fragility, RBC | no auth | | | | |
| 85549 | Muramidase | no auth | | | | |
| 85555 | Osmotic fragility, RBC; unincubated | no auth | | | | |
| 85557 | Osmotic fragility, RBC; incubated | no auth | | | | |
| 85576 | Platelet, aggregation (in vitro), each agent | no auth | | | | |
| 85597 | Phospholipid neutralization; platelet | no auth | | | | |
| 85598 | Phospholipid neutralization; hexagonal phospholipid | no auth | | | | |
| 85610 | Prothrombin time; | no auth | | | | |
| 85611 | Prothrombin time; substitution, plasma fractions, each | no auth | | | | |
| 85612 | Russell viper venom time (includes venom); undiluted | no auth | | | | |
| 85613 | Russell viper venom time (includes venom); diluted | no auth | | | | |
| 85635 | Reptilase test | no auth | | | | |
| 85651 | Sedimentation rate, erythrocyte; non-automated | no auth | | | | |
| 85652 | Sedimentation rate, erythrocyte; automated | no auth | | | | |
| 85660 | Sickling of RBC, reduction | no auth | | | | |
| 85670 | Thrombin time; plasma | no auth | | | | |
| 85675 | Thrombin time; titer | no auth | | | | |
| 85705 | Thromboplastin inhibition, tissue | no auth | | | | |
| 85730 | Thromboplastin time, partial (PTT); plasma or whole blood | no auth | | | | |
| 85732 | Thromboplastin time, partial (PTT); substitution, plasma fractions, each | no auth | | | | |
| 85810 | Viscosity | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 85999 | Unlisted hematology and coagulation procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 86000 | Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen | no auth | | | | |
| 86001 | Allergen specific IgG quantitative or semiquantitative, each allergen | no auth | | | | |
| 86003 | Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each | no auth | | | | |
| 86005 | Allergen specific IgE; qualitative, multi-allergen screen (eg, disk, sponge, card) | no auth | | | | |
| 86008 | Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each | no auth | | | | |
| 86015 | Actin (smooth muscle) antibody (ASMA), each | no auth | | | | |
| 86021 | Antibody identification; leukocyte antibodies | no auth | | | | |
| 86022 | Antibody identification; platelet antibodies | no auth | | | | |
| 86023 | Antibody identification; platelet associated immunoglobulin assay | no auth | | | | |
| 86036 | Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody | no auth | | | | |
| 86037 | Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody | no auth | | | | |
| 86038 | Antinuclear antibodies (ANA); | no auth | | | | |
| 86039 | Antinuclear antibodies (ANA); titer | no auth | | | | |
| 86041 | Acetylcholine receptor (AChR); binding antibody | AUTH REQUIRED | | | | |
| 86042 | Acetylcholine receptor (AChR); blocking antibody | AUTH REQUIRED | | | | |
| 86043 | Acetylcholine receptor (AChR); modulating antibody | AUTH REQUIRED | | | | |
| 86051 | Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked immunosorbent immunoassay (ELISA) | no auth | | | | |
| 86052 | Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based immunofluorescence assay (CBA), each | no auth | | | | |
| 86053 | Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each | no auth | | | | |
| 86060 | Antistreptolysin O; titer | no auth | | | | |
| 86063 | Antistreptolysin O; screen | no auth | | | | |
| 86077 | Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report | no auth | | | | |
| 86078 | Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report | no auth | | | | |
| 86079 | Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report | no auth | | | | |
| 86140 | C-reactive protein; | no auth | | | | |
| 86141 | C-reactive protein; high sensitivity (hsCRP) | no auth | | | | |
| 86146 | Beta 2 Glycoprotein I antibody, each | no auth | | | | |
| 86147 | Cardiolipin (phospholipid) antibody, each Ig class | no auth | | | | |
| 86148 | Anti-phosphatidylserine (phospholipid) antibody | no auth | | | | |
| 86152 | Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 86153 | Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required | no auth | | | | |
| 86155 | Chemotaxis assay, specify method | no auth | | | | |
| 86156 | Cold agglutinin; screen | no auth | | | | |
| 86157 | Cold agglutinin; titer | no auth | | | | |
| 86160 | Complement; antigen, each component | no auth | | | | |
| 86161 | Complement; functional activity, each component | no auth | | | | |
| 86162 | Complement; total hemolytic (CH50) | no auth | | | | |
| 86171 | Complement fixation tests, each antigen | no auth | | | | |
| 86200 | Cyclic citrullinated peptide (CCP), antibody | no auth | | | | |
| 86215 | Deoxyribonuclease, antibody | no auth | | | | |
| 86225 | Deoxyribonucleic acid (DNA) antibody; native or double stranded | no auth | | | | |
| 86226 | Deoxyribonucleic acid (DNA) antibody; single stranded | no auth | | | | |
| 86231 | Endomysial antibody (EMA), each immunoglobulin (Ig) class | no auth | | | | |
| 86235 | Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody | no auth | | | | |
| 86255 | Fluorescent noninfectious agent antibody; screen, each antibody | no auth | | | | |
| 86256 | Fluorescent noninfectious agent antibody; titer, each antibody | no auth | | | | |
| 86258 | Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class | no auth | | | | |
| 86277 | Growth hormone, human (HGH), antibody | no auth | | | | |
| 86280 | Hemagglutination inhibition test (HAI) | no auth | | | | |
| 86294 | Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen) | no auth | | | | |
| 86300 | Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29) | no auth | | | | |
| 86301 | Immunoassay for tumor antigen, quantitative; CA 19-9 | no auth | | | | |
| 86304 | Immunoassay for tumor antigen, quantitative; CA 125 | no auth | | | | |
| 86305 | Human epididymis protein 4 (HE4) | no auth | | | | |
| 86308 | Heterophile antibodies; screening | no auth | | | | |
| 86309 | Heterophile antibodies; titer | no auth | | | | |
| 86310 | Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney | no auth | | | | |
| 86316 | Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each | no auth | | | | |
| 86317 | Immunoassay for infectious agent antibody, quantitative, not otherwise specified | no auth | | | | |
| 86318 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); | no auth | | | | |
| 86320 | Immuno-electrophoresis; serum | no auth | | | | |
| 86325 | Immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration | no auth | | | | |
| 86327 | Immuno-electrophoresis; crossed (2-dimensional assay) | no auth | | | | |
| 86328 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) | no auth | | | | |
| 86329 | Immunodiffusion; not elsewhere specified | no auth | | | | |
| 86331 | Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody | no auth | | | | |
| 86332 | Immune complex assay | no auth | | | | |
| 86334 | Immunofixation electrophoresis; serum | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 86335 | Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF) | no auth | | | | |
| 86336 | Inhibin A | no auth | | | | |
| 86337 | Insulin antibodies | no auth | | | | |
| 86340 | Intrinsic factor antibodies | no auth | | | | |
| 86341 | Islet cell antibody | no auth | | | | |
| 86343 | Leukocyte histamine release test (LHR) | no auth | | | | |
| 86344 | Leukocyte phagocytosis | no auth | | | | |
| 86352 | Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP) | no auth | | | | |
| 86353 | Lymphocyte transformation, mitogen (phyto mitogen) or antigen induced blastogenesis | no auth | | | | |
| 86355 | B cells, total count | no auth | | | | |
| 86356 | Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen | no auth | | | | |
| 86357 | Natural killer (NK) cells, total count | no auth | | | | |
| 86359 | T cells; total count | no auth | | | | |
| 86360 | T cells; absolute CD4 and CD8 count, including ratio | no auth | | | | |
| 86361 | T cells; absolute CD4 count | no auth | | | | |
| 86362 | Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based immunofluorescence assay (CBA), each | no auth | | | | |
| 86363 | Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; flow cytometry (ie, fluorescence-activated cell sorting [FACS]), each | no auth | | | | |
| 86364 | Tissue transglutaminase, each immunoglobulin (Ig) class | no auth | | | | |
| 86366 | Muscle-specific kinase (MuSK) antibody | AUTH REQUIRED | | | | |
| 86367 | Stem cells (ie, CD34), total count | no auth | | | | |
| 86376 | Microsomal antibodies (eg, thyroid or liver-kidney), each | no auth | | | | |
| 86381 | Mitochondrial antibody (eg, M2), each | no auth | | | | |
| 86382 | Neutralization test, viral | no auth | | | | |
| 86384 | Nitroblue tetrazolium dye test (NTD) | no auth | | | | |
| 86386 | Nuclear Matrix Protein 22 (NMP22), qualitative | no auth | | | | |
| 86403 | Particle agglutination; screen, each antibody | no auth | | | | |
| 86406 | Particle agglutination; titer, each antibody | no auth | | | | |
| 86408 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen | no auth | | | | |
| 86409 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer | no auth | | | | |
| 86413 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 86430 | Rheumatoid factor; qualitative | no auth | | | | |
| 86431 | Rheumatoid factor; quantitative | no auth | | | | |
| 86480 | Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon | no auth | | | | |
| 86481 | Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension | no auth | | | | |
| 86485 | Skin test; candida | no auth | | | | |
| 86486 | Skin test; unlisted antigen, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 86490 | Skin test; coccidioidomycosis | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 86510 | Skin test; histoplasmosis | no auth | | | | |
| 86580 | Skin test; tuberculosis, intradermal | no auth | | | | |
| 86590 | Streptokinase, antibody | no auth | | | | |
| 86592 | Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) | no auth | | | | |
| 86593 | Syphilis test, non-treponemal antibody; quantitative | no auth | | | | |
| 86596 | Voltage-gated calcium channel antibody, each | no auth | | | | |
| 86602 | Antibody; actinomyces | no auth | | | | |
| 86603 | Antibody; adenovirus | no auth | | | | |
| 86606 | Antibody; Aspergillus | no auth | | | | |
| 86609 | Antibody; bacterium, not elsewhere specified | no auth | | | | |
| 86611 | Antibody; Bartonella | no auth | | | | |
| 86612 | Antibody; Blastomyces | no auth | | | | |
| 86615 | Antibody; Bordetella | no auth | | | | |
| 86617 | Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot) | no auth | | | | |
| 86618 | Antibody; Borrelia burgdorferi (Lyme disease) | no auth | | | | |
| 86619 | Antibody; Borrelia (relapsing fever) | no auth | | | | |
| 86622 | Antibody; Brucella | no auth | | | | |
| 86625 | Antibody; Campylobacter | no auth | | | | |
| 86628 | Antibody; Candida | no auth | | | | |
| 86631 | Antibody; Chlamydia | no auth | | | | |
| 86632 | Antibody; Chlamydia, IgM | no auth | | | | |
| 86635 | Antibody; Coccidioides | no auth | | | | |
| 86638 | Antibody; Coxiella burnetii (Q fever) | no auth | | | | |
| 86641 | Antibody; Cryptococcus | no auth | | | | |
| 86644 | Antibody; cytomegalovirus (CMV) | no auth | | | | |
| 86645 | Antibody; cytomegalovirus (CMV), IgM | no auth | | | | |
| 86648 | Antibody; Diphtheria | no auth | | | | |
| 86651 | Antibody; encephalitis, California (La Crosse) | no auth | | | | |
| 86652 | Antibody; encephalitis, Eastern equine | no auth | | | | |
| 86653 | Antibody; encephalitis, St. Louis | no auth | | | | |
| 86654 | Antibody; encephalitis, Western equine | no auth | | | | |
| 86658 | Antibody; enterovirus (eg, coxsackie, echo, polio) | no auth | | | | |
| 86663 | Antibody; Epstein-Barr (EB) virus, early antigen (EA) | no auth | | | | |
| 86664 | Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA) | no auth | | | | |
| 86665 | Antibody; Epstein-Barr (EB) virus, viral capsid (VCA) | no auth | | | | |
| 86666 | Antibody; Ehrlichia | no auth | | | | |
| 86668 | Antibody; Francisella tularensis | no auth | | | | |
| 86671 | Antibody; fungus, not elsewhere specified | no auth | | | | |
| 86674 | Antibody; Giardia lamblia | no auth | | | | |
| 86677 | Antibody; Helicobacter pylori | no auth | | | | |
| 86682 | Antibody; helminth, not elsewhere specified | no auth | | | | |
| 86684 | Antibody; Haemophilus influenza | no auth | | | | |
| 86687 | Antibody; HTLV-I | no auth | | | | |
| 86688 | Antibody; HTLV-II | no auth | | | | |
| 86689 | Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot) | no auth | | | | |
| 86692 | Antibody; hepatitis, delta agent | no auth | | | | |
| 86694 | Antibody; herpes simplex, non-specific type test | no auth | | | | |
| 86695 | Antibody; herpes simplex, type 1 | no auth | | | | |
| 86696 | Antibody; herpes simplex, type 2 | no auth | | | | |
| 86698 | Antibody; histoplasma | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 86701 | Antibody; HIV-1 | no auth | | | | |
| 86702 | Antibody; HIV-2 | no auth | | | | |
| 86703 | Antibody; HIV-1 and HIV-2, single result | no auth | | | | |
| 86704 | Hepatitis B core antibody (HBcAb); total | no auth | | | | |
| 86705 | Hepatitis B core antibody (HBcAb); IgM antibody | no auth | | | | |
| 86706 | Hepatitis B surface antibody (HBsAb) | no auth | | | | |
| 86707 | Hepatitis Be antibody (HBeAb) | no auth | | | | |
| 86708 | Hepatitis A antibody (HAAb) | no auth | | | | |
| 86709 | Hepatitis A antibody (HAAb), IgM antibody | no auth | | | | |
| 86710 | Antibody; influenza virus | no auth | | | | |
| 86711 | Antibody; JC (John Cunningham) virus | no auth | | | | |
| 86713 | Antibody; Legionella | no auth | | | | |
| 86717 | Antibody; Leishmania | no auth | | | | |
| 86720 | Antibody; Leptospira | no auth | | | | |
| 86723 | Antibody; Listeria monocytogenes | no auth | | | | |
| 86727 | Antibody; lymphocytic choriomeningitis | no auth | | | | |
| 86732 | Antibody; mucormycosis | no auth | | | | |
| 86735 | Antibody; mumps | no auth | | | | |
| 86738 | Antibody; mycoplasma | no auth | | | | |
| 86741 | Antibody; Neisseria meningitidis | no auth | | | | |
| 86744 | Antibody; Nocardia | no auth | | | | |
| 86747 | Antibody; parvovirus | no auth | | | | |
| 86750 | Antibody; Plasmodium (malaria) | no auth | | | | |
| 86753 | Antibody; protozoa, not elsewhere specified | no auth | | | | |
| 86756 | Antibody; respiratory syncytial virus | no auth | | | | |
| 86757 | Antibody; Rickettsia | no auth | | | | |
| 86759 | Antibody; rotavirus | no auth | | | | |
| 86762 | Antibody; rubella | no auth | | | | |
| 86765 | Antibody; rubeola | no auth | | | | |
| 86768 | Antibody; Salmonella | no auth | | | | |
| 86769 | Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) | no auth | | | | |
| 86771 | Antibody; Shigella | no auth | | | | |
| 86774 | Antibody; tetanus | no auth | | | | |
| 86777 | Antibody; Toxoplasma | no auth | | | | |
| 86778 | Antibody; Toxoplasma, IgM | no auth | | | | |
| 86780 | Antibody; Treponema pallidum | no auth | | | | |
| 86784 | Antibody; Trichinella | no auth | | | | |
| 86787 | Antibody; varicella-zoster | no auth | | | | |
| 86788 | Antibody; West Nile virus, IgM | no auth | | | | |
| 86789 | Antibody; West Nile virus | no auth | | | | |
| 86790 | Antibody; virus, not elsewhere specified | no auth | | | | |
| 86793 | Antibody; Yersinia | no auth | | | | |
| 86794 | Antibody; Zika virus, IgM | no auth | | | | |
| 86800 | Thyroglobulin antibody | no auth | | | | |
| 86803 | Hepatitis C antibody; | no auth | | | | |
| 86804 | Hepatitis C antibody; confirmatory test (eg, immunoblot) | no auth | | | | |
| 86805 | Lymphocytotoxicity assay, visual crossmatch; with titration | no auth | | | | |
| 86806 | Lymphocytotoxicity assay, visual crossmatch; without titration | no auth | | | | |
| 86807 | Serum screening for cytotoxic percent reactive antibody (PRA); standard method | no auth | | | | |
| 86808 | Serum screening for cytotoxic percent reactive antibody (PRA); quick method | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 86812 | HLA typing; A, B, or C (eg, A10, B7, B27), single antigen | no auth | | | | |
| 86813 | HLA typing; A, B, or C, multiple antigens | no auth | | | | |
| 86816 | HLA typing; DR/DQ, single antigen | no auth | | | | |
| 86817 | HLA typing; DR/DQ, multiple antigens | no auth | | | | |
| 86821 | HLA typing; lymphocyte culture, mixed (MLC) | no auth | | | | |
| 86825 | Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution | no auth | | | | |
| 86826 | Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure) | no auth | | | | |
| 86828 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens | no auth | | | | |
| 86829 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens | no auth | | | | |
| 86830 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I | no auth | | | | |
| 86831 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II | no auth | | | | |
| 86832 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I | no auth | | | | |
| 86833 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II | no auth | | | | |
| 86834 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I | no auth | | | | |
| 86835 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II | no auth | | | | |
| 86849 | Unlisted immunology procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 86850 | Antibody screen, RBC, each serum technique | no auth | | | | |
| 86860 | Antibody elution (RBC), each elution | no auth | | | | |
| 86870 | Antibody identification, RBC antibodies, each panel for each serum technique | no auth | | | | |
| 86880 | Antihuman globulin test (Coombs test); direct, each antiserum | no auth | | | | |
| 86885 | Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell | no auth | | | | |
| 86886 | Antihuman globulin test (Coombs test); indirect, each antibody titer | no auth | | | | |
| 86890 | Autologous blood or component, collection processing and storage; predeposited | no auth | | | | |

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| 86891 | Autologous blood or component, collection processing and storage; intra- or postoperative salvage | no auth | | | | |
| 86900 | Blood typing, serologic; ABO | no auth | | | | |
| 86901 | Blood typing, serologic; Rh (D) | no auth | | | | |
| 86902 | Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test | no auth | | | | |
| 86904 | Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened | no auth | | | | |
| 86905 | Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each | no auth | | | | |
| 86906 | Blood typing, serologic; Rh phenotyping, complete | no auth | | | | |
| 86910 | Blood typing, for paternity testing, per individual; ABO, Rh and MN | NOT COVERED | | NOT ON MEDICARE LAB FEE SCHEDULE | | |
| 86911 | Blood typing, for paternity testing, per individual; each additional antigen system | NOT COVERED | | NOT ON MEDICARE LAB FEE SCHEDULE | | |
| 86920 | Compatibility test each unit; immediate spin technique | no auth | | | | |
| 86921 | Compatibility test each unit; incubation technique | no auth | | | | |
| 86922 | Compatibility test each unit; antiglobulin technique | no auth | | | | |
| 86923 | Compatibility test each unit; electronic | no auth | | | | |
| 86927 | Fresh frozen plasma, thawing, each unit | no auth | | | | |
| 86930 | Frozen blood, each unit; freezing (includes preparation) | no auth | | | | |
| 86931 | Frozen blood, each unit; thawing | no auth | | | | |
| 86932 | Frozen blood, each unit; freezing (includes preparation) and thawing | no auth | | | | |
| 86940 | Hemolysins and agglutinins; auto, screen, each | no auth | | | | |
| 86941 | Hemolysins and agglutinins; incubated | no auth | | | | |
| 86945 | Irradiation of blood product, each unit | no auth | | | | |
| 86950 | Leukocyte transfusion | no auth | | | | |
| 86960 | Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit | no auth | | | | |
| 86965 | Pooling of platelets or other blood products | no auth | | | | |
| 86970 | Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each | no auth | | | | |
| 86971 | Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each | no auth | | | | |
| 86972 | Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation | no auth | | | | |
| 86975 | Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each | no auth | | | | |
| 86976 | Pretreatment of serum for use in RBC antibody identification; by dilution | no auth | | | | |
| 86977 | Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each | no auth | | | | |
| 86978 | Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption | no auth | | | | |
| 86985 | Splitting of blood or blood products, each unit | no auth | | | | |
| 86999 | Unlisted transfusion medicine procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 87003 | Animal inoculation, small animal, with observation and dissection | no auth | | | | |
| 87015 | Concentration (any type), for infectious agents | no auth | | | | |

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| 87040 | Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate) | no auth | | | | |
| 87045 | Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species | no auth | | | | |
| 87046 | Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate | no auth | | | | |
| 87070 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates | no auth | | | | |
| 87071 | Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool | no auth | | | | |
| 87073 | Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool | no auth | | | | |
| 87075 | Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates | no auth | | | | |
| 87076 | Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate | no auth | | | | |
| 87077 | Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate | no auth | | | | |
| 87081 | Culture, presumptive, pathogenic organisms, screening only; | no auth | | | | |
| 87084 | Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart | no auth | | | | |
| 87086 | Culture, bacterial; quantitative colony count, urine | no auth | | | | |
| 87088 | Culture, bacterial; with isolation and presumptive identification of each isolate, urine | no auth | | | | |
| 87101 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail | no auth | | | | |
| 87102 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood) | no auth | | | | |
| 87103 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood | no auth | | | | |
| 87106 | Culture, fungi, definitive identification, each organism; yeast | no auth | | | | |
| 87107 | Culture, fungi, definitive identification, each organism; mold | no auth | | | | |
| 87109 | Culture, mycoplasma, any source | no auth | | | | |
| 87110 | Culture, chlamydia, any source | no auth | | | | |
| 87116 | Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates | no auth | | | | |
| 87118 | Culture, mycobacterial, definitive identification, each isolate | no auth | | | | |
| 87140 | Culture, typing; immunofluorescent method, each antiserum | no auth | | | | |
| 87143 | Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method | no auth | | | | |
| 87147 | Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum | no auth | | | | |
| 87149 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed | no auth | | | | |
| 87150 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed | no auth | | | | |
| 87152 | Culture, typing; identification by pulse field gel typing | no auth | | | | |
| 87153 | Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene) | no auth | | | | |

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| 87154 | Culture, typing; identification of blood pathogen and resistance typing, when performed, by nucleic acid (DNA or RNA) probe, multiplexed amplified probe technique including multiplex reverse transcription, when performed, per culture or isolate, 6 or more targets | no auth | | | | |
| 87158 | Culture, typing; other methods | no auth | | | | |
| 87164 | Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection | no auth | | | | |
| 87166 | Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection | no auth | | | | |
| 87168 | Macroscopic examination; arthropod | no auth | | | | |
| 87169 | Macroscopic examination; parasite | no auth | | | | |
| 87172 | Pinworm exam (eg, cellophane tape prep) | no auth | | | | |
| 87176 | Homogenization, tissue, for culture | no auth | | | | |
| 87177 | Ova and parasites, direct smears, concentration and identification | no auth | | | | |
| 87181 | Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip) | no auth | | | | |
| 87184 | Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents) | no auth | | | | |
| 87185 | Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme | no auth | | | | |
| 87186 | Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate | no auth | | | | |
| 87187 | Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure) | no auth | | | | |
| 87188 | Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent | no auth | | | | |
| 87190 | Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent | no auth | | | | |
| 87197 | Serum bactericidal titer (Schlichter test) | no auth | | | | |
| 87205 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types | no auth | | | | |
| 87206 | Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types | no auth | | | | |
| 87207 | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses) | no auth | | | | |
| 87209 | Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites | no auth | | | | |
| 87210 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps) | no auth | | | | |
| 87220 | Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies) | no auth | | | | |
| 87230 | Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin) | no auth | | | | |
| 87250 | Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection | no auth | | | | |
| 87252 | Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect | no auth | | | | |
| 87253 | Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate | no auth | | | | |

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| 87254 | Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus | no auth | | | | |
| 87255 | Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity) | no auth | | | | |
| 87260 | Infectious agent antigen detection by immunofluorescent technique; adenovirus | no auth | | | | |
| 87265 | Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis | no auth | | | | |
| 87267 | Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA) | no auth | | | | |
| 87269 | Infectious agent antigen detection by immunofluorescent technique; giardia | no auth | | | | |
| 87270 | Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis | no auth | | | | |
| 87271 | Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA) | no auth | | | | |
| 87272 | Infectious agent antigen detection by immunofluorescent technique; cryptosporidium | no auth | | | | |
| 87273 | Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2 | no auth | | | | |
| 87274 | Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1 | no auth | | | | |
| 87275 | Infectious agent antigen detection by immunofluorescent technique; influenza B virus | no auth | | | | |
| 87276 | Infectious agent antigen detection by immunofluorescent technique; influenza A virus | no auth | | | | |
| 87278 | Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila | no auth | | | | |
| 87279 | Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type | no auth | | | | |
| 87280 | Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus | no auth | | | | |
| 87281 | Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii | no auth | | | | |
| 87283 | Infectious agent antigen detection by immunofluorescent technique; Rubeola | no auth | | | | |
| 87285 | Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum | no auth | | | | |
| 87290 | Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus | no auth | | | | |
| 87299 | Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism | no auth | | | | |
| 87300 | Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum | no auth | | | | |
| 87301 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41 | no auth | | | | |
| 87305 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Aspergillus | no auth | | | | |

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| 87320 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis | no auth | | | | |
| 87324 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Clostridium difficile toxin(s) | no auth | | | | |
| 87327 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Cryptococcus neoformans | no auth | | | | |
| 87328 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cryptosporidium | no auth | | | | |
| 87329 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; giardia | no auth | | | | |
| 87332 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; cytomegalovirus | no auth | | | | |
| 87335 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Escherichia coli 0157 | no auth | | | | |
| 87336 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Entamoeba histolytica dispar group | no auth | | | | |
| 87337 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Entamoeba histolytica group | no auth | | | | |
| 87338 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Helicobacter pylori, stool | no auth | | | | |
| 87339 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Helicobacter pylori | no auth | | | | |

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| 87340 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) | no auth | | | | |
| 87341 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization | no auth | | | | |
| 87350 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis Be antigen (HBeAg) | no auth | | | | |
| 87380 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis, delta agent | no auth | | | | |
| 87385 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Histoplasma capsulatum | no auth | | | | |
| 87389 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result | no auth | | | | |
| 87390 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 | no auth | | | | |
| 87391 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2 | no auth | | | | |
| 87400 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Influenza, A or B, each | no auth | | | | |
| 87420 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; respiratory syncytial virus | no auth | | | | |
| 87425 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; rotavirus | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 87426 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) | no auth | | | | |
| 87427 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Shiga-like toxin | no auth | | | | |
| 87428 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B | no auth | | | | |
| 87430 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A | no auth | | | | |
| 87449 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; not otherwise specified, each organism | no auth | | | | |
| 87451 | Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum | no auth | | | | |
| 87467 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg), quantitative | no auth | | | | |
| 87468 | Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique | no auth | | | | |
| 87469 | Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique | no auth | | | | |
| 87471 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique | no auth | | | | |
| 87472 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification | no auth | | | | |
| 87475 | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique | no auth | | | | |
| 87476 | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique | no auth | | | | |
| 87478 | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique | no auth | | | | |
| 87480 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 87481 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, amplified probe technique | no auth | | | | |
| 87482 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, quantification | no auth | | | | |
| 87483 | Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, <i>Neisseria meningitidis</i> , <i>Streptococcus pneumoniae</i> , <i>Listeria</i> , <i>Haemophilus influenzae</i> , <i>E. coli</i> , <i>Streptococcus agalactiae</i> , enterovirus, human parechovirus, herpes simplex virus type 1 and 2, human herpesvirus 6, cytomegalovirus, varicella zoster virus, <i>Cryptococcus</i>), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets | no auth | | | | |
| 87484 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Ehrlichia chaffeensis</i> , amplified probe technique | no auth | | | | |
| 87485 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , direct probe technique | no auth | | | | |
| 87486 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , amplified probe technique | no auth | | | | |
| 87487 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia pneumoniae</i> , quantification | no auth | | | | |
| 87490 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , direct probe technique | no auth | | | | |
| 87491 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , amplified probe technique | no auth | | | | |
| 87492 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Chlamydia trachomatis</i> , quantification | no auth | | | | |
| 87493 | Infectious agent detection by nucleic acid (DNA or RNA); <i>Clostridium difficile</i> , toxin gene(s), amplified probe technique | no auth | | | | |
| 87495 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique | no auth | | | | |
| 87496 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique | no auth | | | | |
| 87497 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification | no auth | | | | |
| 87498 | Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed | no auth | | | | |
| 87500 | Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique | no auth | | | | |
| 87501 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype | no auth | | | | |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types | no auth | | | | |
| 87503 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 87505 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets | no auth | | | | |
| 87506 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets | no auth | | | | |
| 87507 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets | no auth | | | | |
| 87510 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique | no auth | | | | |
| 87511 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique | no auth | | | | |
| 87512 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification | no auth | | | | |
| 87516 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique | no auth | | | | |
| 87517 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification | no auth | | | | |
| 87520 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique | no auth | | | | |
| 87521 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed | no auth | | | | |
| 87522 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed | no auth | | | | |
| 87523 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed | AUTH REQUIRED | | | | |
| 87525 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique | no auth | | | | |
| 87526 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique | no auth | | | | |
| 87527 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification | no auth | | | | |
| 87528 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique | no auth | | | | |
| 87529 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique | no auth | | | | |
| 87530 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification | no auth | | | | |
| 87531 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique | no auth | | | | |
| 87532 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique | no auth | | | | |
| 87533 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification | no auth | | | | |
| 87534 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 87535 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed | no auth | | | | |
| 87536 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed | no auth | | | | |
| 87537 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique | no auth | | | | |
| 87538 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed | no auth | | | | |
| 87539 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed | no auth | | | | |
| 87540 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique | no auth | | | | |
| 87541 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique | no auth | | | | |
| 87542 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification | no auth | | | | |
| 87550 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique | no auth | | | | |
| 87551 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique | no auth | | | | |
| 87552 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification | no auth | | | | |
| 87555 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique | no auth | | | | |
| 87556 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique | no auth | | | | |
| 87557 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification | no auth | | | | |
| 87560 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique | no auth | | | | |
| 87561 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique | no auth | | | | |
| 87562 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification | no auth | | | | |
| 87563 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique | no auth | | | | |
| 87580 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique | no auth | | | | |
| 87581 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique | no auth | | | | |
| 87582 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification | no auth | | | | |
| 87590 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique | no auth | | | | |
| 87591 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique | no auth | | | | |
| 87592 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification | no auth | | | | |
| 87593 | Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44) | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) | no auth | | | | |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed | no auth | | | | |
| 87631 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets | no auth | | | | |
| 87632 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets | no auth | | | | |
| 87633 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets | no auth | | | | |
| 87634 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique | no auth | | | | |
| 87635 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique | no auth | | | | |
| 87636 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique | no auth | | | | |
| 87637 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique | no auth | | | | |
| 87640 | Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique | no auth | | | | |
| 87641 | Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique | no auth | | | | |
| 87650 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique | no auth | | | | |
| 87651 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique | no auth | | | | |
| 87652 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification | no auth | | | | |
| 87653 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique | no auth | | | | |
| 87660 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique | no auth | | | | |
| 87661 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique | no auth | | | | |
| 87662 | Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 87797 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism | no auth | | | | |
| 87798 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism | no auth | | | | |
| 87799 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism | no auth | | | | |
| 87800 | Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique | no auth | | | | |
| 87801 | Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique | no auth | | | | |
| 87802 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B | no auth | | | | |
| 87803 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A | no auth | | | | |
| 87804 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza | no auth | | | | |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies | no auth | | | | |
| 87807 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus | no auth | | | | |
| 87808 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis | no auth | | | | |
| 87809 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus | no auth | | | | |
| 87810 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis | no auth | | | | |
| 87811 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) | no auth | | | | |
| 87850 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae | no auth | | | | |
| 87880 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A | no auth | | | | |
| 87899 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified | no auth | | | | |
| 87900 | Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics | no auth | | | | |
| 87901 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions | no auth | | | | |
| 87902 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus | no auth | | | | |
| 87903 | Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested | no auth | | | | |
| 87904 | Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure) | no auth | | | | |
| 87905 | Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid) | no auth | | | | |
| 87906 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion) | no auth | | | | |
| 87910 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus | no auth | | | | |
| 87912 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 87913 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 87999 | Unlisted microbiology procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 88000 | Necropsy (autopsy), gross examination only; without CNS | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88005 | Necropsy (autopsy), gross examination only; with brain | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88007 | Necropsy (autopsy), gross examination only; with brain and spinal cord | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88012 | Necropsy (autopsy), gross examination only; infant with brain | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88014 | Necropsy (autopsy), gross examination only; stillborn or newborn with brain | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88016 | Necropsy (autopsy), gross examination only; macerated stillborn | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88020 | Necropsy (autopsy), gross and microscopic; without CNS | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88025 | Necropsy (autopsy), gross and microscopic; with brain | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88027 | Necropsy (autopsy), gross and microscopic; with brain and spinal cord | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88028 | Necropsy (autopsy), gross and microscopic; infant with brain | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88029 | Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88036 | Necropsy (autopsy), limited, gross and/or microscopic; regional | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88037 | Necropsy (autopsy), limited, gross and/or microscopic; single organ | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88040 | Necropsy (autopsy); forensic examination | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88045 | Necropsy (autopsy); coroner's call | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88099 | Unlisted necropsy (autopsy) procedure | NOT COVERED | | NOT ON LAB FEE SCHEDULE | | |
| 88104 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation | no auth | | | | |
| 88106 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation | no auth | | | | |
| 88108 | Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique) | no auth | | | | |
| 88112 | Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal | no auth | | | | |
| 88120 | Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual | no auth | | | | |
| 88121 | Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology | no auth | | | | |
| 88125 | Cytopathology, forensic (eg, sperm) | no auth | | | | |
| 88130 | Sex chromatin identification; Barr bodies | no auth | | | | |
| 88140 | Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 88141 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician | no auth | | | | |
| 88142 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision | no auth | | | | |
| 88143 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision | no auth | | | | |
| 88147 | Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision | no auth | | | | |
| 88148 | Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision | no auth | | | | |
| 88150 | Cytopathology, slides, cervical or vaginal; manual screening under physician supervision | no auth | | | | |
| 88152 | Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision | no auth | | | | |
| 88153 | Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision | no auth | | | | |
| 88155 | Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services) | no auth | | | | |
| 88160 | Cytopathology, smears, any other source; screening and interpretation | no auth | | | | |
| 88161 | Cytopathology, smears, any other source; preparation, screening and interpretation | no auth | | | | |
| 88162 | Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains | no auth | | | | |
| 88164 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision | no auth | | | | |
| 88165 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision | no auth | | | | |
| 88166 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision | no auth | | | | |
| 88167 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision | no auth | | | | |
| 88172 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site | no auth | | | | |
| 88173 | Cytopathology, evaluation of fine needle aspirate; interpretation and report | no auth | | | | |
| 88174 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision | no auth | | | | |
| 88175 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| 88177 | 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) | no auth | | | | |
| 88182 | Flow cytometry, cell cycle or DNA analysis | no auth | | | | |
| 88184 | Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker | no auth | | | | |
| 88185 | Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker) | no auth | | | | |
| 88187 | Flow cytometry, interpretation; 2 to 8 markers | no auth | | | | |
| 88188 | Flow cytometry, interpretation; 9 to 15 markers | no auth | | | | |
| 88189 | Flow cytometry, interpretation; 16 or more markers | no auth | | | | |
| 88199 | Unlisted cytopathology procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 88230 | Tissue culture for non-neoplastic disorders; lymphocyte | AUTH REQUIRED | | NCD 190.3 | | |
| 88233 | Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy | AUTH REQUIRED | | NCD 190.3 | | |
| 88235 | Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells | AUTH REQUIRED | | NCD 190.3 | | |
| 88237 | Tissue culture for neoplastic disorders; bone marrow, blood cells | AUTH REQUIRED | | NCD 190.3 | | |
| 88239 | Tissue culture for neoplastic disorders; solid tumor | AUTH REQUIRED | | NCD 190.3 | | |
| 88240 | Cryopreservation, freezing and storage of cells, each cell line | AUTH REQUIRED | | NCD 190.3 | | |
| 88241 | Thawing and expansion of frozen cells, each aliquot | AUTH REQUIRED | | NCD 190.3 | | |
| 88245 | Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells | AUTH REQUIRED | | NCD 190.3 | MCG:Bloom Syndrome - BLM Gene ACG: A-0682 (AC) | |
| 88248 | Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X) | AUTH REQUIRED | | NCD 190.3 | MCG:Many MCG (ataxia-tel, ATM, fragile X FMR1, Fanconi FANC genes) | |
| 88249 | Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation) | AUTH REQUIRED | | NCD 190.3 | | |
| 88261 | Chromosome analysis; count 5 cells, 1 karyotype, with banding | AUTH REQUIRED | | NCD 190.3 | | |
| 88262 | Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding | AUTH REQUIRED | | NCD 190.3 | | |
| 88263 | Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding | AUTH REQUIRED | | NCD 190.3 | | |
| 88264 | Chromosome analysis; analyze 20-25 cells | AUTH REQUIRED | | NCD 190.3 | | |
| 88267 | Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding | AUTH REQUIRED | | NCD 190.3 | | |
| 88269 | Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding | AUTH REQUIRED | | NCD 190.3 | | |
| 88271 | Molecular cytogenetics; DNA probe, each (eg, FISH) | AUTH REQUIRED | | NCD 190.3 | MCG:Many MCG (ataxia-tel, breast CA, gastric CA, Wilms, etc.) | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| 88272 | Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers) | AUTH REQUIRED | | NCD 190.3 | MCG:Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC) | |
| 88273 | Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions) | AUTH REQUIRED | | NCD 190.3 | MCG:Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC) | |
| 88274 | Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells | AUTH REQUIRED | | NCD 190.3 | MCG:Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC); Breast Cancer - HER2 Testing ACG: A-0766 (AC); Gastric Cancer - Gene Testing (Somatic or Therapeutic) ACG: A-0927 (AC) | |
| 88275 | Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells | AUTH REQUIRED | | NCD 190.3 | MCG:Many MCG depending on underlying clinical diagnosis and testing desired. | |
| 88280 | Chromosome analysis; additional karyotypes, each study | AUTH REQUIRED | | NCD 190.3 | | |
| 88283 | Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding) | AUTH REQUIRED | | NCD 190.3 | | |
| 88285 | Chromosome analysis; additional cells counted, each study | AUTH REQUIRED | | NCD 190.3 | MCG:Telomere Analysis ACG: A-0672 (AC) | |
| 88289 | Chromosome analysis; additional high resolution study | AUTH REQUIRED | | NCD 190.3 | | |
| 88291 | Cytogenetics and molecular cytogenetics, interpretation and report | AUTH REQUIRED | | NCD 190.3 | MCG:Many MCG depending on underlying clinical diagnosis and testing desired. | |
| 88299 | Unlisted cytogenetic study | AUTH REQUIRED | | | MCG:MCG: Ataxia-Telangiectasia - ATM Gene ACG: A-0593 (AC), MCG: Telomere Analysis ACG: A-0672 (AC) | |
| 88300 | Level I - Surgical pathology, gross examination only | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 88302 | Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization | no auth | | | | |
| 88304 | Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity | no auth | | | | |
| 88305 | Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 88307 | Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse | no auth | | | | |
| 88309 | Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil - resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection | no auth | | | | |
| 88311 | Decalcification procedure (List separately in addition to code for surgical pathology examination) | no auth | | | | |
| 88312 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver) | no auth | | | | |
| 88313 | Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry | no auth | | | | |
| 88314 | Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure) | no auth | | | | |
| 88319 | Special stain including interpretation and report; Group III, for enzyme constituents | no auth | | | | |
| 88321 | Consultation and report on referred slides prepared elsewhere | no auth | | | | |
| 88323 | Consultation and report on referred material requiring preparation of slides | no auth | | | | |
| 88325 | Consultation, comprehensive, with review of records and specimens, with report on referred material | no auth | | | | |
| 88329 | Pathology consultation during surgery; | no auth | | | | |
| 88331 | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen | no auth | | | | |
| 88332 | Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) | no auth | | | | |

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|------------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 88333 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site | no auth | | | | |
| 88334 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) | no auth | | | | |
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | no auth | | | | |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure | no auth | | | | |
| 88344 | Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure | no auth | | | | |
| 88346 | Immunofluorescence, per specimen; initial single antibody stain procedure | no auth | | | | |
| 88348 | Electron microscopy, diagnostic | no auth | | | | |
| 88350 | Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | no auth | | | | |
| 88355 | Morphometric analysis; skeletal muscle | no auth | | | | |
| 88356 | Morphometric analysis; nerve | no auth | | | | |
| 88358 | Morphometric analysis; tumor (eg, DNA ploidy) | no auth | | | | |
| 88360 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual | no auth | | | | |
| 88361 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology | no auth | | | | |
| 88362 | Nerve teasing preparations | no auth | | | | |
| 88363 | Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) | no auth | | | | |
| 88364 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | no auth | | | | |
| 88365 | In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure | no auth | | | | |
| 88366 | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure | no auth | | | | |
| 88367 | Morphometric analysis, in situ hybridization (quantitative or semiquantitative), using computer-assisted technology, per specimen; initial single probe stain procedure | no auth | | | | |
| 88368 | Morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure | no auth | | | | |
| 88369 | 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 88371 | Protein analysis of tissue by Western Blot, with interpretation and report; | no auth | | | | |
| 88372 | Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 88373 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 88375 | Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session | no auth | | | | |
| 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 88380 | Microdissection (ie, sample preparation of microscopically identified target); laser capture | no auth | | | | |
| 88381 | Microdissection (ie, sample preparation of microscopically identified target); manual | no auth | | | | |
| 88387 | Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node) | no auth | | | | |
| 88388 | Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure) | no auth | | | | |
| 88399 | Unlisted surgical pathology procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 88720 | Bilirubin, total, transcutaneous | no auth | | | | |
| 88738 | Hemoglobin (Hgb), quantitative, transcutaneous | no auth | | | | |
| 88740 | Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin | no auth | | | | |
| 88741 | Hemoglobin, quantitative, transcutaneous, per day; methemoglobin | no auth | | | | |
| 88749 | Unlisted in vivo (eg, transcutaneous) laboratory service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 89049 | Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report | no auth | | | | |
| 89050 | Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; | no auth | | | | |
| 89051 | Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count | no auth | | | | |
| 89055 | Leukocyte assessment, fecal, qualitative or semiquantitative | no auth | | | | |
| 89060 | Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine) | no auth | | | | |
| 89125 | Fat stain, feces, urine, or respiratory secretions | no auth | | | | |
| 89160 | Meat fibers, feces | no auth | | | | |
| 89190 | Nasal smear for eosinophils | no auth | | | | |
| 89220 | Sputum, obtaining specimen, aerosol induced technique (separate procedure) | no auth | | | | |
| 89230 | Sweat collection by iontophoresis | no auth | | | | |
| 89240 | Unlisted miscellaneous pathology test | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 89250 | Culture of oocyte(s)/embryo(s), less than 4 days; | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89251 | Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89253 | Assisted embryo hatching, microtechniques (any method) | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89254 | Oocyte identification from follicular fluid | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89255 | Preparation of embryo for transfer (any method) | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89257 | Sperm identification from aspiration (other than seminal fluid) | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89258 | Cryopreservation; embryo(s) | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89259 | Cryopreservation; sperm | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89260 | Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |

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|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| 89261 | Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89264 | Sperm identification from testis tissue, fresh or cryopreserved | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89268 | Insemination of oocytes | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89272 | Extended culture of oocyte(s)/embryo(s), 4-7 days | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89280 | Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89281 | Assisted oocyte fertilization, microtechnique; greater than 10 oocytes | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89290 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89291 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89300 | Semen analysis; presence and/or motility of sperm including Huhner test (post coital) | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100, Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |

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|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 89310 | Semen analysis; motility and count (not including Huhner test) | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89320 | Semen analysis; volume, count, motility, and differential | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89321 | Semen analysis; sperm presence and motility of sperm, if performed | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89322 | Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger) | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89325 | Sperm antibodies | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89329 | Sperm evaluation; hamster penetration test | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89330 | Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89331 | Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated) | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89335 | Cryopreservation, reproductive tissue, testicular | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89337 | Cryopreservation, mature oocyte(s) | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |

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|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 89342 | Storage (per year); embryo(s) | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89343 | Storage (per year); sperm/semen | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89344 | Storage (per year); reproductive tissue, testicular/ovarian | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89346 | Storage (per year); oocyte(s) | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89352 | Thawing of cryopreserved; embryo(s) | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89353 | Thawing of cryopreserved; sperm/semen, each aliquot | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89354 | Thawing of cryopreserved; reproductive tissue, testicular/ovarian | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| 89356 | Thawing of cryopreserved; oocytes, each aliquot | NOT COVERED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |

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|-----------|--|------------------|-------------------------------------|-------------------|--|---|
| 89398 | Unlisted reproductive medicine laboratory procedure | AUTH REQUIRED | | | MCG:MCG: Sperm- Hyaluronan Binding Assay (HBA) ACG: A-0589 (AC), MCG: Assisted Reproductive Technology ACG: A-0504 (AC) | |
| 9001F | Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 9002F | Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 9003F | Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 9004F | Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 9005F | Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebral territory (NMA-No Measure Associated) | NOT COVERED | | MEASUREMENT CODE | | |
| 9006F | Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 9007F | Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebral territory TIA or stroke (NMA-No Measure Associated) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | MEASUREMENT CODE | | |
| 90281 | Immune globulin (Ig), human, for intramuscular use | AUTH REQUIRED | Pays under Part B only | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| 90283 | Immune globulin (IgIV), human, for intravenous use | AUTH REQUIRED | Pays under Part B only | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| 90284 | Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each | AUTH REQUIRED | Pays under Part B only | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| 90287 | Botulinum antitoxin, equine, any route | no auth | Pays under Part B only | | | |
| 90288 | Botulism immune globulin, human, for intravenous use | no auth | Pays under Part B only | | | |
| 90291 | Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use | no auth | Pays under Part B only | | | |
| 90296 | Diphtheria antitoxin, equine, any route | no auth | Pays under Part B only | | | |
| 90371 | Hepatitis B immune globulin (HBIG), human, for intramuscular use | no auth | Pays under Part B only | | | |
| 90375 | Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use | no auth | Pays under Part B only | | | |
| 90376 | Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use | no auth | Pays under Part B only | | | |
| 90377 | Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT S/D), human, for intramuscular and/or subcutaneous use | no auth | Pays under Part B only | | | |
| 90378 | Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each | AUTH REQUIRED | | | | |
| 90380 | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use | no auth | | | | |

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|-----------|---|--------------------------|---|--|--------------|---|
| 90381 | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use | no auth | | | | |
| 90384 | Rho(D) immune globulin (Rhlg), human, full-dose, for intramuscular use | no auth | Pays under Part B only | | | |
| 90385 | Rho(D) immune globulin (Rhlg), human, mini-dose, for intramuscular use | no auth | Pays under Part B only | | | |
| 90386 | Rho(D) immune globulin (RhlgIV), human, for intravenous use | no auth | Pays under Part B only | | | |
| 90389 | Tetanus immune globulin (Tlg), human, for intramuscular use | no auth | Part B for treatment, Part D for preventative | | | |
| 90393 | Vaccinia immune globulin, human, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | LCA 57554, LCD 34771 | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| 90396 | Varicella-zoster immune globulin, human, for intramuscular use | no auth | Pays under Part B only | LCA 57554, LCD 34771 | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| 90399 | Unlisted immune globulin | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 90460 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered | no auth | | | | |
| 90461 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) | no auth | | | | |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) | no auth | | | | |
| 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) | no auth | | | | |
| 90473 | Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) | no auth | | | | |
| 90474 | Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) | no auth | | | | |
| 90476 | Adenovirus vaccine, type 4, live, for oral use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90477 | Adenovirus vaccine, type 7, live, for oral use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90480 | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose | no auth | | | | |
| 90581 | Anthrax vaccine, for subcutaneous or intramuscular use | no auth | Pays under Part B only | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| 90584 | Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90585 | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|--------------------------|---|--|--------------|-------------------------------|
| 90586 | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use | no auth | Pays under Part B only | | | |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90589 | Chikungunya virus vaccine, live attenuated, for intramuscular use | NOT COVERED | | | | |
| 90611 | Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90619 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90622 | Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90623 | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use | NOT COVERED | | | | |
| 90625 | Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90626 | Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90627 | Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90632 | Hepatitis A vaccine (HepA), adult dosage, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90633 | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use | AUTH REQUIRED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90634 | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use | AUTH REQUIRED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90636 | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90644 | Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use | NOT COVERED | | | | |
| 90647 | Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90648 | Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90649 | Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |

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|-----------|---|--------------------------|---|-------------------|--------------|-------------------------------|
| 90650 | Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90653 | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90654 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90655 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90656 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90657 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90658 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90660 | Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90661 | Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90662 | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90664 | Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90666 | Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90667 | Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90668 | Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90670 | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90672 | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90673 | Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |

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| 90674 | Influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90675 | Rabies vaccine, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90676 | Rabies vaccine, for intradermal use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90678 | Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use | NOT COVERED | | | | |
| 90679 | Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90680 | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90681 | Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90682 | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90683 | Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use | NOT COVERED | | | | |
| 90685 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90686 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90687 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90688 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90689 | Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90690 | Typhoid vaccine, live, oral | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90691 | Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90694 | Influenza virus vaccine, quadrivalent (aIIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90696 | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use | AUTH REQUIRED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |

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|-----------|---|--------------------------|---|--|--------------|-------------------------------|
| 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use | NOT COVERED | | | | |
| 90702 | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use | NOT COVERED | | | | |
| 90707 | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90710 | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90713 | Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90714 | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90716 | Varicella virus vaccine (VAR), live, for subcutaneous use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90717 | Yellow fever vaccine, live, for subcutaneous use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90732 | Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90733 | Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90734 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90736 | Zoster (shingles) vaccine (HZV), live, for subcutaneous injection | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90738 | Japanese encephalitis virus vaccine, inactivated, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90739 | Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90740 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90743 | Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use | AUTH REQUIRED | | | | |
| 90744 | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use | AUTH REQUIRED | | | | |
| 90746 | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90747 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |

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|-----------|---|--------------------------|---|---|--------------|---|
| 90748 | Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use | NOT COVERED | | VACCINE NOT COVERED BY MEDICARE PART B/D | | |
| 90749 | Unlisted vaccine/toxoid | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| 90750 | Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| 90756 | Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90758 | Zaire ebolavirus vaccine, live, for intramuscular use | no auth | Pays under Part B only | | | |
| 90759 | Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use | no auth | Can be administered under Part B or members can go to a network pharmacy to obtain. | | | |
| 90785 | Interactive complexity (List separately in addition to the code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90791 | Psychiatric diagnostic evaluation | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90792 | Psychiatric diagnostic evaluation with medical services | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90832 | Psychotherapy, 30 minutes with patient | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90833 | Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90834 | Psychotherapy, 45 minutes with patient | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90836 | Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90837 | Psychotherapy, 60 minutes with patient | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90838 | Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90839 | Psychotherapy for crisis; first 60 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90840 | Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90845 | Psychoanalysis | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90846 | Family psychotherapy (without the patient present), 50 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90847 | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90849 | Multiple-family group psychotherapy | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90853 | Group psychotherapy (other than of a multiple-family group) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90863 | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90865 | Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90867 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |

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|-----------|--|--------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 90868 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90869 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90870 | Electroconvulsive therapy (includes necessary monitoring) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes | NOT COVERED | | | | |
| 90876 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes | NOT COVERED | | | | |
| 90880 | Hypnotherapy | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90882 | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions | NOT COVERED | | | | |
| 90885 | Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90887 | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90889 | Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90899 | Unlisted psychiatric service or procedure | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 90901 | Biofeedback training by any modality | no auth | | | | |
| 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 | no auth | | | | |
| 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) | no auth | | | | |
| 90935 | Hemodialysis procedure with single evaluation by a physician or other qualified health care professional | no auth | | | | |
| 90937 | Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription | no auth | | | | |
| 90940 | Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method | no auth | | | | |
| 90945 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional | no auth | | | | |
| 90947 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 90951 | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month | no auth | | | | |
| 90952 | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month | no auth | | | | |
| 90953 | End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month | no auth | | | | |
| 90954 | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month | AUTH REQUIRED | | | | |
| 90955 | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month | AUTH REQUIRED | | | | |
| 90956 | End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month | AUTH REQUIRED | | | | |
| 90957 | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month | no auth | | | | |
| 90958 | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month | no auth | | | | |
| 90959 | End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month | no auth | | | | |
| 90960 | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month | no auth | | | | |
| 90961 | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month | no auth | | | | |

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| 90962 | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month | no auth | | | | |
| 90963 | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents | no auth | | | | |
| 90964 | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents | AUTH REQUIRED | | | | |
| 90965 | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents | no auth | | | | |
| 90966 | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older | no auth | | | | |
| 90967 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age | no auth | | | | |
| 90968 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age | AUTH REQUIRED | | | | |
| 90969 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age | no auth | | | | |
| 90970 | End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older | no auth | | | | |
| 90989 | Dialysis training, patient, including helper where applicable, any mode, completed course | no auth | | | | |
| 90993 | Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session | no auth | | | | |
| 90997 | Hemoperfusion (eg, with activated charcoal or resin) | no auth | | | | |
| 90999 | Unlisted dialysis procedure, inpatient or outpatient | no auth | | | | |
| 91010 | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; | no auth | | | | |
| 91013 | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure) | no auth | | | | |
| 91020 | Gastric motility (manometric) studies | no auth | | | | |
| 91022 | Duodenal motility (manometric) study | no auth | | | | |
| 91030 | Esophagus, acid perfusion (Bernstein) test for esophagitis | no auth | | | | |
| 91034 | Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation | no auth | | | | |
| 91035 | Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation | no auth | | | | |
| 91037 | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; | no auth | | | | |

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| 91038 | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) | no auth | | | | |
| 91040 | Esophageal balloon distension study, diagnostic, with provocation when performed | no auth | | | | |
| 91065 | Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit) | no auth | | | | |
| 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report | no auth | | | | |
| 91111 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report | no auth | | | | |
| 91112 | Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report | no auth | | | | |
| 91113 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report | AUTH REQUIRED | | LCD 38807 | MCG: Capsule Endoscopy ACG: A-0134 (AC) | |
| 91117 | Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report | no auth | | | | |
| 91120 | Rectal sensation, tone, and compliance test (ie, response to graded balloon distention) | no auth | | | | |
| 91122 | Anorectal manometry | no auth | | | | |
| 91132 | Electrogastrography, diagnostic, transcutaneous; | no auth | | | | |
| 91133 | Electrogastrography, diagnostic, transcutaneous; with provocative testing | no auth | | | | |
| 91200 | Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report | no auth | | | | |
| 91299 | Unlisted diagnostic gastroenterology procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 91304 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use | no auth | | | | |
| 91318 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | no auth | | | | |
| 91319 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | no auth | | | | |
| 91320 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | no auth | | | | |
| 91321 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use | no auth | | | | |
| 91322 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use | no auth | | | | |

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|-----------|---|--------------------------|--|---|--------------|-------------------------------|
| 92002 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient | no auth | EYE MED COVERS for ICD10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| 92004 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits | no auth | EYE MED COVERS for ICD10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| 92012 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient | no auth | EYE MED COVERS for ICD10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| 92014 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits | no auth | EYE MED COVERS for ICD10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| 92015 | Determination of refractive state | NOT COVERED | | | | |
| 92018 | Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete | no auth | | | | |
| 92019 | Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited | no auth | | | | |
| 92020 | Gonioscopy (separate procedure) | no auth | | | | |
| 92025 | Computerized corneal topography, unilateral or bilateral, with interpretation and report | no auth | | | | |
| 92060 | Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure) | no auth | | | | |
| 92065 | Orthoptic training; performed by a physician or other qualified health care professional | no auth | | | | |
| 92066 | Orthoptic training; under supervision of a physician or other qualified health care professional | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 92071 | Fitting of contact lens for treatment of ocular surface disease | no auth | | | | |
| 92072 | Fitting of contact lens for management of keratoconus, initial fitting | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 92081 | Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent) | no auth | | | | |
| 92082 | Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33) | no auth | | | | |
| 92083 | Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) | no auth | | | | |

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|-----------|--|------------------|---|-------------------|--------------|-------------------------------|
| 92100 | Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure) | no auth | | | | |
| 92132 | Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral | no auth | | | | |
| 92133 | Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve | no auth | | | | |
| 92134 | Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina | no auth | | | | |
| 92136 | Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation | no auth | | | | |
| 92145 | Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report | no auth | | | | |
| 92201 | Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral | no auth | | | | |
| 92202 | Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral | no auth | | | | |
| 92227 | Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral | no auth | | | | |
| 92228 | Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral | no auth | | | | |
| 92229 | Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral | no auth | | | | |
| 92230 | Fluorescein angiography with interpretation and report | no auth | | | | |
| 92235 | Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral | no auth | | | | |
| 92240 | Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral | no auth | | | | |
| 92242 | Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral | no auth | | | | |
| 92250 | Fundus photography with interpretation and report | no auth | EYE MED COVERS for ICD10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| 92260 | Ophthalmodynamometry | no auth | | | | |
| 92265 | Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report | no auth | | | | |
| 92270 | Electro-oculography with interpretation and report | no auth | | | | |
| 92273 | Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG) | no auth | | | | |
| 92274 | Electroretinography (ERG), with interpretation and report; multifocal (mfERG) | no auth | | | | |
| 92283 | Color vision examination, extended, eg, anomaloscope or equivalent | no auth | | | | |
| 92284 | Diagnostic dark adaptation examination with interpretation and report | no auth | | | | |
| 92285 | External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniphotography, stereo-photography) | no auth | | | | |

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|-----------|---|--------------------------|---|---|--------------|-------------------------------|
| 92286 | Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis | no auth | | | | |
| 92287 | Anterior segment imaging with interpretation and report; with fluorescein angiography | no auth | | | | |
| 92310 | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 92311 | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| 92312 | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes | no auth | | | | |
| 92313 | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens | no auth | | | | |
| 92314 | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia | NOT COVERED | | | | |
| 92315 | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye | no auth | | | | |
| 92316 | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes | no auth | | | | |
| 92317 | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens | no auth | | | | |
| 92325 | Modification of contact lens (separate procedure), with medical supervision of adaptation | no auth | | | | |
| 92326 | Replacement of contact lens | no auth | | | | |
| 92340 | Fitting of spectacles, except for aphakia; monofocal | NOT COVERED | | | | |
| 92341 | Fitting of spectacles, except for aphakia; bifocal | NOT COVERED | | | | |
| 92342 | Fitting of spectacles, except for aphakia; multifocal, other than bifocal | NOT COVERED | | | | |
| 92352 | Fitting of spectacle prosthesis for aphakia; monofocal | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92353 | Fitting of spectacle prosthesis for aphakia; multifocal | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92354 | Fitting of spectacle mounted low vision aid; single element system | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92355 | Fitting of spectacle mounted low vision aid; telescopic or other compound lens system | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92358 | Prosthesis service for aphakia, temporary (disposable or loan, including materials) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92370 | Repair and refitting spectacles; except for aphakia | NOT COVERED | | | | |
| 92371 | Repair and refitting spectacles; spectacle prosthesis for aphakia | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92499 | Unlisted ophthalmological service or procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 92502 | Otolaryngologic examination under general anesthesia | no auth | | | | |
| 92504 | Binocular microscopy (separate diagnostic procedure) | no auth | | | | |

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|-----------|--|------------------|--|-------------------|--------------|-------------------------------|
| 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92508 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92511 | Nasopharyngoscopy with endoscope (separate procedure) | no auth | | | | |
| 92512 | Nasal function studies (eg, rhinomanometry) | no auth | | | | |
| 92516 | Facial nerve function studies (eg, electroneurography) | no auth | | | | |
| 92517 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) | no auth | | | | |
| 92518 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP) | no auth | | | | |
| 92519 | Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP) | no auth | | | | |
| 92520 | Laryngeal function studies (ie, aerodynamic testing and acoustic testing) | no auth | | | | |
| 92521 | Evaluation of speech fluency (eg, stuttering, cluttering) | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92522 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92523 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92524 | Behavioral and qualitative analysis of voice and resonance | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92526 | Treatment of swallowing dysfunction and/or oral function for feeding | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92531 | Spontaneous nystagmus, including gaze | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92532 | Positional nystagmus test | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92533 | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92534 | Optokinetic nystagmus test | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92537 | Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) | no auth | | | | |
| 92538 | Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) | no auth | | | | |
| 92540 | Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording | no auth | | | | |
| 92541 | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording | no auth | LCA 57434 imposes QL 1/YR | LCA 57434 | | |
| 92542 | Positional nystagmus test, minimum of 4 positions, with recording | no auth | LCA 57434 imposes QL 1/YR | LCA 57434 | | |
| 92544 | Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording | no auth | LCA 57434 imposes QL 1/YR | LCA 57434 | | |
| 92545 | Oscillating tracking test, with recording | no auth | LCA 57434 imposes QL 1/YR | LCA 57434 | | |
| 92546 | Sinusoidal vertical axis rotational testing | no auth | LCA 57434 imposes QL 1/YR | LCA 57434 | | |
| 92547 | Use of vertical electrodes (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|--|--------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 92548 | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; | no auth | | | | |
| 92549 | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT) | no auth | | | | |
| 92550 | Tympanometry and reflex threshold measurements | no auth | | | | |
| 92551 | Screening test, pure tone, air only | NOT COVERED | | | | |
| 92552 | Pure tone audiometry (threshold); air only | no auth | | | | |
| 92553 | Pure tone audiometry (threshold); air and bone | no auth | | | | |
| 92555 | Speech audiometry threshold; | no auth | | | | |
| 92556 | Speech audiometry threshold; with speech recognition | no auth | | | | |
| 92557 | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) | no auth | | | | |
| 92558 | Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis | NOT COVERED | | | | |
| 92562 | Loudness balance test, alternate binaural or monaural | no auth | | | | |
| 92563 | Tone decay test | no auth | | | | |
| 92565 | Stenger test, pure tone | no auth | | | | |
| 92567 | Tympanometry (impedance testing) | no auth | | | | |
| 92568 | Acoustic reflex testing, threshold | no auth | | | | |
| 92570 | Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing | no auth | | | | |
| 92571 | Filtered speech test | no auth | | | | |
| 92572 | Staggered spondaic word test | no auth | | | | |
| 92575 | Sensorineural acuity level test | no auth | | | | |
| 92576 | Synthetic sentence identification test | no auth | | | | |
| 92577 | Stenger test, speech | no auth | | | | |
| 92579 | Visual reinforcement audiometry (VRA) | no auth | | | | |
| 92582 | Conditioning play audiometry | no auth | | | | |
| 92583 | Select picture audiometry | no auth | | | | |
| 92584 | Electrocochleography | no auth | | | | |
| 92587 | Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report | no auth | | | | |
| 92588 | Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report | no auth | | | | |
| 92590 | Hearing aid examination and selection; monaural | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| 92591 | Hearing aid examination and selection; binaural | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| 92592 | Hearing aid check; monaural | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| 92593 | Hearing aid check; binaural | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| 92594 | Electroacoustic evaluation for hearing aid; monaural | NOT COVERED | | | | |
| 92595 | Electroacoustic evaluation for hearing aid; binaural | NOT COVERED | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|---|--------------|-------------------------------|
| 92596 | Ear protector attenuation measurements | no auth | | | | |
| 92597 | Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | NCD 50.2 | | |
| 92601 | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming | AUTH REQUIRED | | | | |
| 92602 | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming | AUTH REQUIRED | | | | |
| 92603 | Diagnostic analysis of cochlear implant, age 7 years or older; with programming | no auth | | | | |
| 92604 | Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming | no auth | | | | |
| 92605 | Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92606 | Therapeutic service(s) for the use of non-speech-generating device, including programming and modification | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92607 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92608 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92609 | Therapeutic services for the use of speech-generating device, including programming and modification | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 92610 | Evaluation of oral and pharyngeal swallowing function | no auth | | | | |
| 92611 | Motion fluoroscopic evaluation of swallowing function by cine or video recording | no auth | | | | |
| 92612 | Flexible endoscopic evaluation of swallowing by cine or video recording; | no auth | | | | |
| 92613 | Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only | no auth | | | | |
| 92614 | Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; | no auth | | | | |
| 92615 | Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only | NOT COVERED | | Medicare Addendum B of OPPS | | |
| 92616 | Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; | no auth | | | | |
| 92617 | Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only | NOT COVERED | | Medicare Addendum B of OPPS | | |
| 92618 | Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92620 | Evaluation of central auditory function, with report; initial 60 minutes | no auth | | | | |
| 92621 | Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure) | no auth | | | | |
| 92622 | Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 92623 | Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 92625 | Assessment of tinnitus (includes pitch, loudness matching, and masking) | no auth | | | | |

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|-----------|---|------------------|---------------------------------|--|--------------|-------------------------------|
| 92626 | Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour | no auth | | | | |
| 92627 | Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure) | no auth | | | | |
| 92630 | Auditory rehabilitation; prelingual hearing loss | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 92633 | Auditory rehabilitation; postlingual hearing loss | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 92640 | Diagnostic analysis with programming of auditory brainstem implant, per hour | no auth | | | | |
| 92650 | Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis | NOT COVERED | | | | |
| 92651 | Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report | no auth | | | | |
| 92652 | Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report | no auth | | | | |
| 92653 | Auditory evoked potentials; neurodiagnostic, with interpretation and report | no auth | | | | |
| 92700 | Unlisted otorhinolaryngological service or procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 92920 | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch | no auth | | | | |
| 92921 | Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92924 | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch | no auth | | | | |
| 92925 | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92928 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | no auth | | | | |
| 92929 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92933 | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | no auth | | | | |
| 92934 | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |

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|-----------|---|------------------|---------------------------------|---|--------------|-------------------------------|
| 92937 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel | no auth | | | | |
| 92938 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92941 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel | no auth | | | | |
| 92943 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel | no auth | | | | |
| 92944 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 92950 | Cardiopulmonary resuscitation (eg, in cardiac arrest) | no auth | | | | |
| 92953 | Temporary transcutaneous pacing | no auth | | | | |
| 92960 | Cardioversion, elective, electrical conversion of arrhythmia; external | no auth | | | | |
| 92961 | Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure) | no auth | | | | |
| 92970 | Cardioassist-method of circulatory assist; internal | no auth | | | | |
| 92971 | Cardioassist-method of circulatory assist; external | no auth | | | | |
| 92972 | Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 92973 | Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure) | no auth | | | | |
| 92974 | Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure) | no auth | | | | |
| 92975 | Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography | no auth | | | | |
| 92977 | Thrombolysis, coronary; by intravenous infusion | no auth | | | | |
| 92978 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 92979 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure) | no auth | | | | |
| 92986 | Percutaneous balloon valvuloplasty; aortic valve | no auth | | | | |
| 92987 | Percutaneous balloon valvuloplasty; mitral valve | no auth | | | | |
| 92990 | Percutaneous balloon valvuloplasty; pulmonary valve | no auth | | | | |
| 92997 | Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel | no auth | | | | |
| 92998 | Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) | no auth | | | | |
| 93000 | Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report | no auth | | | | |
| 93005 | Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report | no auth | | | | |
| 93010 | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only | no auth | | | | |
| 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report | no auth | | | | |
| 93016 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report | no auth | | | | |
| 93017 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report | no auth | | | | |
| 93018 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only | no auth | | | | |
| 93024 | Ergonovine provocation test | no auth | | | | |
| 93025 | Microvolt T-wave alternans for assessment of ventricular arrhythmias | no auth | | | | |
| 93040 | Rhythm ECG, 1-3 leads; with interpretation and report | no auth | | | | |
| 93041 | Rhythm ECG, 1-3 leads; tracing only without interpretation and report | no auth | | | | |
| 93042 | Rhythm ECG, 1-3 leads; interpretation and report only | no auth | | | | |
| 93050 | Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive | no auth | | | | |
| 93150 | Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93151 | Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93152 | Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 93153 | Interrogation without programming of implanted phrenic nerve stimulator system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93224 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional | no auth | | | | |
| 93225 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection) | no auth | | | | |
| 93226 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report | no auth | | | | |
| 93227 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional | no auth | | | | |
| 93228 | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional | no auth | | | | |
| 93229 | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional | no auth | | | | |
| 93241 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation | no auth | | | | |
| 93242 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording) | no auth | | | | |
| 93243 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report | no auth | | | | |
| 93244 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation | no auth | | | | |
| 93245 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation | no auth | | | | |
| 93246 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording) | no auth | | | | |
| 93247 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 93248 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation | no auth | | | | |
| 93260 | 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; implantable subcutaneous lead defibrillator system | no auth | | | | |
| 93261 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system | no auth | | | | |
| 93264 | Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional | no auth | | | | |
| 93268 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional | no auth | | | | |
| 93270 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection) | no auth | | | | |
| 93271 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis | no auth | | | | |
| 93272 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional | no auth | | | | |
| 93278 | Signal-averaged electrocardiography (SAECG), with or without ECG | no auth | | | | |
| 93279 | 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; single lead pacemaker system or leadless pacemaker system in one cardiac chamber | no auth | | | | |
| 93280 | 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; dual lead pacemaker system | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 93281 | 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; multiple lead pacemaker system | no auth | | | | |
| 93282 | 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; single lead transvenous implantable defibrillator system | no auth | | | | |
| 93283 | 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; dual lead transvenous implantable defibrillator system | no auth | | | | |
| 93284 | 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; multiple lead transvenous implantable defibrillator system | no auth | | | | |
| 93285 | 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; subcutaneous cardiac rhythm monitor system | no auth | | | | |
| 93286 | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system | no auth | | | | |
| 93287 | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system | no auth | | | | |
| 93288 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system | no auth | | | | |
| 93289 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements | no auth | | | | |
| 93290 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 93291 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis | no auth | | | | |
| 93292 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system | no auth | | | | |
| 93293 | Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days | no auth | | | | |
| 93294 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional | no auth | | | | |
| 93295 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional | no auth | | | | |
| 93296 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results | no auth | | | | |
| 93297 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional | no auth | | | | |
| 93298 | Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional | no auth | | | | |
| 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete | no auth | | | | |
| 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study | no auth | | | | |
| 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography | no auth | | | | |
| 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography | no auth | | | | |
| 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study | no auth | | | | |
| 93312 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 93313 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only | no auth | | | | |
| 93314 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only | no auth | | | | |
| 93315 | Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report | no auth | | | | |
| 93316 | Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only | no auth | | | | |
| 93317 | Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only | no auth | | | | |
| 93318 | Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis | no auth | | | | |
| 93319 | 3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging) | no auth | | | | |
| 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete | no auth | | | | |
| 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging) | no auth | | | | |
| 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) | no auth | | | | |
| 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; | no auth | | | | |
| 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional | no auth | | | | |
| 93352 | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure) | no auth | | | | |

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| 93355 | Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri- and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D | no auth | | | | |
| 93356 | Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging) | no auth | | | | |
| 93451 | Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed | no auth | | | | |
| 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | no auth | | | | |
| 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed | no auth | | | | |
| 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; | no auth | | | | |
| 93455 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography | no auth | | | | |
| 93456 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization | no auth | | | | |
| 93457 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization | no auth | | | | |
| 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | no auth | | | | |
| 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | no auth | | | | |

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| 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed | no auth | | | | |
| 93461 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography | no auth | | | | |
| 93462 | Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure) | no auth | | | | |
| 93463 | Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure) | no auth | | | | |
| 93464 | Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure) | no auth | | | | |
| 93503 | Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes | no auth | | | | |
| 93505 | Endomyocardial biopsy | no auth | | | | |
| 93563 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure) | no auth | | | | |
| 93564 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure) | no auth | | | | |
| 93565 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure) | no auth | | | | |
| 93566 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure) | no auth | | | | |
| 93567 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure) | no auth | | | | |
| 93568 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure) | no auth | | | | |

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| 93569 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93571 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure) | no auth | | | | |
| 93572 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure) | no auth | | | | |
| 93573 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93574 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93575 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93580 | Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant | no auth | | | | |
| 93581 | Percutaneous transcatheter closure of a congenital ventricular septal defect with implant | no auth | | | | |
| 93582 | Percutaneous transcatheter closure of patent ductus arteriosus | no auth | | | | |
| 93583 | Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed | no auth | | | | |
| 93584 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93585 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93586 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93587 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| 93588 | Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93590 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve | no auth | | | | |
| 93591 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve | no auth | | | | |
| 93592 | Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure) | no auth | | | | |
| 93593 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections | no auth | | | | |
| 93594 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections | no auth | | | | |
| 93595 | Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections | no auth | | | | |
| 93596 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections | no auth | | | | |
| 93597 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections | no auth | | | | |
| 93598 | Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure) | no auth | | | | |
| 93600 | Bundle of His recording | no auth | | | | |
| 93602 | Intra-atrial recording | no auth | | | | |
| 93603 | Right ventricular recording | no auth | | | | |
| 93609 | Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure) | no auth | | | | |
| 93610 | Intra-atrial pacing | no auth | | | | |
| 93612 | Intraventricular pacing | no auth | | | | |
| 93613 | Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure) | no auth | | | | |
| 93615 | Esophageal recording of atrial electrogram with or without ventricular electrogram(s); | no auth | | | | |
| 93616 | Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing | no auth | | | | |
| 93618 | Induction of arrhythmia by electrical pacing | no auth | | | | |
| 93619 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia | no auth | | | | |

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| 93620 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording | no auth | | | | |
| 93621 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure) | no auth | | | | |
| 93622 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure) | no auth | | | | |
| 93623 | Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure) | no auth | | | | |
| 93624 | Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia | no auth | | | | |
| 93631 | Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction | no auth | | | | |
| 93640 | Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; | no auth | | | | |
| 93641 | Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator | no auth | | | | |
| 93642 | Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) | no auth | | | | |
| 93644 | Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) | no auth | | | | |
| 93650 | Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement | no auth | | | | |

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| 93653 | Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry | no auth | | | | |
| 93654 | Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed | no auth | | | | |
| 93655 | Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure) | no auth | | | | |
| 93656 | Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed | no auth | | | | |
| 93657 | Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) | no auth | | | | |
| 93660 | Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention | no auth | | | | |
| 93662 | Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) | no auth | | | | |
| 93668 | Peripheral arterial disease (PAD) rehabilitation, per session | no auth | | | | |
| 93701 | Bioimpedance-derived physiologic cardiovascular analysis | no auth | | | | |
| 93702 | Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s) | AUTH REQUIRED | | | MCG:Bioimpedance Spectroscopy ACG: A-0667 (AC) | |

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| 93724 | Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings) | no auth | | | | |
| 93740 | Temperature gradient studies | NOT COVERED | | NCD 220.11 STATES NOT COVERED | | |
| 93745 | Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events | no auth | | | | |
| 93750 | Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report | no auth | | | | |
| 93770 | Determination of venous pressure | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 93784 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report | no auth | | | | |
| 93786 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only | no auth | | | | |
| 93788 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report | no auth | | | | |
| 93790 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report | no auth | | | | |
| 93792 | Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results | no auth | | | | |
| 93793 | Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed | no auth | | | | |
| 93797 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) | no auth | | | | |
| 93798 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) | no auth | | | | |
| 93799 | Unlisted cardiovascular service or procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 93880 | Duplex scan of extracranial arteries; complete bilateral study | no auth | | | | |
| 93882 | Duplex scan of extracranial arteries; unilateral or limited study | no auth | | | | |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | no auth | | | | |

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| 93888 | Transcranial Doppler study of the intracranial arteries; limited study | no auth | | | | |
| 93890 | Transcranial Doppler study of the intracranial arteries; vasoreactivity study | no auth | | | | |
| 93892 | Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection | no auth | | | | |
| 93893 | Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection | no auth | | | | |
| 93895 | Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral | NOT COVERED | | | | |
| 93922 | Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels) | no auth | | | | |
| 93923 | Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia) | no auth | | | | |
| 93924 | Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study | no auth | | | | |
| 93925 | Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study | no auth | | | | |
| 93926 | Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study | no auth | | | | |
| 93930 | Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study | no auth | | | | |
| 93931 | Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study | no auth | | | | |
| 93970 | Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study | no auth | | | | |
| 93971 | Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study | no auth | | | | |
| 93975 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |

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| 93976 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study | no auth | | | | |
| 93978 | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study | no auth | | | | |
| 93979 | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study | no auth | | | | |
| 93980 | Duplex scan of arterial inflow and venous outflow of penile vessels; complete study | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| 93981 | Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study | no auth | | | | |
| 93985 | Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study | no auth | | | | |
| 93986 | Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study | no auth | | | | |
| 93990 | Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) | no auth | | | | |
| 93998 | Unlisted noninvasive vascular diagnostic study | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 94002 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day | no auth | | | | |
| 94003 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day | no auth | | | | |
| 94004 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day | no auth | | | | |
| 94005 | Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 94010 | Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation | no auth | | | | |
| 94011 | Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age | no auth | | | | |
| 94012 | Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age | no auth | | | | |
| 94013 | Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age | no auth | | | | |
| 94014 | Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional | no auth | | | | |
| 94015 | Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration) | no auth | | | | |

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| 94016 | Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional | no auth | | | | |
| 94060 | Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration | no auth | | | | |
| 94070 | Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine) | no auth | | | | |
| 94150 | Vital capacity, total (separate procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 94200 | Maximum breathing capacity, maximal voluntary ventilation | no auth | | | | |
| 94375 | Respiratory flow volume loop | no auth | | | | |
| 94450 | Breathing response to hypoxia (hypoxia response curve) | no auth | | | | |
| 94452 | High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; | no auth | | | | |
| 94453 | High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration | no auth | | | | |
| 94610 | Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube | no auth | | | | |
| 94617 | Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s) | no auth | | | | |
| 94618 | Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed | no auth | | | | |
| 94619 | Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s) | no auth | | | | |
| 94621 | Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings | no auth | | | | |
| 94625 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session) | no auth | | | | |
| 94626 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session) | no auth | | | | |
| 94640 | Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device | no auth | | | | |
| 94642 | Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis | no auth | | | | |
| 94644 | Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour | no auth | | | | |
| 94645 | Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure) | no auth | | | | |
| 94660 | Continuous positive airway pressure ventilation (CPAP), initiation and management | no auth | | | | |
| 94662 | Continuous negative pressure ventilation (CNP), initiation and management | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 94664 | Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device | no auth | | | | |
| 94667 | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation | no auth | | | | |
| 94668 | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent | no auth | | | | |
| 94669 | Mechanical chest wall oscillation to facilitate lung function, per session | no auth | | | | |
| 94680 | Oxygen uptake, expired gas analysis; rest and exercise, direct, simple | no auth | | | | |
| 94681 | Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted | no auth | | | | |
| 94690 | Oxygen uptake, expired gas analysis; rest, indirect (separate procedure) | no auth | | | | |
| 94726 | Plethysmography for determination of lung volumes and, when performed, airway resistance | no auth | | | | |
| 94727 | Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes | no auth | | | | |
| 94728 | Airway resistance by oscillometry | no auth | | | | |
| 94729 | Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure) | no auth | | | | |
| 94760 | Noninvasive ear or pulse oximetry for oxygen saturation; single determination | no auth | | | | |
| 94761 | Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise) | no auth | | | | |
| 94762 | Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure) | no auth | | | | |
| 94772 | Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant | NOT COVERED | | | | |
| 94774 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional | NOT COVERED | | | | |
| 94775 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection) | NOT COVERED | | | | |
| 94776 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only | NOT COVERED | | | | |
| 94777 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional | NOT COVERED | | | | |
| 94780 | Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes | AUTH REQUIRED | | | | |
| 94781 | Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 94799 | Unlisted pulmonary service or procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 95004 | Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests | no auth | | | | |
| 95012 | Nitric oxide expired gas determination | no auth | | | | |
| 95017 | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests | no auth | | | | |
| 95018 | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests | no auth | | | | |
| 95024 | Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests | no auth | | | | |
| 95027 | Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests | no auth | | | | |
| 95028 | Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests | no auth | | | | |
| 95044 | Patch or application test(s) (specify number of tests) | no auth | | | | |
| 95052 | Photo patch test(s) (specify number of tests) | no auth | | | | |
| 95056 | Photo tests | no auth | | | | |
| 95060 | Ophthalmic mucous membrane tests | no auth | | | | |
| 95065 | Direct nasal mucous membrane test | no auth | | | | |
| 95070 | Inhalation bronchial challenge testing (not including necessary pulmonary function tests), with histamine, methacholine, or similar compounds | no auth | | | | |
| 95076 | Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing | no auth | | | | |
| 95079 | Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure) | no auth | | | | |
| 95115 | Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection | no auth | | | | |
| 95117 | Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections | no auth | | | | |
| 95120 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 95125 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| 95130 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 95131 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 95132 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 95133 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 95134 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 95144 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials) | no auth | | | | |
| 95145 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom | no auth | | | | |
| 95146 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms | no auth | | | | |
| 95147 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms | no auth | | | | |
| 95148 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms | no auth | | | | |
| 95149 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms | no auth | | | | |
| 95165 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses) | no auth | | | | |
| 95170 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses) | no auth | | | | |
| 95180 | Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 95199 | Unlisted allergy/clinical immunologic service or procedure | AUTH REQUIRED | | | MCG: Immunotherapy, Sublingual ACG: A-0430 (AC) | |
| 95249 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording | no auth | | | | |
| 95250 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording | no auth | | | | |
| 95251 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report | no auth | | | | |
| 95700 | Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels | AUTH REQUIRED | | NCD 160.22 | MCG: EEG-Continuous Ambulatory Monitoring ACG: A-0137 (AC) | |
| 95705 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored | no auth | | | | |
| 95706 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance | no auth | | | | |
| 95707 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance | no auth | | | | |
| 95708 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC) | |
| 95709 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC) | |
| 95710 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC) | |
| 95711 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95712 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Video Monitoring ORG: M-580 (ISC) | |

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|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| 95713 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance | AUTH REQUIRED | | NCD 160.22 | MCG:EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95714 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored | AUTH REQUIRED | | NCD 160.22 | MCG:EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95715 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance | AUTH REQUIRED | | NCD 160.22 | MCG:EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95716 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance | AUTH REQUIRED | | NCD 160.22 | MCG:EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95717 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video | no auth | | | | |
| 95718 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG) | AUTH REQUIRED | | NCD 160.22 | MCG:EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95719 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video | AUTH REQUIRED | | NCD 160.22 | MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC) | |
| 95720 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG) | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95721 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video | AUTH REQUIRED | | NCD 160.22 | MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC) | |
| 95722 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG) | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95723 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video | no auth | | NCD 160.22 | | |
| 95724 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG) | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Video Monitoring ORG: M-580 (ISC) | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 95725 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video | AUTH REQUIRED | | NCD 160.22 | MCG:EEG, Continuous Ambulatory Monitoring ACG: A-0137 (AC) | |
| 95726 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG) | AUTH REQUIRED | | NCD 160.22 | MCG: EEG, Video Monitoring ORG: M-580 (ISC) | |
| 95782 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | AUTH REQUIRED | | | | |
| 95783 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist | AUTH REQUIRED | | | | |
| 95800 | Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time | no auth | | | | |
| 95801 | Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) | no auth | | | | |
| 95803 | Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) | AUTH REQUIRED | | | MCG:Polysomnography (PSG), Sleep Center ACG: A-0145 (AC) | |
| 95805 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness | no auth | | | | |
| 95806 | Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) | no auth | | | | |
| 95807 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist | no auth | | | | |
| 95808 | Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist | no auth | | | | |
| 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | no auth | | | | |
| 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist | no auth | | | | |
| 95812 | Electroencephalogram (EEG) extended monitoring; 41-60 minutes | no auth | | | | |
| 95813 | Electroencephalogram (EEG) extended monitoring; 61-119 minutes | no auth | | | | |
| 95816 | Electroencephalogram (EEG); including recording awake and drowsy | no auth | | | | |
| 95819 | Electroencephalogram (EEG); including recording awake and asleep | no auth | | | | |
| 95822 | Electroencephalogram (EEG); recording in coma or sleep only | no auth | | | | |
| 95824 | Electroencephalogram (EEG); cerebral death evaluation only | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| 95829 | Electrocorticogram at surgery (separate procedure) | no auth | | | | |
| 95830 | Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording | no auth | | | | |
| 95836 | Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 95851 | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) | no auth | | | | |
| 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side | no auth | | | | |
| 95857 | Cholinesterase inhibitor challenge test for myasthenia gravis | no auth | | | | |
| 95860 | Needle electromyography; 1 extremity with or without related paraspinal areas | no auth | | | | |
| 95861 | Needle electromyography; 2 extremities with or without related paraspinal areas | no auth | | | | |
| 95863 | Needle electromyography; 3 extremities with or without related paraspinal areas | no auth | | | | |
| 95864 | Needle electromyography; 4 extremities with or without related paraspinal areas | no auth | | | | |
| 95865 | Needle electromyography; larynx | no auth | | | | |
| 95866 | Needle electromyography; hemidiaphragm | no auth | | | | |
| 95867 | Needle electromyography; cranial nerve supplied muscle(s), unilateral | no auth | | | | |
| 95868 | Needle electromyography; cranial nerve supplied muscles, bilateral | no auth | | | | |
| 95869 | Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12) | no auth | | | | |
| 95870 | Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters | no auth | | | | |
| 95872 | Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied | no auth | | | | |
| 95873 | Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) | no auth | | | | |
| 95874 | Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) | no auth | | | | |
| 95875 | Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s) | no auth | | | | |
| 95885 | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure) | no auth | | | | |
| 95886 | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure) | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|---|-------------------------------|
| 95887 | Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure) | no auth | | | | |
| 95905 | Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report | no auth | | | | |
| 95907 | Nerve conduction studies; 1-2 studies | no auth | | | | |
| 95908 | Nerve conduction studies; 3-4 studies | no auth | | | | |
| 95909 | Nerve conduction studies; 5-6 studies | no auth | | | | |
| 95910 | Nerve conduction studies; 7-8 studies | no auth | | | | |
| 95911 | Nerve conduction studies; 9-10 studies | no auth | | | | |
| 95912 | Nerve conduction studies; 11-12 studies | no auth | | | | |
| 95913 | Nerve conduction studies; 13 or more studies | no auth | | | | |
| 95919 | Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 95921 | Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95922 | Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC), Tilt Table Testing ACG: A-0124 (AC) | |
| 95923 | Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95924 | Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt | AUTH REQUIRED | | | MCG:Tilt Table Testing ACG: A-0124 (AC) | |
| 95925 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |

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|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| 95926 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95927 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95928 | Central motor evoked potential study (transcranial motor stimulation); upper limbs | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95929 | Central motor evoked potential study (transcranial motor stimulation); lower limbs | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95930 | Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95933 | Orbicularis oculi (blink) reflex, by electrodiagnostic testing | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95937 | Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95938 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| 95939 | Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs | AUTH REQUIRED | | | MCG: Evoked Potentials: SEP, MEP, BAEP, VEP ACG: A-0143 (AC) | |
| 95940 | Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure) | no auth | | | | |
| 95941 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 95954 | Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test) | no auth | | | | |
| 95955 | Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery) | no auth | | | | |
| 95957 | Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) | no auth | | | | |
| 95958 | Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring | no auth | | | | |
| 95961 | Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional | no auth | | | | |
| 95962 | Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | no auth | | | | |
| 95965 | Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization) | no auth | | | | |
| 95966 | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization) | no auth | | | | |
| 95967 | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure) | no auth | | | | |
| 95970 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--------------------|--|-------------------------------|
| 95971 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional | no auth | | | | |
| 95972 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional | no auth | | | | |
| 95976 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional | AUTH REQUIRED | | NCD 160.18 (vagus) | MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC) | |
| 95977 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional | AUTH REQUIRED | | NCD 160.18 (vagus) | MCG: Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC), MCG: Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC) | |
| 95980 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming | no auth | | | | |
| 95981 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 95982 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming | no auth | | | | |
| 95983 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional | no auth | | | | |
| 95984 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) | no auth | | | | |
| 95990 | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; | no auth | | | | |
| 95991 | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional | no auth | | | | |
| 95992 | Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day | no auth | | | | |
| 95999 | Unlisted neurological or neuromuscular diagnostic procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 96000 | Comprehensive computer-based motion analysis by video-taping and 3D kinematics; | no auth | | | | |
| 96001 | Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking | no auth | | | | |
| 96002 | Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles | no auth | | | | |
| 96003 | Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle | no auth | | | | |
| 96004 | Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report | no auth | | | | |

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|-----------|---|--------------------------|---------------------------------|-------------------|--|-------------------------------|
| 96020 | Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report | no auth | | | | |
| 96040 | Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour | no auth | | | | |
| 96110 | Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument | NOT COVERED | | | | |
| 96112 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour | AUTH REQUIRED | | | | |
| 96113 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) | AUTH REQUIRED | | | | |
| 96116 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour | AUTH REQUIRED | | LCD 35101 | | |
| 96121 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) | AUTH REQUIRED | | LCD 35101 | | |
| 96125 | Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report | AUTH REQUIRED | | LCD 35070 | MCG:Neurologic Rehabilitation ACG: A-0363 (AC); Cognitive Communication Disorders Rehabilitation ACG: A-0562 | |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |

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|-----------|---|--------------------------|--|-------------------|--------------|-------------------------------|
| 96130 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96131 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96132 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | no auth | SEND TO DELEGATED BH VENDOR OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses | LCD 35101 | | |
| 96133 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | no auth | SEND TO DELEGATED BH VENDOR OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses | LCD 35101 | | |
| 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | no auth | SEND TO DELEGATED BH VENDOR OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses | LCD 35101 | | |
| 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | no auth | SEND TO DELEGATED BH VENDOR OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses | LCD 35101 | | |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | no auth | SEND TO DELEGATED BH VENDOR OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses | LCD 35101 | | |
| 96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | no auth | SEND TO DELEGATED BH VENDOR OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses | LCD 35101 | | |
| 96146 | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only | no auth | SEND TO DELEGATED BH VENDOR OPTUM for Behavioral Health diagnoses; Send to Alterwood for Medical diagnoses | LCD 35101 | | |
| 96156 | Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96158 | Health behavior intervention, individual, face-to-face; initial 30 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96159 | Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |

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|-----------|---|--------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| 96161 | Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96164 | Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96165 | Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96167 | Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96168 | Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96170 | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes | NOT COVERED | | | | |
| 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) | NOT COVERED | | | | |
| 96202 | Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96203 | Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 96360 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour | no auth | | | | |
| 96361 | Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure) | no auth | | | | |
| 96365 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour | no auth | | | | |
| 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) | no auth | | | | |
| 96367 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure) | no auth | | | | |
| 96368 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure) | no auth | | | | |
| 96369 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s) | no auth | | | | |
| 96370 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) | no auth | | | | |
| 96371 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 96372 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | no auth | | | | |
| 96373 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial | no auth | | | | |
| 96374 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug | no auth | | | | |
| 96375 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) | no auth | | | | |
| 96376 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure) | no auth | | | | |
| 96377 | Application of on-body injector (includes cannula insertion) for timed subcutaneous injection | no auth | | | | |
| 96379 | Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 96380 | Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 96381 | Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 96401 | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic | no auth | | | | |
| 96402 | Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic | no auth | | | | |
| 96405 | Chemotherapy administration; intralesional, up to and including 7 lesions | no auth | | | | |
| 96406 | Chemotherapy administration; intralesional, more than 7 lesions | no auth | | | | |
| 96409 | Chemotherapy administration; intravenous, push technique, single or initial substance/drug | no auth | | | | |
| 96411 | Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure) | no auth | | | | |
| 96413 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug | no auth | | | | |
| 96415 | Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure) | no auth | | | | |
| 96416 | Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump | no auth | | | | |
| 96417 | Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure) | no auth | | | | |
| 96420 | Chemotherapy administration, intra-arterial; push technique | no auth | | | | |
| 96422 | Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour | no auth | | | | |
| 96423 | Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure) | no auth | | | | |

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|-----------|---|------------------|---------------------------------|---|-------------------------------------|-------------------------------|
| 96425 | Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump | no auth | | | | |
| 96440 | Chemotherapy administration into pleural cavity, requiring and including thoracentesis | no auth | | | | |
| 96446 | Chemotherapy administration into the peritoneal cavity via implanted port or catheter | no auth | | | | |
| 96450 | Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture | no auth | | | | |
| 96521 | Refilling and maintenance of portable pump | no auth | | | | |
| 96522 | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial) | no auth | | | | |
| 96523 | Irrigation of implanted venous access device for drug delivery systems | no auth | | | | |
| 96542 | Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents | no auth | | | | |
| 96547 | Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 96548 | Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 96549 | Unlisted chemotherapy procedure | AUTH REQUIRED | | | MCG:Chemotherapy ORG: M-87 (ISC) | |
| 96567 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day | no auth | | | | |
| 96570 | Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract) | no auth | | | | |
| 96571 | Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract) | no auth | | | | |
| 96573 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day | AUTH REQUIRED | | NCD 250.4 | | |
| 96574 | Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day | no auth | | | | |
| 96900 | Actinotherapy (ultraviolet light) | no auth | | | | |
| 96902 | Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |

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|-----------|--|------------------|--|--|---|-------------------------------|
| 96904 | Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma | no auth | | | | |
| 96910 | Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B | no auth | | | | |
| 96912 | Photochemotherapy; psoralens and ultraviolet A (PUVA) | no auth | | | | |
| 96913 | Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings) | no auth | | | | |
| 96920 | Excimer laser treatment for psoriasis; total area less than 250 sq cm | no auth | | | | |
| 96921 | Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm | no auth | | | | |
| 96922 | Excimer laser treatment for psoriasis; over 500 sq cm | AUTH REQUIRED | | NCD 250.1 | MCG:Excimer Laser Therapy, Skin ACG: A-0256 (AC) | |
| 96931 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion | no auth | | | | |
| 96932 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion | no auth | | | | |
| 96933 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion | no auth | | | | |
| 96934 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 96935 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 96936 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure) | no auth | | | | |
| 96999 | Unlisted special dermatological service or procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 97010 | Application of a modality to 1 or more areas; hot or cold packs | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 97012 | Application of a modality to 1 or more areas; traction, mechanical | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 97016 | Application of a modality to 1 or more areas; vasopneumatic devices | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97018 | Application of a modality to 1 or more areas; paraffin bath | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97022 | Application of a modality to 1 or more areas; whirlpool | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|---|--------------|-------------------------------|
| 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97026 | Application of a modality to 1 or more areas; infrared | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97028 | Application of a modality to 1 or more areas; ultraviolet | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | NCD 270.4 | | |
| 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97037 | Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction | NOT COVERED | | | | |
| 97039 | Unlisted modality (specify type and time if constant attendance) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 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 | no auth | | | | |
| 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) | no auth | | | | |
| 97139 | Unlisted therapeutic procedure (specify) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|--------------------------|--|-------------------|--------------|-------------------------------|
| 97150 | Therapeutic procedure(s), group (2 or more individuals) | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | LCD 35036 | | |
| 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 professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 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 the patient, each 15 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 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 patient, each 15 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 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 or more patients, each 15 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 97155 | Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 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 guardian(s)/caregiver(s), each 15 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 97157 | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 97158 | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 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 of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|--|-------------------|--------------|-------------------------------|
| 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 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 measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97165 | Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family. | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |

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|-----------|--|------------------|--|-------------------|--------------|-------------------------------|
| 97166 | <p>Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.</p> | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97167 | <p>Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.</p> | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97168 | <p>Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.</p> | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97169 | <p>Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.</p> | NOT COVERED | | | | |

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| 97170 | Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. | NOT COVERED | | | | |
| 97171 | Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family. | NOT COVERED | | | | |
| 97172 | Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family. | NOT COVERED | | | | |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97535 | Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | LCD 35036 | | |
| 97537 | Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | LCD 35036 | | |
| 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | LCD 35036 | | |
| 97545 | Work hardening/conditioning; initial 2 hours | NOT COVERED | | LCD 33942 STATES NOT COVERED Work hardening/conditioning is "not reasonable and necessary for the diagnosis or treatment of an illness or injury." | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 97546 | Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure) | NOT COVERED | | LCD 33942 STATES NOT COVERED Work hardening/conditioning is "not reasonable and necessary for the diagnosis or treatment of an illness or injury." | | |
| 97550 | Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 97551 | Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 97552 | Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 97597 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less | no auth | | | | |
| 97598 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) | no auth | | | | |
| 97602 | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 97605 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters | no auth | | | | |
| 97606 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters | no auth | | | | |

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| 97607 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters | no auth | | | | |
| 97608 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters | no auth | | | | |
| 97610 | Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day | no auth | | | | |
| 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | LCD 35036 | | |
| 97755 | Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | LCD 35036 | | |
| 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes | no auth | | | | |
| 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | | | |
| 97763 | Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes | no auth | | | | |
| 97799 | Unlisted physical medicine/rehabilitation service or procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 97802 | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes | no auth | | | | |
| 97803 | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes | no auth | | | | |
| 97804 | Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes | no auth | | | | |
| 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient | AUTH REQUIRED | ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY. | NCD 30.1, NCD 30.2, NCD 30.3, NCD 30.3.3 | | Alterwood Advantage Evidence of Coverage |
| 97811 | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) | AUTH REQUIRED | ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY. | NCD 30.1, NCD 30.2, NCD 30.3, NCD 30.3.3 | | Alterwood Advantage Evidence of Coverage |
| 97813 | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient | AUTH REQUIRED | ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY. | NCD 30.1, NCD 30.2, NCD 30.3, NCD 30.3.3 | | Alterwood Advantage Evidence of Coverage |

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| 97814 | Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) | AUTH REQUIRED | ONLY COVERED FOR CHRONIC LBP; ALTERWOOD COVERS 12 VISITS IN 90 DAYS. ADDITIONAL 8 COVERED IF PATIENT IMPROVES DURING THE FIRST 12. NO MORE THAN 20 ANNUALLY. | NCD 30.1, NCD 30.2, NCD 30.3, NCD 30.3.3 | | Alterwood Advantage Evidence of Coverage |
| 98925 | Osteopathic manipulative treatment (OMT); 1-2 body regions involved | AUTH REQUIRED | | NCD 150.1 | | |
| 98926 | Osteopathic manipulative treatment (OMT); 3-4 body regions involved | AUTH REQUIRED | | NCD 150.1 | | |
| 98927 | Osteopathic manipulative treatment (OMT); 5-6 body regions involved | AUTH REQUIRED | | NCD 150.1 | | |
| 98928 | Osteopathic manipulative treatment (OMT); 7-8 body regions involved | AUTH REQUIRED | | NCD 150.1 | | |
| 98929 | Osteopathic manipulative treatment (OMT); 9-10 body regions involved | AUTH REQUIRED | | NCD 150.1 | | |
| 98940 | Chiropractic manipulative treatment (CMT); spinal, 1-2 regions | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH | | | Alterwood Advantage Evidence of Coverage |
| 98941 | Chiropractic manipulative treatment (CMT); spinal, 3-4 regions | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH | | | Alterwood Advantage Evidence of Coverage |
| 98942 | Chiropractic manipulative treatment (CMT); spinal, 5 regions | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH | | | Alterwood Advantage Evidence of Coverage |
| 98943 | Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | ONLY COVERED FOR SUBLUXATION OF THE SPINE; ALTERWOOD COVERS 4 ADDITIONAL TREATMENTS ON ANY BODY PART PER YEAR WITHOUT AUTH | | | Alterwood Advantage Evidence of Coverage |
| 98960 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 98961 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 98962 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 98966 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 98967 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion | no auth | | | | |
| 98968 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion | no auth | | | | |
| 98970 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | no auth | | | | |
| 98971 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes | no auth | | | | |
| 98972 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes | no auth | | | | |
| 98975 | Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment | no auth | | | | |
| 98976 | Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days | no auth | | | | |
| 98977 | Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days | no auth | | | | |
| 98978 | Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 98980 | Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes | no auth | | | | |
| 98981 | Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure) | no auth | | | | |
| 99000 | Handling and/or conveyance of specimen for transfer from the office to a laboratory | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99001 | Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |

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| 99002 | Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician or other qualified health care professional | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99024 | Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99026 | Hospital mandated on call service; in-hospital, each hour | NOT COVERED | | | | |
| 99027 | Hospital mandated on call service; out-of-hospital, each hour | NOT COVERED | | | | |
| 99050 | Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99051 | Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99053 | Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99056 | Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99058 | Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99060 | Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99070 | Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99071 | Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99072 | Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99075 | Medical testimony | NOT COVERED | | | | |
| 99078 | Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99080 | Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99082 | Unusual travel (eg, transportation and escort of patient) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| 99091 | Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days | no auth | | | | |
| 99100 | Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure) | no auth | | | | |
| 99116 | Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99135 | Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99140 | Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99151 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age | no auth | | | | |
| 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | no auth | | | | |
| 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | no auth | | | | |
| 99155 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age | no auth | | | | |
| 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older | no auth | | | | |
| 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) | no auth | | | | |

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| 99170 | Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed | AUTH REQUIRED | | | | |
| 99172 | Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare) | NOT COVERED | | | | |
| 99173 | Screening test of visual acuity, quantitative, bilateral | NOT COVERED | | | | |
| 99174 | Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report | NOT COVERED | | | | |
| 99175 | Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison | no auth | | | | |
| 99177 | Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis | NOT COVERED | | | | |
| 99183 | Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session | AUTH REQUIRED | | NCD 20.29 | MCG:Hyperbaric Oxygen ACG: A-0250 (AC) | |
| 99184 | Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling | AUTH REQUIRED | | | | |
| 99188 | Application of topical fluoride varnish by a physician or other qualified health care professional | NOT COVERED | | | | |
| 99190 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour | no auth | | | | |
| 99191 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes | no auth | | | | |
| 99192 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes | no auth | | | | |
| 99195 | Phlebotomy, therapeutic (separate procedure) | no auth | | | | |
| 99199 | Unlisted special service, procedure or report | AUTH REQUIRED | | | MCG:Intragastric Balloon Device ACG: A-0970 (AC) | |
| 99202 | Office or other outpatient 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. | no auth | | | | |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | no auth | | | | |

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| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. | no auth | | | | |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | no auth | | | | |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional | no auth | | | | |
| 99212 | Office or other outpatient 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. | no auth | | | | |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. | no auth | | | | |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | no auth | | | | |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | no auth | | | | |
| 99221 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | no auth | | | | |
| 99222 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. | no auth | | | | |
| 99223 | Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded. | no auth | | | | |

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| 99231 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. | no auth | | | | |
| 99232 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. | no auth | | | | |
| 99233 | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded. | no auth | | | | |
| 99234 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. | no auth | | | | |
| 99235 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded. | no auth | | | | |
| 99236 | Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded. | no auth | | | | |
| 99238 | Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter | no auth | | | | |
| 99239 | Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter | no auth | | | | |
| 99242 | Office or other outpatient consultation for a new or 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, 20 minutes must be met or exceeded. | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99243 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |

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| 99244 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99245 | Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded. | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99252 | Inpatient or observation consultation for a new or 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, 35 minutes must be met or exceeded. | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99253 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99254 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99255 | Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded. | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99281 | Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional | no auth | | | | |
| 99282 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making | no auth | | | | |
| 99283 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making | no auth | | | | |
| 99284 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making | no auth | | | | |
| 99285 | Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making | no auth | | | | |
| 99288 | Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |

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| 99291 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes | no auth | | | | |
| 99292 | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) | no auth | | | | |
| 99304 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded. | no auth | | | | |
| 99305 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded. | no auth | | | | |
| 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded. | no auth | | | | |
| 99307 | Subsequent nursing facility care, per day, for the evaluation and management of a 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. | no auth | | | | |
| 99308 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. | no auth | | | | |
| 99309 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | no auth | | | | |
| 99310 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. | no auth | | | | |
| 99315 | Nursing facility discharge management; 30 minutes or less total time on the date of the encounter | no auth | | | | |
| 99316 | Nursing facility discharge management; more than 30 minutes total time on the date of the encounter | no auth | | | | |
| 99341 | Home or residence 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. | no auth | | | | |

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| 99342 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | no auth | | | | |
| 99344 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | no auth | | | | |
| 99345 | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded. | no auth | | | | |
| 99347 | Home or residence 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, 20 minutes must be met or exceeded. | no auth | | | | |
| 99348 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | no auth | | | | |
| 99349 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | no auth | | | | |
| 99350 | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | no auth | | | | |
| 99358 | Prolonged evaluation and management service before and/or after direct patient care; first hour | NOT COVERED | MAY USE G2212 INSTEAD | Medicare JL MAC, Novitas. Guidance found at https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081586 | | |
| 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) | NOT COVERED | MAY USE G2212 INSTEAD | Medicare JL MAC, Novitas. Guidance found at https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081586 | | |
| 99360 | Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG) | NOT COVERED | | Medicare Claims Processing Manual Chapter 12, Section 30.6.15.3 | | |
| 99366 | Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |

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| 99367 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99368 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99374 | Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99375 | Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99377 | Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes | NOT COVERED | | | | |
| 99378 | Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |

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| 99379 | Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99380 | Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| 99381 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year) | NOT COVERED | | | | |
| 99382 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years) | NOT COVERED | | | | |
| 99383 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years) | NOT COVERED | | | | |
| 99384 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years) | NOT COVERED | | | | |
| 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years | NOT COVERED | | | | |
| 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years | NOT COVERED | | | | |

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| 99387 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older | NOT COVERED | | | | |
| 99391 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year) | NOT COVERED | | | | |
| 99392 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years) | NOT COVERED | | | | |
| 99393 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years) | NOT COVERED | | | | |
| 99394 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years) | NOT COVERED | | | | |
| 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years | NOT COVERED | | | | |
| 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years | NOT COVERED | | | | |
| 99397 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older | NOT COVERED | | | | |
| 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes | NOT COVERED | | | | |
| 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes | NOT COVERED | | | | |
| 99403 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes | NOT COVERED | | | | |

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| 99404 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes | NOT COVERED | | | | |
| 99406 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes | no auth | | | | |
| 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes | no auth | | | | |
| 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes | NOT COVERED | | | | |
| 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes | NOT COVERED | | | | |
| 99411 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes | NOT COVERED | | | | |
| 99412 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes | NOT COVERED | | | | |
| 99415 | Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service) | no auth | | | | |
| 99416 | Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service) | no auth | | | | |
| 99417 | Prolonged outpatient 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 outpatient Evaluation and Management service) | NOT COVERED | MAY USE G2212 INSTEAD | Medicare JL MAC, Novitas. Guidance found at https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00081586 | | |
| 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) | NOT COVERED | | | | |
| 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | no auth | | | | |
| 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes | no auth | | | | |
| 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes | no auth | | | | |

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| 99424 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month. | no auth | | | | |
| 99425 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) | no auth | | | | |
| 99426 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month. | no auth | | | | |
| 99427 | Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) | no auth | | | | |
| 99429 | Unlisted preventive medicine service | NOT COVERED | | | | |

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| 99437 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) | no auth | | | | |
| 99439 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) | no auth | | | | |
| 99441 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion | no auth | | | | |
| 99442 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion | no auth | | | | |
| 99443 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion | no auth | | | | |
| 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review | no auth | | | | |
| 99447 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review | no auth | | | | |

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| 99448 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review | no auth | | | | |
| 99449 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review | no auth | | | | |
| 99450 | Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates. | NOT COVERED | | | | |
| 99451 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional. 5 minutes or more of medical consultative time | no auth | | | | |
| 99452 | Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes | no auth | | | | |
| 99453 | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment | no auth | | | | |
| 99454 | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days | no auth | | | | |
| 99455 | Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. | no auth | | | | |
| 99456 | Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report. | no auth | | | | |
| 99457 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes | no auth | | | | |

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| 99458 | Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure) | no auth | | | | |
| 99459 | Pelvic examination (List separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 99460 | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant | no auth | | | | |
| 99461 | Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center | no auth | | | | |
| 99462 | Subsequent hospital care, per day, for evaluation and management of normal newborn | no auth | | | | |
| 99463 | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date | no auth | | | | |
| 99464 | Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn | no auth | | | | |
| 99465 | Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output | no auth | | | | |
| 99466 | Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport | no auth | | | | |
| 99467 | Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service) | no auth | | | | |
| 99468 | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger | no auth | | | | |
| 99469 | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger | no auth | | | | |
| 99471 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age | no auth | | | | |
| 99472 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age | AUTH REQUIRED | | | | |
| 99473 | Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration | no auth | | | | |
| 99474 | Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient | no auth | | | | |
| 99475 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age | AUTH REQUIRED | | | | |

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| 99476 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age | AUTH REQUIRED | | | | |
| 99477 | Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services | AUTH REQUIRED | | | | |
| 99478 | Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams) | AUTH REQUIRED | | | | |
| 99479 | Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams) | AUTH REQUIRED | | | | |
| 99480 | Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams) | AUTH REQUIRED | | | | |
| 99483 | Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination, Medical decision making of moderate or high complexity, Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity, Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]), Medication reconciliation and review for high-risk medications, Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s), Evaluation of safety (eg, home), including motor vehicle operation, Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks, Development, updating or revision, or review of an Advance Care Plan, Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 60 minutes of total time is spent on the date of the encounter. | no auth | | | | |
| 99484 | Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team. | no auth | | | | |

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| 99485 | Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes | NOT COVERED | | | | |
| 99486 | Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) | NOT COVERED | | | | |
| 99487 | Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. | no auth | | | | |
| 99489 | Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) | no auth | | | | |
| 99490 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. | no auth | | | | |
| 99491 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month. | no auth | | | | |

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| 99492 | Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies. | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 99493 | Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment. | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 99494 | Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| 99495 | Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, At least moderate level of medical decision making during the service period, Face-to-face visit, within 14 calendar days of discharge | no auth | | | | |
| 99496 | Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, High level of medical decision making during the service period, Face-to-face visit, within 7 calendar days of discharge | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| 99497 | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate | no auth | | | | |
| 99498 | Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure) | no auth | | | | |
| 99499 | Unlisted evaluation and management service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 99500 | Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99501 | Home visit for postnatal assessment and follow-up care | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99502 | Home visit for newborn care and assessment | NOT COVERED | | | | |
| 99503 | Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99504 | Home visit for mechanical ventilation care | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99505 | Home visit for stoma care and maintenance including colostomy and cystostomy | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99506 | Home visit for intramuscular injections | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99507 | Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |

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|-----------|--|-------------------------|-------------------------------|--|--------------|-------------------------------|
| 99509 | Home visit for assistance with activities of daily living and personal care | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99510 | Home visit for individual, family, or marriage counseling | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99511 | Home visit for fecal impaction management and enema administration | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99512 | Home visit for hemodialysis | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99600 | Unlisted home visit service or procedure | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99601 | Home infusion/specialty drug administration, per visit (up to 2 hours); | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99602 | Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| 99605 | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient | NOT COVERED | | | | |
| 99606 | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient | NOT COVERED | | | | |
| 99607 | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service) | NOT COVERED | | | | |
| A0021 | Ambulance service, outside state per mile, transport (Medicaid only) | NOT PAYABLE BY MEDICARE | | | | |
| A0080 | Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest | NOT PAYABLE BY MEDICARE | | | | |

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|-----------|--|---|--|---|--------------|-------------------------------|
| A0090 | Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest | NOT PAYABLE BY MEDICARE | | | | |
| A0100 | Nonemergency transportation; taxi | NOT PAYABLE BY MEDICARE | | | | |
| A0110 | Nonemergency transportation and bus, intra- or interstate carrier | NOT PAYABLE BY MEDICARE | | | | |
| A0120 | Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems | NOT PAYABLE BY MEDICARE | | | | |
| A0130 | Nonemergency transportation: wheelchair van | NOT PAYABLE BY MEDICARE | | | | |
| A0140 | Nonemergency transportation and air travel (private or commercial) intra- or interstate | NOT PAYABLE BY MEDICARE | | | | |
| A0160 | Nonemergency transportation: per mile - caseworker or social worker | NOT PAYABLE BY MEDICARE | | | | |
| A0170 | Transportation ancillary: parking fees, tolls, other | NOT PAYABLE BY MEDICARE | | | | |
| A0180 | Nonemergency transportation: ancillary: lodging-recipient | NOT PAYABLE BY MEDICARE | | | | |
| A0190 | Nonemergency transportation: ancillary: meals, recipient | NOT PAYABLE BY MEDICARE | | | | |
| A0200 | Nonemergency transportation: ancillary: lodging, escort | NOT PAYABLE BY MEDICARE | | | | |
| A0210 | Nonemergency transportation: ancillary: meals, escort | NOT PAYABLE BY MEDICARE | | | | |
| A0225 | Ambulance service, neonatal transport, base rate, emergency transport, one way | NOT PAYABLE BY MEDICARE | | | | |
| A0380 | BLS mileage (per mile) | NOT PAYABLE BY MEDICARE | | | | |
| A0382 | BLS routine disposable supplies | NOT PAYABLE BY MEDICARE | | | | |
| A0384 | BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances) | NOT PAYABLE BY MEDICARE | | | | |
| A0390 | ALS mileage (per mile) | NOT PAYABLE BY MEDICARE | | | | |
| A0392 | ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances) | NOT PAYABLE BY MEDICARE | | | | |
| A0394 | ALS specialized service disposable supplies; IV drug therapy | NOT PAYABLE BY MEDICARE | | | | |
| A0396 | ALS specialized service disposable supplies; esophageal intubation | NOT PAYABLE BY MEDICARE | | | | |
| A0398 | ALS routine disposable supplies | NOT PAYABLE BY MEDICARE | | | | |
| A0420 | Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments | NOT PAYABLE BY MEDICARE | | | | |
| A0422 | Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation | NOT PAYABLE BY MEDICARE | | | | |
| A0424 | Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review) | NOT PAYABLE BY MEDICARE | | | | |
| A0425 | Ground mileage, per statute mile | AUTH MAY BE REQUIRED/DESTINATION SPECIFIC | Authorization required only if ambulance transport is NOT facility to facility | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A0426 | Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1) | no auth | | | | |
| A0427 | Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency) | no auth | | | | |

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|-----------|---|---|--|---|--------------|-------------------------------|
| A0428 | Ambulance service, basic life support, nonemergency transport, (BLS) | AUTH MAY BE REQUIRED/DESTINATION SPECIFIC | Authorization required only if ambulance transport is NOT facility to facility | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A0429 | Ambulance service, basic life support, emergency transport (BLS, emergency) | no auth | | | | |
| A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A0432 | Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers | no auth | | | | |
| A0433 | Advanced life support, level 2 (ALS 2) | no auth | | | | |
| A0434 | Specialty care transport (SCT) | no auth | | | | |
| A0435 | Fixed wing air mileage, per statute mile | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A0436 | Rotary wing air mileage, per statute mile | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A0888 | Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A0998 | Ambulance response and treatment, no transport | NOT PAYABLE BY MEDICARE | | | | |
| A0999 | Unlisted ambulance service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A2001 | InnovaMatrix AC, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A2002 | Mirragen Advanced Wound Matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A2004 | XCelliStem, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A2005 | Microlyte Matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A2006 | NovoSorb SynPath dermal matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |

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|-----------|-----------------------------------|------------------|-------------------------------|---|--------------|---|
| A2007 | Restrata, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A2008 | TheraGenesis, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A2009 | Symphony, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A2010 | Apis, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A2011 | Supra SDRM, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2012 | SUPRATHEL, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2013 | InnovaMatrix FS, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2014 | Omeza Collagen Matrix, per 100 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2015 | Phoenix Wound Matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2016 | PermeaDerm B, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2017 | PermeaDerm Glove, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

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|-----------|---|------------------|---------------------------------|---|--------------|---|
| A2018 | PermeaDerm C, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2019 | Kerecis Omega3 MariGen Shield, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2020 | AC5 Advanced Wound System (AC5) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2021 | NeoMatriX, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A2022 | InnovaBurn or InnovaMatrix XL, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A2023 | InnovaMatrix PD, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A2024 | Resolve Matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A2025 | Miro3D, per cu cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4100 | Skin substitute, FDA-cleared as a device, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A4206 | Syringe with needle, sterile, 1 cc or less, each | no auth | | | | |
| A4207 | Syringe with needle, sterile 2 cc, each | no auth | | | | |
| A4208 | Syringe with needle, sterile 3 cc, each | no auth | | | | |
| A4209 | Syringe with needle, sterile 5 cc or greater, each | no auth | | | | |
| A4210 | Needle-free injection device, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4211 | Supplies for self-administered injections | no auth | | | | |
| A4212 | Noncoring needle or stylet with or without catheter | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4213 | Syringe, sterile, 20 cc or greater, each | no auth | | | | |
| A4215 | Needle, sterile, any size, each | no auth | | | | |
| A4216 | Sterile water, saline and/or dextrose, diluent/flush, 10 ml | no auth | | | | |
| A4217 | Sterile water/saline, 500 ml | no auth | | | | |
| A4218 | Sterile saline or water, metered dose dispenser, 10 ml | no auth | | | | |
| A4220 | Refill kit for implantable infusion pump | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4221 | Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately) | no auth | | | | |
| A4222 | Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately) | no auth | | | | |

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| A4223 | Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) | no auth | | | | |
| A4224 | Supplies for maintenance of insulin infusion catheter, per week | no auth | | | | |
| A4225 | Supplies for external insulin infusion pump, syringe type cartridge, sterile, each | no auth | | | | |
| A4226 | Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week | NOT PAYABLE BY MEDICARE | | | | |
| A4230 | Infusion set for external insulin pump, nonneedle cannula type | no auth | | | | |
| A4231 | Infusion set for external insulin pump, needle type | no auth | | | | |
| A4232 | Syringe with needle for external insulin pump, sterile, 3 cc | NOT PAYABLE BY MEDICARE | | | | |
| A4233 | Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each | no auth | | | | |
| A4234 | Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each | no auth | | | | |
| A4235 | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each | no auth | | | | |
| A4236 | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each | no auth | | | | |
| A4238 | Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service | AUTH REQUIRED | | LCD 33822, LCA 52464 | | |
| A4239 | Supply allowance for nonadjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service | AUTH REQUIRED | | LCD 33822, LCA 52464 | | |
| A4244 | Alcohol or peroxide, per pint | no auth | | | | |
| A4245 | Alcohol wipes, per box | AUTH REQUIRED | | NOT ON MEDICARE DME FEE SCHEDULE | | |
| A4246 | Betadine or pHisoHex solution, per pint | no auth | | | | |
| A4247 | Betadine or iodine swabs/wipes, per box | no auth | | | | |
| A4248 | Chlorhexidine containing antiseptic, 1 ml | no auth | | | | |
| A4250 | Urine test or reagent strips or tablets (100 tablets or strips) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4252 | Blood ketone test or reagent strip, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4253 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips | no auth | | | | |
| A4255 | Platforms for home blood glucose monitor, 50 per box | no auth | | | | |
| A4256 | Normal, low, and high calibrator solution/chips | no auth | | | | |
| A4257 | Replacement lens shield cartridge for use with laser skin piercing device, each | AUTH REQUIRED | | | | |
| A4258 | Spring-powered device for lancet, each | no auth | | | | |
| A4259 | Lancets, per box of 100 | no auth | | | | |
| A4261 | Cervical cap for contraceptive use | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4262 | Temporary, absorbable lacrimal duct implant, each | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4263 | Permanent, long-term, nondissolvable lacrimal duct implant, each | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4264 | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system | NOT PAYABLE BY MEDICARE | | | | |
| A4265 | Paraffin, per pound | no auth | | | | |

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| A4266 | Diaphragm for contraceptive use | NOT PAYABLE BY MEDICARE | | | | |
| A4267 | Contraceptive supply, condom, male, each | NOT PAYABLE BY MEDICARE | | | | |
| A4268 | Contraceptive supply, condom, female, each | NOT PAYABLE BY MEDICARE | | | | |
| A4269 | Contraceptive supply, spermicide (e.g., foam, gel), each | NOT PAYABLE BY MEDICARE | | | | |
| A4270 | Disposable endoscope sheath, each | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4280 | Adhesive skin support attachment for use with external breast prosthesis, each | no auth | | | | |
| A4281 | Tubing for breast pump, replacement | no auth | | | | |
| A4282 | Adapter for breast pump, replacement | no auth | | | | |
| A4283 | Cap for breast pump bottle, replacement | no auth | | | | |
| A4284 | Breast shield and splash protector for use with breast pump, replacement | no auth | | | | |
| A4285 | Polycarbonate bottle for use with breast pump, replacement | no auth | | | | |
| A4286 | Locking ring for breast pump, replacement | no auth | | | | |
| A4287 | Disposable collection and storage bag for breast milk, any size, any type, each | NOT COVERED | | | | |
| A4290 | Sacral nerve stimulation test lead, each | AUTH REQUIRED | | NCD 230.16, NCD 230.18 | MCG: Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC) | |
| A4300 | Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4301 | Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4305 | Disposable drug delivery system, flow rate of 50 ml or greater per hour | AUTH REQUIRED | | | | |
| A4306 | Disposable drug delivery system, flow rate of less than 50 ml per hour | AUTH REQUIRED | | | | |
| A4310 | Insertion tray without drainage bag and without catheter (accessories only) | no auth | | | | |
| A4311 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) | no auth | | | | |
| A4312 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone | no auth | | | | |
| A4313 | Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation | no auth | | | | |
| A4314 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.) | no auth | | | | |
| A4315 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone | no auth | | | | |
| A4316 | Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation | no auth | | | | |
| A4320 | Irrigation tray with bulb or piston syringe, any purpose | no auth | | | | |
| A4321 | Therapeutic agent for urinary catheter irrigation | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A4322 | Irrigation syringe, bulb or piston, each | no auth | | | | |
| A4326 | Male external catheter with integral collection chamber, any type, each | no auth | | | | |

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| A4327 | Female external urinary collection device; meatal cup, each | no auth | | | | |
| A4328 | Female external urinary collection device; pouch, each | no auth | | | | |
| A4330 | Perianal fecal collection pouch with adhesive, each | no auth | | | | |
| A4331 | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each | no auth | | | | |
| A4332 | Lubricant, individual sterile packet, each | no auth | | | | |
| A4333 | Urinary catheter anchoring device, adhesive skin attachment, each | no auth | | | | |
| A4334 | Urinary catheter anchoring device, leg strap, each | no auth | | | | |
| A4335 | Incontinence supply; miscellaneous | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4336 | Incontinence supply, urethral insert, any type, each | no auth | | | | |
| A4337 | Incontinence supply, rectal insert, any type, each | no auth | | | | |
| A4338 | Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each | no auth | | | | |
| A4340 | Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each | no auth | | | | |
| A4341 | Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4342 | Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4344 | Indwelling catheter, foley type, two-way, all silicone or polyurethane, each | no auth | | | | |
| A4346 | Indwelling catheter; Foley type, three-way for continuous irrigation, each | no auth | | | | |
| A4349 | Male external catheter, with or without adhesive, disposable, each | no auth | | | | |
| A4351 | Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each | no auth | | | | |
| A4352 | Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each | no auth | | | | |
| A4353 | Intermittent urinary catheter, with insertion supplies | no auth | | | | |
| A4354 | Insertion tray with drainage bag but without catheter | no auth | | | | |
| A4355 | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each | no auth | | | | |
| A4356 | External urethral clamp or compression device (not to be used for catheter clamp), each | no auth | | | | |
| A4357 | Bedside drainage bag, day or night, with or without antireflux device, with or without tube, each | no auth | | | | |
| A4358 | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each | no auth | | | | |
| A4360 | Disposable external urethral clamp or compression device, with pad and/or pouch, each | no auth | | | | |
| A4361 | Ostomy faceplate, each | no auth | | | | |
| A4362 | Skin barrier; solid, 4 x 4 or equivalent; each | no auth | | | | |
| A4363 | Ostomy clamp, any type, replacement only, each | no auth | | | | |
| A4364 | Adhesive, liquid or equal, any type, per oz | no auth | LCD 33832 imposes QL 4/mo. | LCD 33832 | | |
| A4366 | Ostomy vent, any type, each | no auth | | | | |
| A4367 | Ostomy belt, each | no auth | | | | |
| A4368 | Ostomy filter, any type, each | no auth | | | | |
| A4369 | Ostomy skin barrier, liquid (spray, brush, etc.), per oz | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| A4371 | Ostomy skin barrier, powder, per oz | no auth | | | | |
| A4372 | Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each | no auth | | | | |
| A4373 | Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each | no auth | | | | |
| A4375 | Ostomy pouch, drainable, with faceplate attached, plastic, each | no auth | | | | |
| A4376 | Ostomy pouch, drainable, with faceplate attached, rubber, each | no auth | | | | |
| A4377 | Ostomy pouch, drainable, for use on faceplate, plastic, each | no auth | | | | |
| A4378 | Ostomy pouch, drainable, for use on faceplate, rubber, each | no auth | | | | |
| A4379 | Ostomy pouch, urinary, with faceplate attached, plastic, each | no auth | | | | |
| A4380 | Ostomy pouch, urinary, with faceplate attached, rubber, each | no auth | | | | |
| A4381 | Ostomy pouch, urinary, for use on faceplate, plastic, each | no auth | | | | |
| A4382 | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each | no auth | | | | |
| A4383 | Ostomy pouch, urinary, for use on faceplate, rubber, each | no auth | | | | |
| A4384 | Ostomy faceplate equivalent, silicone ring, each | no auth | | | | |
| A4385 | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each | no auth | | | | |
| A4387 | Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each | no auth | | | | |
| A4388 | Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each | no auth | | | | |
| A4389 | Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each | no auth | | | | |
| A4390 | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each | no auth | | | | |
| A4391 | Ostomy pouch, urinary, with extended wear barrier attached (one piece), each | no auth | | | | |
| A4392 | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each | no auth | | | | |
| A4393 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each | no auth | | | | |
| A4394 | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fl oz | no auth | | | | |
| A4395 | Ostomy deodorant for use in ostomy pouch, solid, per tablet | no auth | | | | |
| A4396 | Ostomy belt with peristomal hernia support | no auth | | | | |
| A4398 | Ostomy irrigation supply; bag, each | no auth | | | | |
| A4399 | Ostomy irrigation supply; cone/catheter, with or without brush | no auth | | | | |
| A4400 | Ostomy irrigation set | no auth | | | | |
| A4402 | Lubricant, per oz | no auth | LCD 33832 imposes QL 4/mo. | LCD 33832 | | |
| A4404 | Ostomy ring, each | no auth | | | | |
| A4405 | Ostomy skin barrier, nonpectin-based, paste, per oz | no auth | | | | |
| A4406 | Ostomy skin barrier, pectin-based, paste, per oz | no auth | | | | |
| A4407 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 in or smaller, each | no auth | | | | |
| A4408 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 in, each | no auth | | | | |
| A4409 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 in or smaller, each | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| A4410 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 in, each | no auth | | | | |
| A4411 | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each | no auth | | | | |
| A4412 | Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), without filter, each | no auth | | | | |
| A4413 | Ostomy pouch, drainable, high output, for use on a barrier with flange (two-piece system), with filter, each | no auth | | | | |
| A4414 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 in or smaller, each | no auth | | | | |
| A4415 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 in, each | no auth | | | | |
| A4416 | Ostomy pouch, closed, with barrier attached, with filter (one piece), each | no auth | | | | |
| A4417 | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each | no auth | | | | |
| A4418 | Ostomy pouch, closed; without barrier attached, with filter (one piece), each | no auth | | | | |
| A4419 | Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each | no auth | | | | |
| A4420 | Ostomy pouch, closed; for use on barrier with locking flange (two piece), each | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A4421 | Ostomy supply; miscellaneous | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4422 | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each | no auth | | | | |
| A4423 | Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each | no auth | | | | |
| A4424 | Ostomy pouch, drainable, with barrier attached, with filter (one piece), each | no auth | | | | |
| A4425 | Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two-piece system), each | no auth | | | | |
| A4426 | Ostomy pouch, drainable; for use on barrier with locking flange (two-piece system), each | no auth | | | | |
| A4427 | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two-piece system), each | no auth | | | | |
| A4428 | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each | no auth | | | | |
| A4429 | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each | no auth | | | | |
| A4430 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each | no auth | | | | |
| A4431 | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each | no auth | | | | |
| A4432 | Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each | no auth | | | | |
| A4433 | Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each | no auth | | | | |
| A4434 | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each | no auth | | | | |
| A4435 | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each | no auth | | | | |
| A4436 | Irrigation supply; sleeve, reusable, per month | no auth | | | | |
| A4437 | Irrigation supply; sleeve, disposable, per month | no auth | | | | |
| A4450 | Tape, nonwaterproof, per 18 sq in | no auth | LCD 33832 imposes QL 40/mo. | LCD 33832 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------|---------------------------------|------------------------------|--------------|-------------------------------|
| A4452 | Tape, waterproof, per 18 sq in | no auth | LCD 33832 imposes QL 40/mo. | LCD 33832 | | |
| A4453 | Rectal catheter for use with the manual pump-operated enema system, replacement only | no auth | | | | |
| A4455 | Adhesive remover or solvent (for tape, cement or other adhesive), per oz | no auth | | | | |
| A4456 | Adhesive remover, wipes, any type, each | no auth | LCD 33832 imposes QL 50/mo. | LCD 33832 | | |
| A4457 | Enema tube, with or without adapter, any type, replacement only, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4458 | Enema bag with tubing, reusable | no auth | | | | |
| A4459 | Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type | no auth | | | | |
| A4461 | Surgical dressing holder, nonreusable, each | no auth | | | | |
| A4463 | Surgical dressing holder, reusable, each | no auth | | | | |
| A4465 | Nonelastic binder for extremity | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4467 | Belt, strap, sleeve, garment, or covering, any type | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4468 | Exsufflation belt, includes all supplies and accessories | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4470 | Gravlee jet washer | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4480 | VABRA aspirator | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4481 | Tracheostoma filter, any type, any size, each | no auth | LCD 33832 imposes QL 62/mo. | LCD 33832 | | |
| A4483 | Moisture exchanger, disposable, for use with invasive mechanical ventilation | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A4490 | Surgical stockings above knee length, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4495 | Surgical stockings thigh length, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4500 | Surgical stockings below knee length, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4510 | Surgical stockings full-length, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4520 | Incontinence garment, any type, (e.g., brief, diaper), each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4540 | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4541 | Monthly supplies for use of device coded at E0733 | AUTH REQUIRED | | | | |
| A4542 | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist | AUTH REQUIRED | | | | |
| A4550 | Surgical trays | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4553 | Nondisposable underpads, all sizes | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4554 | Disposable underpads, all sizes | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4555 | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only | NOT PAYABLE BY MEDICARE | | | | |
| A4556 | Electrodes (e.g., apnea monitor), per pair | no auth | | | | |
| A4557 | Lead wires (e.g., apnea monitor), per pair | no auth | | | | |
| A4558 | Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz | no auth | | | | |
| A4559 | Coupling gel or paste, for use with ultrasound device, per oz | no auth | | | | |
| A4560 | Neuromuscular electrical stimulator (NMES), disposable, replacement only | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4561 | Pessary, rubber, any type | no auth | | | | |

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|-----------|---|-------------------------|-------------------------------|---|--------------|-------------------------------|
| A4562 | Pessary, nonrubber, any type | no auth | | | | |
| A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4565 | Slings | no auth | | | | |
| A4566 | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment | NOT PAYABLE BY MEDICARE | | | | |
| A4570 | Splint | NOT PAYABLE BY MEDICARE | | | | |
| A4575 | Topical hyperbaric oxygen chamber, disposable | no auth | | | | |
| A4580 | Cast supplies (e.g., plaster) | NOT PAYABLE BY MEDICARE | | | | |
| A4590 | Special casting material (e.g., fiberglass) | NOT PAYABLE BY MEDICARE | | | | |
| A4595 | Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES) | no auth | | | | |
| A4596 | Cranial electrotherapy stimulation (CES) system supplies and accessories, per month | AUTH REQUIRED | | | | |
| A4600 | Sleeve for intermittent limb compression device, replacement only, each | AUTH REQUIRED | | NCD 280.6 | | |
| A4601 | Lithium-ion battery, rechargeable, for nonprosthetic use, replacement | no auth | | | | |
| A4602 | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each | no auth | | | | |
| A4604 | Tubing with integrated heating element for use with positive airway pressure device | no auth | | | | |
| A4605 | Tracheal suction catheter, closed system, each | no auth | | | | |
| A4606 | Oxygen probe for use with oximeter device, replacement | no auth | | | | |
| A4608 | Transtacheal oxygen catheter, each | no auth | | | | |
| A4611 | Battery, heavy-duty; replacement for patient-owned ventilator | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4612 | Battery cables; replacement for patient-owned ventilator | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4613 | Battery charger; replacement for patient-owned ventilator | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4614 | Peak expiratory flow rate meter, hand held | no auth | | | | |
| A4615 | Cannula, nasal | no auth | | | | |
| A4616 | Tubing (oxygen), per foot | no auth | | | | |
| A4617 | Mouthpiece | no auth | | | | |
| A4618 | Breathing circuits | no auth | | | | |
| A4619 | Face tent | no auth | | | | |
| A4620 | Variable concentration mask | no auth | | | | |
| A4623 | Tracheostomy, inner cannula | no auth | LCD 33832 imposes QL 62/mo. | LCD 33832 | | |
| A4624 | Tracheal suction catheter, any type other than closed system, each | no auth | | | | |
| A4625 | Tracheostomy care kit for new tracheostomy | no auth | LCD 33832 imposes QL 31/mo. | LCD 33832 | | |
| A4626 | Tracheostomy cleaning brush, each | no auth | LCD 33832 imposes QL 2/mo. | LCD 33832 | | |
| A4627 | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4628 | Oral and/or oropharyngeal suction catheter, each | no auth | | | | |
| A4629 | Tracheostomy care kit for established tracheostomy | no auth | LCD 33832 imposes QL 31/mo. | LCD 33832 | | |
| A4630 | Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient | no auth | | | | |
| A4633 | Replacement bulb/lamp for ultraviolet light therapy system, each | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|--------------------------|---------------------------------|---|--------------|-------------------------------|
| A4634 | Replacement bulb for therapeutic light box, tabletop model | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| A4635 | Underarm pad, crutch, replacement, each | no auth | | | | |
| A4636 | Replacement, handgrip, cane, crutch, or walker, each | no auth | | | | |
| A4637 | Replacement, tip, cane, crutch, walker, each | no auth | | | | |
| A4638 | Replacement battery for patient-owned ear pulse generator, each | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A4639 | Replacement pad for infrared heating pad system, each | AUTH REQUIRED | | NCD 270.6, LCD 33825 | | |
| A4640 | Replacement pad for use with medically necessary alternating pressure pad owned by patient | no auth | | | | |
| A4641 | Radiopharmaceutical, diagnostic, not otherwise classified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4642 | Indium In-111 satumomab pentetide, diagnostic, per study dose, up to 6 mCi | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4648 | Tissue marker, implantable, any type, each | no auth | | | | |
| A4649 | Surgical supply; miscellaneous | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A4650 | Implantable radiation dosimeter, each | no auth | | | | |
| A4651 | Calibrated microcapillary tube, each | no auth | | | | |
| A4652 | Microcapillary tube sealant | no auth | | | | |
| A4653 | Peritoneal dialysis catheter anchoring device, belt, each | no auth | | | | |
| A4657 | Syringe, with or without needle, each | no auth | | | | |
| A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope | no auth | | | | |
| A4663 | Blood pressure cuff only | no auth | | | | |
| A4670 | Automatic blood pressure monitor | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4671 | Disposable cyclor set used with cyclor dialysis machine, each | no auth | | | | |
| A4672 | Drainage extension line, sterile, for dialysis, each | no auth | | | | |
| A4673 | Extension line with easy lock connectors, used with dialysis | no auth | | | | |
| A4674 | Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz | no auth | | | | |
| A4680 | Activated carbon filter for hemodialysis, each | no auth | | | | |
| A4690 | Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each | no auth | | | | |
| A4706 | Bicarbonate concentrate, solution, for hemodialysis, per gallon | no auth | | | | |
| A4707 | Bicarbonate concentrate, powder, for hemodialysis, per packet | no auth | | | | |
| A4708 | Acetate concentrate solution, for hemodialysis, per gallon | no auth | | | | |
| A4709 | Acid concentrate, solution, for hemodialysis, per gallon | no auth | | | | |
| A4714 | Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon | no auth | | | | |
| A4719 | "Y set" tubing for peritoneal dialysis | no auth | | | | |
| A4720 | Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis | no auth | | | | |
| A4721 | Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis | no auth | | | | |
| A4722 | Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis | no auth | | | | |
| A4723 | Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| A4724 | Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis | no auth | | | | |
| A4725 | Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis | no auth | | | | |
| A4726 | Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis | no auth | | | | |
| A4728 | Dialysate solution, nondextrose containing, 500 ml | no auth | | | | |
| A4730 | Fistula cannulation set for hemodialysis, each | no auth | | | | |
| A4736 | Topical anesthetic, for dialysis, per g | no auth | | | | |
| A4737 | Injectable anesthetic, for dialysis, per 10 ml | no auth | | | | |
| A4740 | Shunt accessory, for hemodialysis, any type, each | no auth | | | | |
| A4750 | Blood tubing, arterial or venous, for hemodialysis, each | no auth | | | | |
| A4755 | Blood tubing, arterial and venous combined, for hemodialysis, each | no auth | | | | |
| A4760 | Dialysate solution test kit, for peritoneal dialysis, any type, each | no auth | | | | |
| A4765 | Dialysate concentrate, powder, additive for peritoneal dialysis, per packet | no auth | | | | |
| A4766 | Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml | no auth | | | | |
| A4770 | Blood collection tube, vacuum, for dialysis, per 50 | no auth | | | | |
| A4771 | Serum clotting time tube, for dialysis, per 50 | no auth | | | | |
| A4772 | Blood glucose test strips, for dialysis, per 50 | no auth | | | | |
| A4773 | Occult blood test strips, for dialysis, per 50 | no auth | | | | |
| A4774 | Ammonia test strips, for dialysis, per 50 | no auth | | | | |
| A4802 | Protamine sulfate, for hemodialysis, per 50 mg | no auth | | | | |
| A4860 | Disposable catheter tips for peritoneal dialysis, per 10 | no auth | | | | |
| A4870 | Plumbing and/or electrical work for home hemodialysis equipment | no auth | | | | |
| A4890 | Contracts, repair and maintenance, for hemodialysis equipment | no auth | | | | |
| A4911 | Drain bag/bottle, for dialysis, each | no auth | | | | |
| A4913 | Miscellaneous dialysis supplies, not otherwise specified | no auth | | | | |
| A4918 | Venous pressure clamp, for hemodialysis, each | no auth | | | | |
| A4927 | Gloves, nonsterile, per 100 | no auth | | | | |
| A4928 | Surgical mask, per 20 | no auth | | | | |
| A4929 | Tourniquet for dialysis, each | no auth | | | | |
| A4930 | Gloves, sterile, per pair | no auth | | | | |
| A4931 | Oral thermometer, reusable, any type, each | no auth | | | | |
| A4932 | Rectal thermometer, reusable, any type, each | no auth | | | | |
| A5051 | Ostomy pouch, closed; with barrier attached (one piece), each | no auth | | | | |
| A5052 | Ostomy pouch, closed; without barrier attached (one piece), each | no auth | | | | |
| A5053 | Ostomy pouch, closed; for use on faceplate, each | no auth | | | | |
| A5054 | Ostomy pouch, closed; for use on barrier with flange (two piece), each | no auth | | | | |
| A5055 | Stoma cap | no auth | | | | |
| A5056 | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each | no auth | | | | |
| A5057 | Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each | no auth | | | | |
| A5061 | Ostomy pouch, drainable; with barrier attached, (one piece), each | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|-------------------|--------------|-------------------------------|
| A5062 | Ostomy pouch, drainable; without barrier attached (one piece), each | no auth | | | | |
| A5063 | Ostomy pouch, drainable; for use on barrier with flange (two-piece system), each | no auth | | | | |
| A5071 | Ostomy pouch, urinary; with barrier attached (one piece), each | no auth | | | | |
| A5072 | Ostomy pouch, urinary; without barrier attached (one piece), each | no auth | | | | |
| A5073 | Ostomy pouch, urinary; for use on barrier with flange (two piece), each | no auth | | | | |
| A5081 | Stoma plug or seal, any type | no auth | | | | |
| A5082 | Continent device; catheter for continent stoma | no auth | | | | |
| A5083 | Continent device, stoma absorptive cover for continent stoma | no auth | | | | |
| A5093 | Ostomy accessory; convex insert | no auth | | | | |
| A5102 | Bedside drainage bottle with or without tubing, rigid or expandable, each | no auth | | | | |
| A5105 | Urinary suspensory with leg bag, with or without tube, each | no auth | | | | |
| A5112 | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each | no auth | | | | |
| A5113 | Leg strap; latex, replacement only, per set | no auth | | | | |
| A5114 | Leg strap; foam or fabric, replacement only, per set | no auth | | | | |
| A5120 | Skin barrier, wipes or swabs, each | no auth | LCD 33832 imposes QL 150/mo. Modifier AU | LCD 33832 | | |
| A5121 | Skin barrier; solid, 6 x 6 or equivalent, each | no auth | | | | |
| A5122 | Skin barrier; solid, 8 x 8 or equivalent, each | no auth | | | | |
| A5126 | Adhesive or nonadhesive; disk or foam pad | no auth | QL 20/mo. | | | |
| A5131 | Appliance cleaner, incontinence and ostomy appliances, per 16 oz | no auth | | | | |
| A5200 | Percutaneous catheter/tube anchoring device, adhesive skin attachment | no auth | | | | |
| A5500 | For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe | no auth | | | | |
| A5501 | For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe | no auth | | | | |
| A5503 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe | no auth | | | | |
| A5504 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe | no auth | | | | |
| A5505 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe | no auth | | | | |
| A5506 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe | no auth | | | | |
| A5507 | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | no auth | | | | |
| A5508 | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | no auth | | | | |
| A5510 | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---------------------------------|-------------------------|--------------|-------------------------------|
| A5512 | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each | no auth | | | | |
| A5513 | For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | no auth | | | | |
| A5514 | For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | no auth | | | | |
| A6000 | Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A6010 | Collagen based wound filler, dry form, sterile, per g of collagen | AUTH REQUIRED | | LCD 33831 | | |
| A6011 | Collagen based wound filler, gel/paste, per g of collagen | no auth | | | | |
| A6021 | Collagen dressing, sterile, size 16 sq in or less, each | no auth | | | | |
| A6022 | Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each | no auth | | | | |
| A6023 | Collagen dressing, sterile, size more than 48 sq in, each | AUTH REQUIRED | | LCD 33831 | | |
| A6024 | Collagen dressing wound filler, sterile, per 6 in | no auth | | | | |
| A6025 | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each | no auth | | | | |
| A6154 | Wound pouch, each | no auth | | | | |
| A6196 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq in or less, each dressing | no auth | | | | |
| A6197 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, each dressing | AUTH REQUIRED | | LCD 33831 | | |
| A6198 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq in, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6199 | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 in | no auth | | | | |
| A6203 | Composite dressing, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing | no auth | | | | |
| A6204 | Composite dressing, sterile, pad size more than 16 sq in, but less than or equal to 48 sq in, with any size adhesive border, each dressing | no auth | | | | |
| A6205 | Composite dressing, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6206 | Contact layer, sterile, 16 sq in or less, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6207 | Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing | no auth | | | | |
| A6208 | Contact layer, sterile, more than 48 sq in, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6209 | Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | | | | |
| A6210 | Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---------------------------------|------------------------------|--------------|-------------------------------|
| A6211 | Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6212 | Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing | no auth | | | | |
| A6213 | Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing | no auth | | | | |
| A6214 | Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing | no auth | | | | |
| A6215 | Foam dressing, wound filler, sterile, per g | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6216 | Gauze, nonimpregnated, nonsterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | | | | |
| A6217 | Gauze, nonimpregnated, nonsterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | no auth | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6218 | Gauze, nonimpregnated, nonsterile, pad size more than 48 sq in, without adhesive border, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6219 | Gauze, nonimpregnated, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing | no auth | | | | |
| A6220 | Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing | no auth | | | | |
| A6221 | Gauze, nonimpregnated, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6222 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | | | | |
| A6223 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6224 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6228 | Gauze, impregnated, water or normal saline, sterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6229 | Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6230 | Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq in, without adhesive border, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6231 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq in or less, each dressing | no auth | | | | |
| A6232 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq in but less than or equal to 48 sq in, each dressing | no auth | | | | |
| A6233 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq in, each dressing | no auth | | | | |
| A6234 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | | | | |
| A6235 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6236 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6237 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing | no auth | | | | |

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| A6238 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing | no auth | | | | |
| A6239 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6240 | Hydrocolloid dressing, wound filler, paste, sterile, per oz | no auth | | | | |
| A6241 | Hydrocolloid dressing, wound filler, dry form, sterile, per g | no auth | | | | |
| A6242 | Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | | | | |
| A6243 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | AUTH REQUIRED | | LCD 33831 | | |
| A6244 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6245 | Hydrogel dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing | no auth | | | | |
| A6246 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing | no auth | | | | |
| A6247 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing | no auth | | | | |
| A6248 | Hydrogel dressing, wound filler, gel, per fl oz | no auth | | | | |
| A6250 | Skin sealants, protectants, moisturizers, ointments, any type, any size | no auth | | | | |
| A6251 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | | | | |
| A6252 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6253 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing | AUTH REQUIRED | | LCD 33831 | | |
| A6254 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing | no auth | | | | |
| A6255 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing | no auth | | | | |
| A6256 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6257 | Transparent film, sterile, 16 sq in or less, each dressing | no auth | | | | |
| A6258 | Transparent film, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing | no auth | | | | |
| A6259 | Transparent film, sterile, more than 48 sq in, each dressing | no auth | | | | |
| A6260 | Wound cleansers, any type, any size | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6261 | Wound filler, gel/paste, per fl oz, not otherwise specified | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6262 | Wound filler, dry form, per g, not otherwise specified | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6266 | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd | no auth | | | | |
| A6402 | Gauze, nonimpregnated, sterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | | | | |
| A6403 | Gauze, nonimpregnated, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | no auth | | | | |

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|-----------|---|------------------|---------------------------------|------------------------------|--------------|-------------------------------|
| A6404 | Gauze, nonimpregnated, sterile, pad size more than 48 sq in, without adhesive border, each dressing | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| A6407 | Packing strips, nonimpregnated, sterile, up to 2 in in width, per linear yd | no auth | | | | |
| A6410 | Eye pad, sterile, each | no auth | | | | |
| A6411 | Eye pad, nonsterile, each | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6412 | Eye patch, occlusive, each | no auth | | | | |
| A6413 | Adhesive bandage, first aid type, any size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A6441 | Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in and less than 5 in, per yd | no auth | | | | |
| A6442 | Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in, per yd | no auth | | | | |
| A6443 | Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in and less than 5 in, per yd | no auth | | | | |
| A6444 | Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in, per yd | no auth | | | | |
| A6445 | Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in, per yd | no auth | | | | |
| A6446 | Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in and less than 5 in, per yd | no auth | | | | |
| A6447 | Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in, per yd | no auth | | | | |
| A6448 | Light compression bandage, elastic, knitted/woven, width less than 3 in, per yd | no auth | | | | |
| A6449 | Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd | no auth | | | | |
| A6450 | Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in, per yd | no auth | | | | |
| A6451 | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd | no auth | | | | |
| A6452 | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft lbs at 50% maximum stretch, width greater than or equal to 3 in and less than 5 in, per yd | no auth | | | | |
| A6453 | Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd | no auth | | | | |
| A6454 | Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in and less than 5 in, per yd | no auth | | | | |
| A6455 | Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in, per yd | no auth | | | | |
| A6456 | Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in and less than 5 in, per yd | no auth | | | | |
| A6457 | Tubular dressing with or without elastic, any width, per linear yd | no auth | | | | |
| A6460 | Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing | no auth | | | | |
| A6461 | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing | no auth | | | | |
| A6501 | Compression burn garment, bodysuit (head to foot), custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6502 | Compression burn garment, chin strap, custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6503 | Compression burn garment, facial hood, custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |

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|-----------|---|------------------|---|------------------------------|--------------|-------------------------------|
| A6504 | Compression burn garment, glove to wrist, custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6505 | Compression burn garment, glove to elbow, custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6506 | Compression burn garment, glove to axilla, custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6507 | Compression burn garment, foot to knee length, custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6508 | Compression burn garment, foot to thigh length, custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6509 | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6510 | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6511 | Compression burn garment, lower trunk including leg openings (panty), custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6512 | Compression burn garment, not otherwise classified | no auth | | | | |
| A6513 | Compression burn mask, face and/or neck, plastic or equal, custom fabricated | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A6520 | Gradient compression garment, glove, padded, for nighttime use, each | AUTH REQUIRED | | | | |
| A6521 | Gradient compression garment, glove, padded, for nighttime use, custom, each | AUTH REQUIRED | | | | |
| A6522 | Gradient compression garment, arm, padded, for nighttime use, each | AUTH REQUIRED | | | | |
| A6523 | Gradient compression garment, arm, padded, for nighttime use, custom, each | AUTH REQUIRED | | | | |
| A6524 | Gradient compression garment, lower leg and foot, padded, for nighttime use, each | AUTH REQUIRED | | | | |
| A6525 | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each | AUTH REQUIRED | | | | |
| A6526 | Gradient compression garment, full leg and foot, padded, for nighttime use, each | AUTH REQUIRED | | | | |
| A6527 | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each | AUTH REQUIRED | | | | |
| A6528 | Gradient compression garment, bra, for nighttime use, each | AUTH REQUIRED | | | | |
| A6529 | Gradient compression garment, bra, for nighttime use, custom, each | AUTH REQUIRED | | | | |
| A6530 | Gradient compression stocking, below knee, 18-30 mm Hg, each | no auth | | | | |
| A6531 | Gradient compression stocking, below knee, 30-40 mm Hg, used as a surgical dressing, each | no auth | Must be billed with modifier AW which indicates use in WOUND CARE | LCD 33831 | | |
| A6532 | Gradient compression stocking, below knee, 40-50 mm Hg, used as a surgical dressing, each | no auth | Must be billed with modifier AW which indicates use in WOUND CARE | LCD 33831 | | |
| A6533 | Gradient compression stocking, thigh length, 18-30 mm Hg, each | no auth | | | | |
| A6534 | Gradient compression stocking, thigh length, 30-40 mm Hg, each | no auth | | | | |
| A6535 | Gradient compression stocking, thigh length, 40 mm Hg or greater, each | no auth | | | | |
| A6536 | Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each | no auth | | | | |
| A6537 | Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each | no auth | | | | |
| A6538 | Gradient compression stocking, full length/chap style, 40 mm Hg or greater, each | no auth | | | | |
| A6539 | Gradient compression stocking, waist length, 18-30 mm Hg, each | no auth | | | | |

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|-----------|--|------------------|---|-------------------------|--------------|-------------------------------|
| A6540 | Gradient compression stocking, waist length, 30-40 mm Hg, each | no auth | | | | |
| A6541 | Gradient compression stocking, waist length, 40 mm Hg or greater, each | no auth | | | | |
| A6544 | Gradient compression stocking, garter belt | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A6545 | Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, used as a surgical dressing, each | no auth | Must be billed with modifier AW which indicates use in WOUND CARE | LCD 33831 | | |
| A6549 | Gradient compression garment, not otherwise specified | NOT COVERED | | | | |
| A6550 | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories | no auth | | | | |
| A6552 | Gradient compression stocking, below knee, 30-40 mm Hg, each | AUTH REQUIRED | | | | |
| A6553 | Gradient compression stocking, below knee, 30-40 mm Hg, custom, each | AUTH REQUIRED | | | | |
| A6554 | Gradient compression stocking, below knee, 40 mm Hg or greater, each | AUTH REQUIRED | | | | |
| A6555 | Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each | AUTH REQUIRED | | | | |
| A6556 | Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each | AUTH REQUIRED | | | | |
| A6557 | Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each | AUTH REQUIRED | | | | |
| A6558 | Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each | AUTH REQUIRED | | | | |
| A6559 | Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each | NOT COVERED | | | | |
| A6560 | Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each | NOT COVERED | | | | |
| A6561 | Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each | NOT COVERED | | | | |
| A6562 | Gradient compression stocking, waist length, 18-30 mm Hg, custom, each | AUTH REQUIRED | | | | |
| A6563 | Gradient compression stocking, waist length, 30-40 mm Hg, custom, each | AUTH REQUIRED | | | | |
| A6564 | Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each | AUTH REQUIRED | | | | |
| A6565 | Gradient compression gauntlet, custom, each | AUTH REQUIRED | | | | |
| A6566 | Gradient compression garment, neck/head, each | AUTH REQUIRED | | | | |
| A6567 | Gradient compression garment, neck/head, custom, each | AUTH REQUIRED | | | | |
| A6568 | Gradient compression garment, torso and shoulder, each | AUTH REQUIRED | | | | |
| A6569 | Gradient compression garment, torso/shoulder, custom, each | AUTH REQUIRED | | | | |
| A6570 | Gradient compression garment, genital region, each | AUTH REQUIRED | | | | |
| A6571 | Gradient compression garment, genital region, custom, each | AUTH REQUIRED | | | | |
| A6572 | Gradient compression garment, toe caps, each | AUTH REQUIRED | | | | |
| A6573 | Gradient compression garment, toe caps, custom, each | AUTH REQUIRED | | | | |
| A6574 | Gradient compression arm sleeve and glove combination, custom, each | AUTH REQUIRED | | | | |
| A6575 | Gradient compression arm sleeve and glove combination, each | AUTH REQUIRED | | | | |
| A6576 | Gradient compression arm sleeve, custom, medium weight, each | AUTH REQUIRED | | | | |
| A6577 | Gradient compression arm sleeve, custom, heavy weight, each | AUTH REQUIRED | | | | |
| A6578 | Gradient compression arm sleeve, each | AUTH REQUIRED | | | | |
| A6579 | Gradient compression glove, custom, medium weight, each | AUTH REQUIRED | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| A6580 | Gradient compression glove, custom, heavy weight, each | AUTH REQUIRED | | | | |
| A6581 | Gradient compression glove, each | AUTH REQUIRED | | | | |
| A6582 | Gradient compression gauntlet, each | AUTH REQUIRED | | | | |
| A6583 | Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each | AUTH REQUIRED | | | | |
| A6584 | Gradient compression wrap with adjustable straps, not otherwise specified | NOT COVERED | | | | |
| A6585 | Gradient pressure wrap with adjustable straps, above knee, each | AUTH REQUIRED | | | | |
| A6586 | Gradient pressure wrap with adjustable straps, full leg, each | AUTH REQUIRED | | | | |
| A6587 | Gradient pressure wrap with adjustable straps, foot, each | AUTH REQUIRED | | | | |
| A6588 | Gradient pressure wrap with adjustable straps, arm, each | AUTH REQUIRED | | | | |
| A6589 | Gradient pressure wrap with adjustable straps, bra, each | AUTH REQUIRED | | | | |
| A6590 | External urinary catheters; disposable, with wicking material, for use with suction pump, per month | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A6591 | External urinary catheter; non-disposable, for use with suction pump, per month | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A6593 | Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified | NOT COVERED | | | | |
| A6594 | Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each | AUTH REQUIRED | | | | |
| A6595 | Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each | AUTH REQUIRED | | | | |
| A6596 | Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each | AUTH REQUIRED | | | | |
| A6597 | Gradient compression bandage roll, elastic long stretch, linear yd, any width, each | AUTH REQUIRED | | | | |
| A6598 | Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each | AUTH REQUIRED | | | | |
| A6599 | Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each | AUTH REQUIRED | | | | |
| A6600 | Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each | AUTH REQUIRED | | | | |
| A6601 | Gradient compression bandaging supply, high density foam pad, any size or shape, each | AUTH REQUIRED | | | | |
| A6602 | Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any width, each | AUTH REQUIRED | | | | |
| A6603 | Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each | AUTH REQUIRED | | | | |
| A6604 | Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each | AUTH REQUIRED | | | | |
| A6605 | Gradient compression bandaging supply, padded foam, per linear yd, any width, each | AUTH REQUIRED | | | | |
| A6606 | Gradient compression bandaging supply, padded textile, per linear yd, any width, each | AUTH REQUIRED | | | | |
| A6607 | Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each | AUTH REQUIRED | | | | |
| A6608 | Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each | AUTH REQUIRED | | | | |
| A6609 | Gradient compression bandaging supply, not otherwise specified | NOT COVERED | | | | |
| A6610 | Gradient compression stocking, below knee, 18-30 mm Hg, custom, each | AUTH REQUIRED | | | | |
| A7000 | Canister, disposable, used with suction pump, each | no auth | | | | |
| A7001 | Canister, nondisposable, used with suction pump, each | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------------|--|-------------------------------|
| A7002 | Tubing, used with suction pump, each | no auth | | | | |
| A7003 | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable | no auth | | | | |
| A7004 | Small volume nonfiltered pneumatic nebulizer, disposable | no auth | | | | |
| A7005 | Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable | no auth | | | | |
| A7006 | Administration set, with small volume filtered pneumatic nebulizer | no auth | | | | |
| A7007 | Large volume nebulizer, disposable, unfilled, used with aerosol compressor | no auth | | | | |
| A7008 | Large volume nebulizer, disposable, prefilled, used with aerosol compressor | no auth | | | | |
| A7009 | Reservoir bottle, nondisposable, used with large volume ultrasonic nebulizer | no auth | | | | |
| A7010 | Corrugated tubing, disposable, used with large volume nebulizer, 100 ft | no auth | | | | |
| A7012 | Water collection device, used with large volume nebulizer | no auth | | | | |
| A7013 | Filter, disposable, used with aerosol compressor or ultrasonic generator | no auth | | | | |
| A7014 | Filter, nondisposable, used with aerosol compressor or ultrasonic generator | no auth | | | | |
| A7015 | Aerosol mask, used with DME nebulizer | no auth | | | | |
| A7016 | Dome and mouthpiece, used with small volume ultrasonic nebulizer | no auth | | | | |
| A7017 | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen | no auth | | | | |
| A7018 | Water, distilled, used with large volume nebulizer, 1000 ml | no auth | | | | |
| A7020 | Interface for cough stimulating device, includes all components, replacement only | no auth | | | | |
| A7023 | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A7025 | High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each | AUTH REQUIRED | | LCD 33785 | MCG:High Frequency Chest Compression Device ACG: A-0356 (AC) | |
| A7026 | High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each | no auth | | | | |
| A7027 | Combination oral/nasal mask, used with continuous positive airway pressure device, each | no auth | | | | |
| A7028 | Oral cushion for combination oral/nasal mask, replacement only, each | no auth | | | | |
| A7029 | Nasal pillows for combination oral/nasal mask, replacement only, pair | no auth | | | | |
| A7030 | Full face mask used with positive airway pressure device, each | no auth | | | | |
| A7031 | Face mask interface, replacement for full face mask, each | no auth | | | | |
| A7032 | Cushion for use on nasal mask interface, replacement only, each | no auth | | | | |
| A7033 | Pillow for use on nasal cannula type interface, replacement only, pair | no auth | | | | |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap | no auth | | | | |
| A7035 | Headgear used with positive airway pressure device | no auth | | | | |
| A7036 | Chinstrap used with positive airway pressure device | no auth | | | | |
| A7037 | Tubing used with positive airway pressure device | no auth | | | | |
| A7038 | Filter, disposable, used with positive airway pressure device | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-----------------------------------|------------------------------|--------------|-------------------------------|
| A7039 | Filter, nondisposable, used with positive airway pressure device | no auth | | | | |
| A7040 | One way chest drain valve | no auth | | | | |
| A7041 | Water seal drainage container and tubing for use with implanted chest tube | no auth | | | | |
| A7044 | Oral interface used with positive airway pressure device, each | no auth | | | | |
| A7045 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only | no auth | | | | |
| A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each | no auth | | | | |
| A7047 | Oral interface used with respiratory suction pump, each | no auth | | | | |
| A7048 | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each | no auth | | | | |
| A7049 | Expiratory positive airway pressure intranasal resistance valve | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A7501 | Tracheostoma valve, including diaphragm, each | no auth | LCD 33832 imposes QL 1/mo. | LCD 33832 | | |
| A7502 | Replacement diaphragm/faceplate for tracheostoma valve, each | no auth | LCD 33832 imposes QL 1/mo. | LCD 33832 | | |
| A7503 | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each | no auth | LCD 33832 imposes QL 1 per 6 mo. | LCD 33832 | | |
| A7504 | Filter for use in a tracheostoma heat and moisture exchange system, each | no auth | LCD 33832 imposes QL 62/mo. | LCD 33832 | | |
| A7505 | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each | no auth | LCD 33832 imposes QL 2 per 3 mo. | LCD 33832 | | |
| A7506 | Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each | no auth | LCD 33832 imposes QL 62/mo. | LCD 33832 | | |
| A7507 | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each | no auth | LCD 33832 imposes QL 62/mo. | LCD 33832 | | |
| A7508 | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each | no auth | LCD 33832 imposes QL 62/mo. | LCD 33832 | | |
| A7509 | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each | no auth | LCD 33832 imposes QL 62/mo. | LCD 33832 | | |
| A7520 | Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each | no auth | LCD 33832 imposes QL 1 per 3 mo. | LCD 33832 | | |
| A7521 | Tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (PVC), silicone or equal, each | no auth | LCD 33832 imposes QL 1 per 3 mo. | LCD 33832 | | |
| A7522 | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each | no auth | LCD 33832 imposes QL 1 per 12 mo. | LCD 33832 | | |
| A7523 | Tracheostomy shower protector, each | AUTH REQUIRED | | | | |
| A7524 | Tracheostoma stent/stud/button, each | no auth | LCD 33832 imposes QL 1 per 3 mo. | LCD 33832 | | |
| A7525 | Tracheostomy mask, each | no auth | | | | |
| A7526 | Tracheostomy tube collar/holder, each | no auth | LCD 33832 imposes QL 31/mo. | LCD 33832 | | |
| A7527 | Tracheostomy/laryngectomy tube plug/stop, each | no auth | LCD 33832 imposes QL 2 per 3 mo. | LCD 33832 | | |
| A8000 | Helmet, protective, soft, prefabricated, includes all components and accessories | no auth | | | | |
| A8001 | Helmet, protective, hard, prefabricated, includes all components and accessories | no auth | | | | |
| A8002 | Helmet, protective, soft, custom fabricated, includes all components and accessories | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A8003 | Helmet, protective, hard, custom fabricated, includes all components and accessories | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| A8004 | Soft interface for helmet, replacement only | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|--------------------------|-------------------------------|---|--------------|-------------------------------|
| A9150 | Nonprescription drugs | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A9152 | Single vitamin/mineral/trace element, oral, per dose, not otherwise specified | NOT PAYABLE BY MEDICARE | | | | |
| A9153 | Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified | NOT PAYABLE BY MEDICARE | | | | |
| A9155 | Artificial saliva, 30 ml | no auth | | | | |
| A9156 | Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A9180 | Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker | NOT PAYABLE BY MEDICARE | | | | |
| A9268 | Programmer for transient, orally ingested capsule | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9269 | Programmable, transient, orally ingested capsule, for use with external programmer, per month | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9270 | Noncovered item or service | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9272 | Wound suction, disposable, includes dressing, all accessories and components, any type, each | NOT COVERED | | | | |
| A9273 | Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9275 | Home glucose disposable monitor, includes test strips | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9277 | Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9278 | Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9279 | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9280 | Alert or alarm device, not otherwise classified | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9281 | Reaching/grabbing device, any type, any length, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9282 | Wig, any type, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9283 | Foot pressure off loading/supportive device, any type, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9284 | Spirometer, nonelectronic, includes all accessories | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A9285 | Inversion/eversion correction device | no auth | | | | |
| A9286 | Hygienic item or device, disposable or nondisposable, any type, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9291 | Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| A9292 | Prescription digital visual therapy, software-only, FDA cleared, per course of treatment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------------|--------------|-------------------------------|
| A9300 | Exercise equipment | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9500 | Technetium Tc-99m sestamibi, diagnostic, per study dose | no auth | | | | |
| A9501 | Technetium Tc-99m teboroxime, diagnostic, per study dose | AUTH REQUIRED | | | | |
| A9502 | Technetium Tc-99m tetrofosmin, diagnostic, per study dose | no auth | | | | |
| A9503 | Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 mCi | no auth | | | | |
| A9504 | Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 mCi | AUTH REQUIRED | | | | |
| A9505 | Thallium Tl-201 thallous chloride, diagnostic, per mCi | no auth | | | | |
| A9507 | Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries | no auth | | | | |
| A9508 | Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi | no auth | | | | |
| A9509 | Iodine I-123 sodium iodide, diagnostic, per mCi | no auth | | | | |
| A9510 | Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 mCi | no auth | | | | |
| A9512 | Technetium Tc-99m pertechnetate, diagnostic, per mCi | no auth | | | | |
| A9513 | Lutetium Lu 177, dotatate, therapeutic, 1 mCi | no auth | | | | |
| A9515 | Choline C-11, diagnostic, per study dose up to 20 mCi | no auth | | | | |
| A9516 | Iodine I-123 sodium iodide, diagnostic, per 100 mCi, up to 999 mCi | no auth | | | | |
| A9517 | Iodine I-131 sodium iodide capsule(s), therapeutic, per mCi | no auth | | | | |
| A9520 | Technetium Tc-99m, tilmanocept, diagnostic, up to 0.5 mCi | no auth | | | | |
| A9521 | Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 mCi | no auth | | | | |
| A9524 | Iodine I-131 iodinated serum albumin, diagnostic, per 5 mCi | no auth | | | | |
| A9526 | Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 mCi | no auth | | | | |
| A9527 | Iodine I-125, sodium iodide solution, therapeutic, per mCi | no auth | | | | |
| A9528 | Iodine I-131 sodium iodide capsule(s), diagnostic, per mCi | no auth | | | | |
| A9529 | Iodine I-131 sodium iodide solution, diagnostic, per mCi | no auth | | | | |
| A9530 | Iodine I-131 sodium iodide solution, therapeutic, per mCi | no auth | | | | |
| A9531 | Iodine I-131 sodium iodide, diagnostic, per mCi (up to 100 mCi) | no auth | | | | |
| A9532 | Iodine I-125 serum albumin, diagnostic, per 5 mCi | no auth | | | | |
| A9536 | Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 mCi | AUTH REQUIRED | | | | |
| A9537 | Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 mCi | no auth | | | | |
| A9538 | Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 mCi | no auth | | | | |
| A9539 | Technetium Tc-99m pentetate, diagnostic, per study dose, up to 25 mCi | no auth | | | | |
| A9540 | Technetium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 mCi | no auth | | | | |
| A9541 | Technetium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 mCi | no auth | | | | |
| A9542 | Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 mCi | AUTH REQUIRED | | | | |
| A9543 | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi | AUTH REQUIRED | | LCA 55052 | | |
| A9546 | Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 mCi | AUTH REQUIRED | | | | |
| A9547 | Indium In-111 oxyquinoline, diagnostic, per 0.5 mCi | no auth | | | | |
| A9548 | Indium In-111 pentetate, diagnostic, per 0.5 mCi | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| A9550 | Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 mCi | AUTH REQUIRED | | | | |
| A9551 | Technetium Tc-99m succimer, diagnostic, per study dose, up to 10 mCi | no auth | | | | |
| A9552 | Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 mCi | no auth | | | | |
| A9553 | Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 mCi | no auth | | | | |
| A9554 | Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 mCi | no auth | | | | |
| A9555 | Rubidium Rb-82, diagnostic, per study dose, up to 60 mCi | no auth | | | | |
| A9556 | Gallium Ga-67 citrate, diagnostic, per mCi | no auth | | | | |
| A9557 | Technetium Tc-99m bicisate, diagnostic, per study dose, up to 25 mCi | no auth | | | | |
| A9558 | Xenon Xe-133 gas, diagnostic, per 10 mCi | no auth | | | | |
| A9559 | Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 mCi | AUTH REQUIRED | | | | |
| A9560 | Technetium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 mCi | no auth | | | | |
| A9561 | Technetium Tc-99m oxidronate, diagnostic, per study dose, up to 30 mCi | no auth | | | | |
| A9562 | Technetium Tc-99m mertiatide, diagnostic, per study dose, up to 15 mCi | no auth | | | | |
| A9563 | Sodium phosphate P-32, therapeutic, per mCi | no auth | | | | |
| A9564 | Chromic phosphate P-32 suspension, therapeutic, per mCi | no auth | | | | |
| A9566 | Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 mCi | AUTH REQUIRED | | | | |
| A9567 | Technetium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 mCi | no auth | | | | |
| A9568 | Technetium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 mCi | no auth | | | | |
| A9569 | Technetium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose | no auth | | | | |
| A9570 | Indium In-111 labeled autologous white blood cells, diagnostic, per study dose | no auth | | | | |
| A9571 | Indium In-111 labeled autologous platelets, diagnostic, per study dose | no auth | | | | |
| A9572 | Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 mCi | no auth | | | | |
| A9573 | Injection, gadopiclemol, 1 ml | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A9575 | Injection, gadoterate meglumine, 0.1 ml | no auth | | | | |
| A9576 | Injection, gadoteridol, (ProHance multipack), per ml | no auth | | | | |
| A9577 | Injection, gadobenate dimeglumine (MultiHance), per ml | no auth | | | | |
| A9578 | Injection, gadobenate dimeglumine (MultiHance multipack), per ml | no auth | | | | |
| A9579 | Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml | no auth | | | | |
| A9580 | Sodium fluoride F-18, diagnostic, per study dose, up to 30 mCi | no auth | | | | |
| A9581 | Injection, gadoxetate disodium, 1 ml | no auth | | | | |
| A9582 | Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 mCi | no auth | | | | |
| A9583 | Injection, gadofosveset trisodium, 1 ml | no auth | | | | |
| A9584 | Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 mCi | no auth | | | | |
| A9585 | Injection, gadobutrol, 0.1 ml | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|--|
| A9586 | Florbetapir F-18, diagnostic, per study dose, up to 10 mCi | AUTH REQUIRED | | CAG-00431N, LCA 53134; limit one scan per patient per lifetime | MCG:Brain Positron Emission Tomography (PET) ACG: A-0096 (AC) | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| A9587 | Gallium Ga-68, dotatate, diagnostic, 0.1 mCi | AUTH REQUIRED | | LCA 55052 | MCG:Tumor Imaging Positron Emission Tomography (PET) and PET-CT ACG: A-0098 (AC) | |
| A9588 | Fluciclovine F-18, diagnostic, 1 mCi | AUTH REQUIRED | | LCA 55052 | | |
| A9589 | Instillation, hexaminolevulinate HCl, 100 mg | no auth | | | | |
| A9590 | Iodine I-131, iobenguane, 1 mCi | no auth | | | | |
| A9591 | Fluoroestradiol F-18, diagnostic, 1 mCi | AUTH REQUIRED | | LCA 55052 | | |
| A9592 | Copper Cu-64, dotatate, diagnostic, 1 mCi | AUTH REQUIRED | | LCA 55052 | MCG:Somatostatin Receptor Scintigraphy ACG: A-0087 (AC) | |
| A9593 | Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi | no auth | | | | |
| A9594 | Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi | no auth | | | | |
| A9595 | Pifufolastat F-18, diagnostic, 1 mCi | AUTH REQUIRED | | LCA 55052 | MCG:Tumor Imaging Positron Emission Tomography (PET) and PET-CT ACG: A-0098 (AC) | |
| A9596 | Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A9597 | Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified | no auth | | | | |
| A9598 | Positron emission tomography radiopharmaceutical, diagnostic, for nontumor identification, not otherwise classified | no auth | | | | |
| A9600 | Strontium Sr-89 chloride, therapeutic, per mCi | no auth | | | | |
| A9601 | Flortaucipir F-18 injection, diagnostic, 1 mCi | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A9602 | Fluorodopa F-18, diagnostic, per mCi | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A9603 | Injection, pafolacianine, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|---|
| A9604 | Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi | AUTH REQUIRED | | | MCG: Radionuclide (Radium, Rhenium, Samarium, Strontium) Therapy of Bone Metastases ACG: A-0224 (AC) | |
| A9606 | Radium RA-223 dichloride, therapeutic, per UCI | AUTH REQUIRED | | | MCG: Radionuclide (Radium, Rhenium, Samarium, Strontium) Therapy of Bone Metastases ACG: A-0224 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A9607 | Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A9608 | Flotufolastat F18, diagnostic, 1 mCi | AUTH REQUIRED | | | | |
| A9609 | Fludeoxyglucose F18, up to 15 mCi | AUTH REQUIRED | | | | |
| A9697 | Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A9698 | Nonradioactive contrast imaging material, not otherwise classified, per study | no auth | | | | |
| A9699 | Radiopharmaceutical, therapeutic, not otherwise classified | AUTH REQUIRED | | | MCG: Radionuclide (Radium, Rhenium, Samarium, Strontium) Therapy of Bone Metastases ACG: A-0224 (AC) | |
| A9700 | Supply of injectable contrast material for use in echocardiography, per study | no auth | | | | |
| A9800 | Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A9901 | DME delivery, set up, and/or dispensing service component of another HCPCS code | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A9999 | Miscellaneous DME supply or accessory, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| B4034 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | no auth | | | | |
| B4035 | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | no auth | | | | |
| B4036 | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | no auth | | | | |
| B4081 | Nasogastric tubing with stylet | no auth | | | | |
| B4082 | Nasogastric tubing without stylet | no auth | | | | |
| B4083 | Stomach tube - Levine type | no auth | | | | |
| B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each | no auth | | | | |
| B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each | no auth | | | | |
| B4100 | Food thickener, administered orally, per oz | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| B4102 | Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit | no auth | | | | |
| B4103 | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit | AUTH REQUIRED | | | | |
| B4104 | Additive for enteral formula (e.g., fiber) | no auth | | | | |
| B4105 | In-line cartridge containing digestive enzyme(s) for enteral feeding, each | AUTH REQUIRED | | LCD 38955 | | |
| B4148 | Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | NCD 180.2, LCD 38955 | | |
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | NCD 180.2, LCD 38955 | | |
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | NCD 180.2, LCD 38955 | | |
| B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | NCD 180.2, LCD 38955 | | |
| B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | NCD 180.2, LCD 38955 | | |
| B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | NCD 180.2, LCD 38955 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | no auth | | | | |
| B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | | | |
| B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | | | |
| B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | | | |
| B4161 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | | | |
| B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | AUTH REQUIRED | | | | |
| B4164 | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix | no auth | | | | |
| B4168 | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix | no auth | | | | |
| B4172 | Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix | no auth | | | | |
| B4176 | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix | no auth | | | | |
| B4178 | Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix | no auth | | | | |
| B4180 | Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix | no auth | | | | |
| B4185 | Parenteral nutrition solution, not otherwise specified, 10 g lipids | no auth | | | | |
| B4187 | Omegaven, 10 g lipids | no auth | | | | |
| B4189 | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix | AUTH REQUIRED | | LCD 38953 | | |
| B4193 | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix | AUTH REQUIRED | | LCD 38953 | | |
| B4197 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix | AUTH REQUIRED | | LCD 38953 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| B4199 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix | AUTH REQUIRED | | LCD 38953 | | |
| B4216 | Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day | no auth | | | | |
| B4220 | Parenteral nutrition supply kit; premix, per day | no auth | | | | |
| B4222 | Parenteral nutrition supply kit; home mix, per day | no auth | | | | |
| B4224 | Parenteral nutrition administration kit, per day | no auth | | | | |
| B5000 | Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix | no auth | | | | |
| B5100 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatoAmine-premix | no auth | | | | |
| B5200 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix | no auth | | | | |
| B9002 | Enteral nutrition infusion pump, any type | no auth | | | | |
| B9004 | Parenteral nutrition infusion pump, portable | no auth | | | | |
| B9006 | Parenteral nutrition infusion pump, stationary | no auth | | | | |
| B9998 | NOC for enteral supplies | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| B9999 | NOC for parenteral supplies | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1052 | Hemostatic agent, gastrointestinal, topical | no auth | | | | |
| C1062 | Intravertebral body fracture augmentation with implant (e.g., metal, polymer) | no auth | | | | |
| C1600 | Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1601 | Endoscope, single-use (i.e., disposable), pulmonary, imaging/illumination device (insertable) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1602 | Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1603 | Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1604 | Graft, transmural transvenous arterial bypass (implantable), with all delivery system components | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1713 | Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) | no auth | | | | |
| C1714 | Catheter, transluminal atherectomy, directional | no auth | | | | |
| C1715 | Brachytherapy needle | no auth | | | | |
| C1716 | Brachytherapy source, nonstranded, gold-198, per source | no auth | | | | |
| C1717 | Brachytherapy source, nonstranded, high dose rate iridium-192, per source | no auth | | | | |
| C1719 | Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source | no auth | | | | |
| C1721 | Cardioverter-defibrillator, dual chamber (implantable) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|---|-------------------------------|
| C1722 | Cardioverter-defibrillator, single chamber (implantable) | no auth | | | | |
| C1724 | Catheter, transluminal atherectomy, rotational | no auth | | | | |
| C1725 | Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability) | no auth | | | | |
| C1726 | Catheter, balloon dilatation, nonvascular | no auth | | | | |
| C1727 | Catheter, balloon tissue dissector, nonvascular (insertable) | no auth | | | | |
| C1728 | Catheter, brachytherapy seed administration | no auth | | | | |
| C1729 | Catheter, drainage | no auth | | | | |
| C1730 | Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes) | no auth | | | | |
| C1731 | Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes) | no auth | | | | |
| C1732 | Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping | no auth | | | | |
| C1733 | Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip | no auth | | | | |
| C1734 | Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable) | no auth | | | | |
| C1747 | Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable) | AUTH REQUIRED | | | MCG: Cystoscopy ACG: A-0153 (AC), Ureteroscopy ACG: A-0266 (AC) | |
| C1748 | Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable) | no auth | | | | |
| C1749 | Endoscope, retrograde imaging/illumination colonoscope device (implantable) | no auth | | | | |
| C1750 | Catheter, hemodialysis/peritoneal, long-term | no auth | | | | |
| C1751 | Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis) | no auth | | | | |
| C1752 | Catheter, hemodialysis/peritoneal, short-term | no auth | | | | |
| C1753 | Catheter, intravascular ultrasound | no auth | | | | |
| C1754 | Catheter, intradiscal | no auth | | | | |
| C1755 | Catheter, intraspinal | no auth | | | | |
| C1756 | Catheter, pacing, transesophageal | no auth | | | | |
| C1757 | Catheter, thrombectomy/embolectomy | no auth | | | | |
| C1758 | Catheter, ureteral | no auth | | | | |
| C1759 | Catheter, intracardiac echocardiography | no auth | | | | |
| C1760 | Closure device, vascular (implantable/insertable) | no auth | | | | |
| C1761 | Catheter, transluminal intravascular lithotripsy, coronary | no auth | | | | |
| C1762 | Connective tissue, human (includes fascia lata) | no auth | | | | |
| C1763 | Connective tissue, nonhuman (includes synthetic) | no auth | | | | |
| C1764 | Event recorder, cardiac (implantable) | no auth | | | | |
| C1765 | Adhesion barrier | no auth | | | | |
| C1766 | Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| C1767 | Generator, neurostimulator (implantable), nonrechargeable | AUTH REQUIRED | | | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 | |
| C1768 | Graft, vascular | no auth | | | | |
| C1769 | Guide wire | no auth | | | | |
| C1770 | Imaging coil, magnetic resonance (insertable) | no auth | | | | |
| C1771 | Repair device, urinary, incontinence, with sling graft | no auth | | | | |
| C1772 | Infusion pump, programmable (implantable) | no auth | | | | |
| C1773 | Retrieval device, insertable (used to retrieve fractured medical devices) | no auth | | | | |
| C1776 | Joint device (implantable) | no auth | | | | |
| C1777 | Lead, cardioverter-defibrillator, endocardial single coil (implantable) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| C1778 | Lead, neurostimulator (implantable) | AUTH REQUIRED | | | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Vagus Nerve Stimulation, Implantable ACG: A-0424 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 | |
| C1779 | Lead, pacemaker, transvenous VDD single pass | no auth | | | | |
| C1780 | Lens, intraocular (new technology) | no auth | | | | |
| C1781 | Mesh (implantable) | no auth | | | | |
| C1782 | Morcellator | no auth | | | | |
| C1783 | Ocular implant, aqueous drainage assist device | no auth | | | | |
| C1784 | Ocular device, intraoperative, detached retina | no auth | | | | |
| C1785 | Pacemaker, dual chamber, rate-responsive (implantable) | no auth | | | | |
| C1786 | Pacemaker, single chamber, rate-responsive (implantable) | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| C1787 | Patient programmer, neurostimulator | AUTH REQUIRED | | | MCG:Deep Brain Stimulation (DBS) ACG: A-0403 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Hypoglossal Nerve Stimulation, Implantable ACG: A-0973 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC) | |
| C1788 | Port, indwelling (implantable) | no auth | | | | |
| C1789 | Prosthesis, breast (implantable) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1813 | Prosthesis, penile, inflatable | AUTH REQUIRED | | NCD 230.4 | MCG:Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC) | |
| C1814 | Retinal tamponade device, silicone oil | no auth | | | | |
| C1815 | Prosthesis, urinary sphincter (implantable) | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|---|-------------------------------|
| C1816 | Receiver and/or transmitter, neurostimulator (implantable) | AUTH REQUIRED | | NCD 160.7, 160.19 | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC); | |
| C1817 | Septal defect implant system, intracardiac | no auth | | | | |
| C1818 | Integrated keratoprosthesis | no auth | | | | |
| C1819 | Surgical tissue localization and excision device (implantable) | no auth | | | | |
| C1820 | Generator, neurostimulator (implantable), with rechargeable battery and charging system | AUTH REQUIRED | | NCD 160.7 | MCG: Many depending on type | |
| C1821 | Interspinous process distraction device (implantable) | no auth | | | | |
| C1822 | Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system | AUTH REQUIRED | | NCD 160.7 | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC); Gastric Stimulation (Electrical) ACG: A-0395 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| C1823 | Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads | AUTH REQUIRED | | NCD 160.7 | MCG: Implanted Electrical Stimulator, Spinal Cord ACG: A-0243 (AC); Implanted Electrical Stimulator, Sacral Nerve ACG: A-0645 (AC); Occipital Nerve Stimulation ACG: A-0716 (AC); Phrenic Nerve Stimulation, Implantable ACG: A-0974 (AC); | |
| C1824 | Generator, cardiac contractility modulation (implantable) | no auth | | | | |
| C1825 | Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1826 | Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1827 | Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external paired stimulation controller | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C1830 | Powered bone marrow biopsy needle | no auth | | | | |
| C1831 | Interbody cage, anterior, lateral or posterior, personalized (implantable) | no auth | | | | |
| C1832 | Autograft suspension, including cell processing and application, and all system components | no auth | | | | |
| C1833 | Monitor, cardiac, including intracardiac lead and all system components (implantable) | no auth | | | | |
| C1839 | Iris prosthesis | no auth | | | | |
| C1840 | Lens, intraocular (telescopic) | no auth | | | | |
| C1874 | Stent, coated/covered, with delivery system | no auth | | | | |
| C1875 | Stent, coated/covered, without delivery system | no auth | | | | |
| C1876 | Stent, noncoated/noncovered, with delivery system | no auth | | | | |
| C1877 | Stent, noncoated/noncovered, without delivery system | no auth | | | | |
| C1878 | Material for vocal cord medialization, synthetic (implantable) | no auth | | | | |
| C1880 | Vena cava filter | no auth | | | | |
| C1881 | Dialysis access system (implantable) | no auth | | | | |
| C1882 | Cardioverter-defibrillator, other than single or dual chamber (implantable) | no auth | | | | |
| C1883 | Adaptor/extension, pacing lead or neurostimulator lead (implantable) | no auth | | | | |
| C1884 | Embolization protective system | no auth | | | | |
| C1885 | Catheter, transluminal angioplasty, laser | no auth | | | | |
| C1886 | Catheter, extravascular tissue ablation, any modality (insertable) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|---|
| C1887 | Catheter, guiding (may include infusion/perfusion capability) | no auth | | | | |
| C1888 | Catheter, ablation, noncardiac, endovascular (implantable) | no auth | | | | |
| C1889 | Implantable/insertable device, not otherwise classified | no auth | | | | |
| C1890 | No implantable/insertable device used with device-intensive procedures | no auth | | | | |
| C1891 | Infusion pump, nonprogrammable, permanent (implantable) | no auth | | | | |
| C1892 | Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away | no auth | | | | |
| C1893 | Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away | no auth | | | | |
| C1894 | Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser | no auth | | | | |
| C1895 | Lead, cardioverter-defibrillator, endocardial dual coil (implantable) | no auth | | | | |
| C1896 | Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable) | no auth | | | | |
| C1897 | Lead, neurostimulator test kit (implantable) | no auth | | | | |
| C1898 | Lead, pacemaker, other than transvenous VDD single pass | no auth | | | | |
| C1899 | Lead, pacemaker/cardioverter-defibrillator combination (implantable) | no auth | | | | |
| C1900 | Lead, left ventricular coronary venous system | no auth | | | | |
| C1982 | Catheter, pressure generating, one-way valve, intermittently occlusive | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C2596 | Probe, image guided, robotic, waterjet ablation | no auth | | | | |
| C2613 | Lung biopsy plug with delivery system | no auth | | | | |
| C2614 | Probe, percutaneous lumbar discectomy | no auth | | | | |
| C2615 | Sealant, pulmonary, liquid | no auth | | | | |
| C2616 | Brachytherapy source, nonstranded, yttrium-90, per source | AUTH REQUIRED | | | MCG: Brachytherapy ACG: A-0270 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C2617 | Stent, noncoronary, temporary, without delivery system | no auth | | | | |
| C2618 | Probe/needle, cryoablation | no auth | | | | |
| C2619 | Pacemaker, dual chamber, nonrate-responsive (implantable) | no auth | | | | |
| C2620 | Pacemaker, single chamber, nonrate-responsive (implantable) | no auth | | | | |
| C2621 | Pacemaker, other than single or dual chamber (implantable) | no auth | | | | |
| C2622 | Prosthesis, penile, noninflatable | no auth | | | | |
| C2623 | Catheter, transluminal angioplasty, drug-coated, nonlaser | no auth | | | | |
| C2624 | Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components | no auth | | | | |
| C2625 | Stent, noncoronary, temporary, with delivery system | no auth | | | | |
| C2626 | Infusion pump, nonprogrammable, temporary (implantable) | no auth | | | | |
| C2627 | Catheter, suprapubic/cystoscopic | no auth | | | | |
| C2628 | Catheter, occlusion | no auth | | | | |
| C2629 | Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser | no auth | | | | |
| C2630 | Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip | no auth | | | | |
| C2631 | Repair device, urinary, incontinence, without sling graft | no auth | | | | |
| C2634 | Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source | no auth | | | | |
| C2635 | Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|------------------------------------|-------------------------------|
| C2636 | Brachytherapy linear source, nonstranded, palladium-103, per 1 mm | no auth | | | | |
| C2637 | Brachytherapy source, nonstranded, ytterbium-169, per source | no auth | | | | |
| C2638 | Brachytherapy source, stranded, iodine-125, per source | no auth | | | | |
| C2639 | Brachytherapy source, nonstranded, iodine-125, per source | no auth | | | | |
| C2640 | Brachytherapy source, stranded, palladium-103, per source | no auth | | | | |
| C2641 | Brachytherapy source, nonstranded, palladium-103, per source | no auth | | | | |
| C2642 | Brachytherapy source, stranded, cesium-131, per source | no auth | | | | |
| C2643 | Brachytherapy source, nonstranded, cesium-131, per source | no auth | | | | |
| C2644 | Brachytherapy source, cesium-131 chloride solution, per mCi | no auth | | | | |
| C2645 | Brachytherapy planar source, palladium-103, per sq mm | no auth | | | | |
| C2698 | Brachytherapy source, stranded, not otherwise specified, per source | AUTH REQUIRED | | | MCG:Brachytherapy ACG: A-0270 (AC) | |
| C2699 | Brachytherapy source, nonstranded, not otherwise specified, per source | AUTH REQUIRED | | | MCG:Brachytherapy ACG: A-0270 (AC) | |
| C5271 | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | no auth | | | | |
| C5272 | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) | no auth | | | | |
| C5273 | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | no auth | | | | |
| C5274 | Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) | no auth | | | | |
| C5275 | Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | no auth | | | | |
| C5276 | Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) | no auth | | | | |
| C5277 | Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | no auth | | | | |
| C5278 | Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| C7500 | Debridement, bone including epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed, first 20 sq cm or less with manual preparation and insertion of deep (e.g., subfascial) drug-delivery device(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7501 | Percutaneous breast biopsies using stereotactic guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral and bilateral (for single lesion biopsy, use appropriate code) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7502 | Percutaneous breast biopsies using magnetic resonance guidance, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, all lesions unilateral or bilateral (for single lesion biopsy, use appropriate code) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7503 | Open biopsy or excision of deep cervical node(s) with intraoperative identification (e.g., mapping) of sentinel lymph node(s) including injection of nonradioactive dye when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7506 | Arthrodesis, interphalangeal joints, with or without internal fixation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7509 | Bronchoscopy, rigid or flexible, diagnostic with cell washing(s) when performed, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7510 | Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7511 | Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7512 | Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| C7513 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty of central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7514 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with all angioplasty in the central dialysis segment, and transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all required imaging, radiological supervision and interpretation, image documentation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7515 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with dialysis circuit permanent endovascular embolization or occlusion of main circuit or any accessory veins, including all required imaging, radiological supervision and interpretation, image documentation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7516 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7517 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7518 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging, supervision, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| C7519 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7520 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) includes intraprocedural injection(s) for bypass graft angiography with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7521 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography with right heart catheterization with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7522 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right heart catheterization, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7523 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7524 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| C7525 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7526 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7527 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with endoluminal imaging of initial coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7528 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7529 | Catheter placement in coronary artery(ies) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation, with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (initial coronary vessel or graft) during coronary angiography including pharmacologically induced stress | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| C7530 | Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty and all angioplasty in the central dialysis segment, with transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging, radiological supervision and interpretation, documentation and report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7531 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7532 | Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), initial artery, open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7533 | Percutaneous transluminal coronary angioplasty, single major coronary artery or branch with transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7534 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performed with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7535 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same vessel, when performed, with intravascular ultrasound (initial noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7537 | Insertion of new or replacement of permanent pacemaker with atrial transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7538 | Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| C7539 | Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7540 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (e.g., for upgrade to dual chamber system) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7541 | Diagnostic endoscopic retrograde cholangiopancreatography (ERCP), including collection of specimen(s) by brushing or washing, when performed, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7542 | Endoscopic retrograde cholangiopancreatography (ERCP) with biopsy, single or multiple, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7543 | Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7544 | Endoscopic retrograde cholangiopancreatography (ERCP) with removal of calculi/debris from biliary/pancreatic duct(s), with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7545 | Percutaneous exchange of biliary drainage catheter (e.g., external, internal-external, or conversion of internal-external to external only), with removal of calculi/debris from biliary duct(s) and/or gallbladder, including destruction of calculi by any method (e.g., mechanical, electrohydraulic, lithotripsy) when performed, including diagnostic cholangiography(ies) when performed, imaging guidance (e.g., fluoroscopy), and all associated radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7546 | Removal and replacement of externally accessible nephroureteral catheter (e.g., external/internal stent) requiring fluoroscopic guidance, with ureteral stricture balloon dilation, including imaging guidance and all associated radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7547 | Convert nephrostomy catheter to nephroureteral catheter, percutaneous via pre-existing nephrostomy tract, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7548 | Exchange nephrostomy catheter, percutaneous, with ureteral stricture balloon dilation, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7549 | Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit with ureteral stricture balloon dilation, including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| C7550 | Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7551 | Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7552 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7553 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (e.g., inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7554 | Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7555 | Thyroidectomy, total or complete with parathyroid autotransplantation | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7556 | Bronchoscopy, rigid or flexible, with bronchial alveolar lavage and transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s), including fluoroscopic guidance, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7557 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed and intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7558 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography with pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|--------------------------|-------------------------------|---|--------------|-------------------------------|
| C7560 | Endoscopic retrograde cholangiopancreatography (ERCP) with removal of foreign body(ies) or stent(s) from biliary/pancreatic duct(s) and endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C7900 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| C7901 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, 30-60 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| C7902 | Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| C7903 | Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C8900 | Magnetic resonance angiography with contrast, abdomen | no auth | | | | |
| C8901 | Magnetic resonance angiography without contrast, abdomen | no auth | | | | |
| C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen | no auth | | | | |
| C8903 | Magnetic resonance imaging with contrast, breast; unilateral | no auth | | | | |
| C8905 | Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral | no auth | | | | |
| C8906 | Magnetic resonance imaging with contrast, breast; bilateral | no auth | | | | |
| C8908 | Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral | no auth | | | | |
| C8909 | Magnetic resonance angiography with contrast, chest (excluding myocardium) | no auth | | | | |
| C8910 | Magnetic resonance angiography without contrast, chest (excluding myocardium) | no auth | | | | |
| C8911 | Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium) | no auth | | | | |
| C8912 | Magnetic resonance angiography with contrast, lower extremity | no auth | | | | |
| C8913 | Magnetic resonance angiography without contrast, lower extremity | no auth | | | | |
| C8914 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity | no auth | | | | |
| C8918 | Magnetic resonance angiography with contrast, pelvis | no auth | | | | |
| C8919 | Magnetic resonance angiography without contrast, pelvis | no auth | | | | |
| C8920 | Magnetic resonance angiography without contrast followed by with contrast, pelvis | no auth | | | | |
| C8921 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| C8922 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study | no auth | | | | |
| C8923 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography | no auth | | | | |
| C8924 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording when performed, follow-up or limited study | no auth | | | | |
| C8925 | Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report | no auth | | | | |
| C8926 | Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report | no auth | | | | |
| C8927 | Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time (2D) image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis | no auth | | | | |
| C8928 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report | no auth | | | | |
| C8929 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography | no auth | | | | |
| C8930 | Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision | no auth | | | | |
| C8931 | Magnetic resonance angiography with contrast, spinal canal and contents | no auth | | | | |
| C8932 | Magnetic resonance angiography without contrast, spinal canal and contents | no auth | | | | |
| C8933 | Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents | no auth | | | | |
| C8934 | Magnetic resonance angiography with contrast, upper extremity | no auth | | | | |
| C8935 | Magnetic resonance angiography without contrast, upper extremity | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|---------------------------------------|---|
| C8936 | Magnetic resonance angiography without contrast followed by with contrast, upper extremity | no auth | | | | |
| C8937 | Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure) | AUTH REQUIRED | | | MCG:Breast MRI ACG: A-0048 (AC) | |
| C8957 | Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump | no auth | | | | |
| C9046 | Cocaine HCl nasal solution for topical administration, 1 mg | no auth | | | | |
| C9047 | Injection, caplacizumab-yhdp, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9067 | Gallium Ga-68, Dotatoc, diagnostic, 0.01 mCi | no auth | | | | |
| C9088 | Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg | no auth | | | | |
| C9089 | Bupivacaine, collagen-matrix implant, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9101 | Injection, oliceridine, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9113 | Injection, pantoprazole sodium, per vial | no auth | | | | |
| C9143 | Cocaine HCl nasal solution (Numbrino), 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9144 | Injection, bupivacaine (Posimir), 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9145 | Injection, aprepitant, (Aponvie), 1 mg | no auth | | | | |
| C9150 | Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9248 | Injection, clevidipine butyrate, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9250 | Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml | no auth | | | | |
| C9254 | Injection, lacosamide, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|---|--|---|--------------------------------------|---|
| C9257 | Injection, bevacizumab, 0.25 mg | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | RETINAL/EYE: Bevacizumab (Avastin) claims with ARMD diagnosis will process without auth PREFERRED/no Auth for Age-Related Macular Degeneration CANCER: Bevacizumab (Avastin) for various cancers Auth Required. PA for medical necessity and Exceptions Criteria available NON-PREFERRED/Auth Required for Cancer, Preferred = Mvasi (colon, lung, renal, cervical, ovarian/fallopian/peritoneal, and glioblastoma) and Zirabev (colon, lung, renal, cervical, and glioblastoma). If for ovarian, fallopian tube or primary peritoneal, cannot use Zirabev. | NCD 110.17 (colorectal CA) | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9285 | Lidocaine 70 mg/tetracaine 70 mg, per patch | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9290 | Injection, bupivacaine liposome, 1 mg | no auth | | | | |
| C9293 | Injection, glucarpidase, 10 units | no auth | | | | |
| C9352 | Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9353 | Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9354 | Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9355 | Collagen nerve cuff (NeuroMatrix), per 0.5 cm length | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9356 | Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9358 | Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9359 | Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

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|-----------|---|------------------|-------------------------------|---|--------------|---|
| C9360 | Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9361 | Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9362 | Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9363 | Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9364 | Porcine implant, Permacol, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9399 | Unclassified drugs or biologicals | AUTH REQUIRED | | LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard. | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9460 | Injection, cangrelor, 1 mg | no auth | | | | |
| C9462 | Injection, delafloxacin, 1 mg | no auth | | | | |
| C9482 | Injection, sotalol HCl, 1 mg | no auth | | | | |
| C9488 | Injection, conivaptan HCl, 1 mg | no auth | | | | |
| C9507 | Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch | no auth | | | | |
| C9601 | Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) | no auth | | | | |
| C9602 | Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch | no auth | | | | |
| C9603 | Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) | no auth | | | | |
| C9604 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--|--|
| C9605 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure) | no auth | | | | |
| C9606 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel | no auth | | | | |
| C9607 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel | no auth | | | | |
| C9608 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure) | no auth | | | | |
| C9725 | Placement of endorectal intracavitary applicator for high intensity brachytherapy | no auth | | | | |
| C9726 | Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9727 | Insertion of implants into the soft palate; minimum of three implants | AUTH REQUIRED | | | MCG: Uvulopalatopharyngoplasty (UPPP), Alternative Procedures ACG: A-0246 (AC) | |
| C9728 | Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple | AUTH REQUIRED | | | MCG: Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC) | |
| C9733 | Nonophthalmic fluorescent vascular angiography | no auth | | | | |
| C9734 | Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance | AUTH REQUIRED | | | MCG: MRI-Guided Focused Ultrasound Surgery, Brain ACG: A-0991 (AC) | |
| C9738 | Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9739 | Cystourethroscopy, with insertion of transprostatic implant; one to three implants | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | FDA approved indications/contraindications- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200441.pdf |

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|-----------|--|------------------|-------------------------------|---|--|--|
| C9740 | Cystourethroscopy, with insertion of transprostatic implant; four or more implants | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | FDA approved indications/contraindications- https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200441.pdf |
| C9751 | Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s) | AUTH REQUIRED | | | MCG: Bronchoscopy, Diagnostic and Interventional ACG: A-0244 (AC) | |
| C9756 | Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (ICG) (List separately in addition to code for primary procedure) | no auth | | | | |
| C9757 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9758 | Blind procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9759 | Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9760 | Nonrandomized, nonblinded procedure for NYHA Class II, III, IV heart failure; transcatheter implantation of interatrial shunt, including right and left heart catheterization, transeptal puncture, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study | no auth | | | | |
| C9761 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable (must use a steerable ureteral catheter) | AUTH REQUIRED | | NCD 230.1 | MCG:Ureteroscopy ACG: A-0266 (AC) | |
| C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging | AUTH REQUIRED | | NCD 220.2 | MCG:Cardiac MRI ACG: A-0051 (AC) | |
| C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging | AUTH REQUIRED | | NCD 220.2 | MCG:Cardiac MRI ACG: A-0051 (AC) | |
| C9764 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| C9765 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9766 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9767 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9768 | Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (list separately in addition to code for primary procedure) | no auth | | | | |
| C9769 | Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9772 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9773 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9774 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9775 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9776 | Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (ICG) (list separately in addition to code for primary procedure) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9777 | Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9778 | Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9779 | Endoscopic submucosal dissection (ESD), including endoscopy or colonoscopy, mucosal closure, when performed | no auth | | | | |
| C9780 | Insertion of central venous catheter through central venous occlusion via inferior and superior approaches (e.g., inside-out technique), including imaging guidance | no auth | | | | |
| C9781 | Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|------------------|-------------------------------|---|--------------|---|
| C9782 | Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| C9783 | Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| C9784 | Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| C9785 | Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| C9786 | Echocardiography image post processing for computer aided detection of heart failure with preserved ejection fraction, including interpretation and report | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| C9787 | Gastric electrophysiology mapping with simultaneous patient symptom profiling | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| C9789 | Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9790 | Histotripsy (i.e., nonthermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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., transesophageal echocardiography (TTE), intracardiac echocardiography (ICE), fluoroscopy), performed under general anesthesia in an approved investigational device exemption (IDE) study | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9793 | 3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9794 | Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|--|------------------|-------------------------------|---|------------------------------------|-------------------------------|
| C9795 | 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9898 | Radiolabeled product provided during a hospital inpatient stay | no auth | | | | |
| C9899 | Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage | no auth | | | | |
| E0100 | Cane, includes canes of all materials, adjustable or fixed, with tip | no auth | | | | |
| E0105 | Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips | no auth | | | | |
| E0110 | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips | no auth | | | | |
| E0111 | Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips | no auth | | | | |
| E0112 | Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips | no auth | | | | |
| E0113 | Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip | no auth | | | | |
| E0114 | Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips | no auth | | | | |
| E0116 | Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each | no auth | | | | |
| E0117 | Crutch, underarm, articulating, spring assisted, each | no auth | | | | |
| E0118 | Crutch substitute, lower leg platform, with or without wheels, each | no auth | | | | |
| E0130 | Walker, rigid (pickup), adjustable or fixed height | no auth | | | | |
| E0135 | Walker, folding (pickup), adjustable or fixed height | no auth | | | | |
| E0140 | Walker, with trunk support, adjustable or fixed height, any type | no auth | | | | |
| E0141 | Walker, rigid, wheeled, adjustable or fixed height | no auth | | | | |
| E0143 | Walker, folding, wheeled, adjustable or fixed height | no auth | | | | |
| E0144 | Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat | AUTH REQUIRED | | | | |
| E0147 | Walker, heavy-duty, multiple braking system, variable wheel resistance | AUTH REQUIRED | | NCD 280.3, LCD 33791 | MCG:Walkers ACG: A-0881 (AC) | |
| E0148 | Walker, heavy-duty, without wheels, rigid or folding, any type, each | no auth | | | | |
| E0149 | Walker, heavy-duty, wheeled, rigid or folding, any type | no auth | | | | |
| E0153 | Platform attachment, forearm crutch, each | no auth | | | | |
| E0154 | Platform attachment, walker, each | no auth | | | | |
| E0155 | Wheel attachment, rigid pick-up walker, per pair | no auth | | | | |
| E0156 | Seat attachment, walker | no auth | | | | |
| E0157 | Crutch attachment, walker, each | no auth | | | | |
| E0158 | Leg extensions for walker, per set of four | no auth | | | | |
| E0159 | Brake attachment for wheeled walker, replacement, each | no auth | | | | |
| E0160 | Sitz type bath or equipment, portable, used with or without commode | no auth | | | | |
| E0161 | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s) | no auth | | | | |
| E0162 | Sitz bath chair | no auth | | | | |
| E0163 | Commode chair, mobile or stationary, with fixed arms | no auth | | | | |
| E0165 | Commode chair, mobile or stationary, with detachable arms | no auth | | | | |
| E0167 | Pail or pan for use with commode chair, replacement only | no auth | | | | |
| E0168 | Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------------|---|-------------------------------|
| E0170 | Commode chair with integrated seat lift mechanism, electric, any type | AUTH REQUIRED | | NCD 280.1, LCD 33736 | MCG:Commode Chair ACG: A-0874 (AC) | |
| E0171 | Commode chair with integrated seat lift mechanism, nonelectric, any type | no auth | | NCD 280.1, LCD 33736 | MCG:Commode Chair ACG: A-0874 (AC) | |
| E0172 | Seat lift mechanism placed over or on top of toilet, any type | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0175 | Footrest, for use with commode chair, each | no auth | | | | |
| E0181 | Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty | AUTH REQUIRED | | NCD 280.7, LCD 33642 | MCG: Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC), Pressure-Relieving Bed, Simple ACG: A-0347 (AC) | |
| E0182 | Pump for alternating pressure pad, for replacement only | AUTH REQUIRED | | NCD 280.7, LCD 33642 | MCG: Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC), Pressure-Relieving Bed, Simple ACG: A-0347 (AC) | |
| E0183 | Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty | AUTH REQUIRED | | | MCG: Pressure-Relieving Support Surface, Simple ACG: A-0347 (AC), Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC) | |
| E0184 | Dry pressure mattress | no auth | | | | |
| E0185 | Gel or gel-like pressure pad for mattress, standard mattress length and width | no auth | | | | |
| E0186 | Air pressure mattress | no auth | | | | |
| E0187 | Water pressure mattress | no auth | | | | |
| E0188 | Synthetic sheepskin pad | no auth | | | | |
| E0189 | Lambswool sheepskin pad, any size | no auth | | | | |
| E0190 | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories | no auth | | | | |
| E0191 | Heel or elbow protector, each | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------------|---|-------------------------------|
| E0193 | Powered air flotation bed (low air loss therapy) | AUTH REQUIRED | | NCD 280.7, LCD 33642 | MCG: Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC), Pressure-Relieving Bed, Simple ACG: A-0347 (AC) | |
| E0194 | Air fluidized bed | AUTH REQUIRED | | NCD 280.7, LCD 33642 | MCG: Pressure-Relieving Bed, Advanced ACG: A-0517 (AC) | |
| E0196 | Gel pressure mattress | no auth | | | | |
| E0197 | Air pressure pad for mattress, standard mattress length and width | no auth | | | | |
| E0198 | Water pressure pad for mattress, standard mattress length and width | no auth | | | | |
| E0199 | Dry pressure pad for mattress, standard mattress length and width | no auth | | | | |
| E0200 | Heat lamp, without stand (table model), includes bulb, or infrared element | no auth | | | | |
| E0202 | Phototherapy (bilirubin) light with photometer | AUTH REQUIRED | | | | |
| E0203 | Therapeutic lightbox, minimum 10,000 lux, table top model | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0205 | Heat lamp, with stand, includes bulb, or infrared element | no auth | | | | |
| E0210 | Electric heat pad, standard | no auth | | | | |
| E0215 | Electric heat pad, moist | no auth | | | | |
| E0217 | Water circulating heat pad with pump | AUTH REQUIRED | | NCD 280.1, LCD 33784 | | |
| E0218 | Fluid circulating cold pad with pump, any type | no auth | | | | |
| E0221 | Infrared heating pad system | no auth | | | | |
| E0225 | Hydrocollator unit, includes pads | no auth | | | | |
| E0231 | Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0232 | Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0235 | Paraffin bath unit, portable (see medical supply code A4265 for paraffin) | no auth | | | | |
| E0236 | Pump for water circulating pad | AUTH REQUIRED | | NCD 280.1, LCD 33784 | MCG: Cryounits and Cryotherapy Machines ACG: A-0700 (AC) | |
| E0239 | Hydrocollator unit, portable | AUTH REQUIRED | | NCD 280.1, LCD 33784 | | |
| E0240 | Bath/shower chair, with or without wheels, any size | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0241 | Bathtub wall rail, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0242 | Bathtub rail, floor base | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0243 | Toilet rail, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0244 | Raised toilet seat | NOT COVERED | | NOT COVERED BY MEDICARE | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------------|---|-------------------------------|
| E0245 | Tub stool or bench | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0246 | Transfer tub rail attachment | no auth | | | | |
| E0247 | Transfer bench for tub or toilet with or without commode opening | no auth | | | | |
| E0248 | Transfer bench, heavy-duty, for tub or toilet with or without commode opening | no auth | | | | |
| E0249 | Pad for water circulating heat unit, for replacement only | no auth | | | | |
| E0250 | Hospital bed, fixed height, with any type side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0251 | Hospital bed, fixed height, with any type side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0255 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0256 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 | |
| E0260 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0261 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 | |
| E0265 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0266 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0270 | Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0271 | Mattress, innerspring | no auth | | | | |
| E0272 | Mattress, foam rubber | no auth | | | | |
| E0273 | Bed board | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0274 | Over-bed table | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0275 | Bed pan, standard, metal or plastic | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|----------------------|---|-------------------------------|
| E0276 | Bed pan, fracture, metal or plastic | no auth | | | | |
| E0277 | Powered pressure-reducing air mattress | AUTH REQUIRED | | LCD 33642 | MCG:Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC) | |
| E0280 | Bed cradle, any type | no auth | | | | |
| E0290 | Hospital bed, fixed height, without side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 | |
| E0291 | Hospital bed, fixed height, without side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0292 | Hospital bed, variable height, hi-lo, without side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0293 | Hospital bed, variable height, hi-lo, without side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0294 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0295 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0296 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0297 | Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0300 | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure | AUTH REQUIRED | | | | |
| E0301 | Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------------|--|-------------------------------|
| E0302 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0303 | Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0304 | Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress | AUTH REQUIRED | | NCD 280.7, LCD 33820 | MCG:Hospital Bed (Semi-Electric or Total Electric) ACG: A-0878 (AC) | |
| E0305 | Bedside rails, half-length | no auth | | | | |
| E0310 | Bedside rails, full-length | no auth | | | | |
| E0315 | Bed accessory: board, table, or support device, any type | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type | AUTH REQUIRED | | NCD 280.7, LCD 33820 | | |
| E0325 | Urinal; male, jug-type, any material | no auth | | | | |
| E0326 | Urinal; female, jug-type, any material | no auth | | | | |
| E0328 | Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress | AUTH REQUIRED | | | | |
| E0329 | Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress | AUTH REQUIRED | | | | |
| E0350 | Control unit for electronic bowel irrigation/evacuation system | no auth | | | | |
| E0352 | Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system | no auth | | | | |
| E0370 | Air pressure elevator for heel | no auth | | | | |
| E0371 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width | AUTH REQUIRED | | NCD 280.1, LCD 33642 | MCG:Pressure-Relieving Support Surface, Simple ACG: A-0347 (AC); Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC) | |
| E0372 | Powered air overlay for mattress, standard mattress length and width | AUTH REQUIRED | | NCD 280.1, LCD 33642 | MCG:Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|------------------------|--|-------------------------------|
| E0373 | Nonpowered advanced pressure reducing mattress | AUTH REQUIRED | | LCD 33642 | MCG:Pressure-Relieving Support Surface, Simple ACG: A-0347 (AC); Pressure-Relieving Support Surface, Advanced ACG: A-0348 (AC) | |
| E0424 | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | no auth | | | | |
| E0425 | Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | AUTH REQUIRED | | NCD 240.2.1, LCD 33797 | MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC) | |
| E0430 | Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing | AUTH REQUIRED | | NCD 240.2.1, LCD 33797 | MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC) | |
| E0431 | Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing | no auth | | | | |
| E0433 | Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge | no auth | | | | |
| E0434 | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing | no auth | | | | |
| E0435 | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor | AUTH REQUIRED | | NCD 240.2.1, LCD 33797 | MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC) | |
| E0439 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing | no auth | | | | |
| E0440 | Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | AUTH REQUIRED | | NCD 240.2.1, LCD 33797 | MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC) | |
| E0441 | Stationary oxygen contents, gaseous, 1 month's supply = 1 unit | no auth | | | | |
| E0442 | Stationary oxygen contents, liquid, 1 month's supply = 1 unit | no auth | | | | |
| E0443 | Portable oxygen contents, gaseous, 1 month's supply = 1 unit | no auth | | | | |
| E0444 | Portable oxygen contents, liquid, 1 month's supply = 1 unit | no auth | | | | |
| E0445 | Oximeter device for measuring blood oxygen levels noninvasively | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------|-------------------------------|---|--|-------------------------------|
| E0446 | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories | AUTH REQUIRED | | LCD 33797 | | |
| E0447 | Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM) | no auth | | | | |
| E0455 | Oxygen tent, excluding croup or pediatric tents | AUTH REQUIRED | | | | |
| E0457 | Chest shell (cuirass) | NOT PAYABLE BY MEDICARE | | | | |
| E0459 | Chest wrap | NOT PAYABLE BY MEDICARE | | | | |
| E0462 | Rocking bed, with or without side rails | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0465 | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) | AUTH REQUIRED | | | MCG: Home Ventilator (Invasive or Noninvasive Interface) ACG: A-0893 (AC) | |
| E0466 | Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell) | AUTH REQUIRED | | | MCG: Home Ventilator (Invasive or Noninvasive Interface) ACG: A-0893 (AC) | |
| E0467 | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions | AUTH REQUIRED | | | MCG: Home Ventilator (Invasive or Noninvasive Interface) ACG: A-0893 (AC) | |
| E0470 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | AUTH REQUIRED | | NCD 240.4, LCD 33718, LCD 33800 | MCG: Bilevel Positive Airway Pressure (BPAP) Device ACG: A0094 (AC) | |
| E0471 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | AUTH REQUIRED | | NCD 240.4, LCD 33718, LCD 33800 | MCG: Bilevel Positive Airway Pressure (BPAP) Device ACG: A0094 (AC) | |
| E0472 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) | AUTH REQUIRED | | NCD 240.4 | MCG: Bilevel Positive Airway Pressure (BPAP) Device ACG: A0094 (AC) | |
| E0480 | Percussor, electric or pneumatic, home model | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0481 | Intrapulmonary percussive ventilation system and related accessories | NOT COVERED | | NOT COVERED BY MEDICARE | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| E0482 | Cough stimulating device, alternating positive and negative airway pressure | AUTH REQUIRED | | NCD 280.1, LCD 33795 | MCG:Mechanical Insufflation-Exsufflation Device ACG: A-0084 (AC) | |
| E0483 | High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each | AUTH REQUIRED | | | MCG:High Frequency Chest Compression Device ACG: A-0356 (AC) | |
| E0484 | Oscillatory positive expiratory pressure device, nonelectric, any type, each | no auth | | | | |
| E0485 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E0487 | Spirometer, electronic, includes all accessories | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0490 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0491 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0492 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| 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 | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0500 | IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source | no auth | | | | |
| E0530 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0550 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery | AUTH REQUIRED | | | MCG:Oxygen Therapy, Continuous and Noncontinuous: Home ACG: A-0343 (AC) | |
| E0555 | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter | no auth | | | | |
| E0560 | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery | no auth | | | | |
| E0561 | Humidifier, nonheated, used with positive airway pressure device | no auth | | | | |
| E0562 | Humidifier, heated, used with positive airway pressure device | no auth | | | | |
| E0565 | Compressor, air power source for equipment which is not self-contained or cylinder driven | AUTH REQUIRED | | LCD 33370 | | |
| E0570 | Nebulizer, with compressor | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| E0572 | Aerosol compressor, adjustable pressure, light duty for intermittent use | no auth | | | | |
| E0574 | Ultrasonic/electronic aerosol generator with small volume nebulizer | AUTH REQUIRED | | LCD 33370 | | |
| E0575 | Nebulizer, ultrasonic, large volume | AUTH REQUIRED | | LCD 33370 | | |
| E0580 | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter | no auth | | | | |
| E0585 | Nebulizer, with compressor and heater | no auth | | | | |
| E0600 | Respiratory suction pump, home model, portable or stationary, electric | AUTH REQUIRED | | LCD 33612 | MCG:Respiratory Suction Pump ACG: A-0890 (AC) | |
| E0601 | Continuous positive airway pressure (CPAP) device | AUTH REQUIRED | | NCD 240.4, LCD 33718 | MCG:CPAP Titration, Home (APAP) ACG: A0337; CPAP Titration, Sleep Center ACG: A-0338 (AC); Continuous Positive Airway Pressure (CPAP) ACG: A-0431 (AC) | |
| E0602 | Breast pump, manual, any type | no auth | | | | |
| E0603 | Breast pump, electric (AC and/or DC), any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0604 | Breast pump, hospital grade, electric (AC and/or DC), any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0605 | Vaporizer, room type | no auth | | | | |
| E0606 | Postural drainage board | no auth | | | | |
| E0607 | Home blood glucose monitor | no auth | QL of 2/YR | | | |
| E0610 | Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) | no auth | | | | |
| E0615 | Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems | AUTH REQUIRED | | NCD 20.8.2 | | |
| E0616 | Implantable cardiac event recorder with memory, activator, and programmer | no auth | | | | |
| E0617 | External defibrillator with integrated electrocardiogram analysis | AUTH REQUIRED | | LCD 33690 | | |
| E0618 | Apnea monitor, without recording feature | AUTH REQUIRED | | | | |
| E0619 | Apnea monitor, with recording feature | AUTH REQUIRED | | | | |
| E0620 | Skin piercing device for collection of capillary blood, laser, each | AUTH REQUIRED | | | | |
| E0621 | Sling or seat, patient lift, canvas or nylon | no auth | | | | |
| E0625 | Patient lift, bathroom or toilet, not otherwise classified | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0627 | Seat lift mechanism, electric, any type | no auth | | | | |
| E0629 | Seat lift mechanism, nonelectric, any type | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------------|--|-------------------------------|
| E0630 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s) | AUTH REQUIRED | | NCD 280.1, LCD 33799 | MCG: Patient Lift or Transfer Devices (Hydraulic or Mechanical) ACG: A-0885 (AC) | |
| E0635 | Patient lift, electric, with seat or sling | AUTH REQUIRED | | LCD 33799 | | |
| E0636 | Multipositional patient support system, with integrated lift, patient accessible controls | AUTH REQUIRED | | LCD 33799 | MCG: Patient Lift or Transfer Devices (Hydraulic or Mechanical) ACG: A-0885 (AC) | |
| E0637 | Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0638 | Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0639 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories | AUTH REQUIRED | | LCD 33799 | | |
| E0640 | Patient lift, fixed system, includes all components/accessories | AUTH REQUIRED | | LCD 33799 | | |
| E0641 | Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0642 | Standing frame/table system, mobile (dynamic stander), any size including pediatric | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0650 | Pneumatic compressor, nonsegmental home model | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0655 | Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0656 | Segmental pneumatic appliance for use with pneumatic compressor, trunk | AUTH REQUIRED | | NCD 280.6, LCD 33829 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|----------------------|--|-------------------------------|
| E0657 | Segmental pneumatic appliance for use with pneumatic compressor, chest | AUTH REQUIRED | | NCD 280.6, LCD 33829 | | |
| E0660 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0665 | Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0666 | Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0667 | Segmental pneumatic appliance for use with pneumatic compressor, full leg | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0669 | Segmental pneumatic appliance for use with pneumatic compressor, half leg | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0670 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0671 | Segmental gradient pressure pneumatic appliance, full leg | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--|-------------------------------|
| E0672 | Segmental gradient pressure pneumatic appliance, full arm | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0673 | Segmental gradient pressure pneumatic appliance, half leg | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified | AUTH REQUIRED | | NCD 280.6, LCD 33829 | MCG: Intermittent Pneumatic Compression with Extremity Pump ACG: A-0340 (AC) | |
| E0677 | Nonpneumatic sequential compression garment, trunk | AUTH REQUIRED | | NCD 280.6, LCD 33829 | | |
| E0678 | Nonpneumatic sequential compression garment, full leg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0679 | Nonpneumatic sequential compression garment, half leg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0680 | Nonpneumatic compression controller with sequential calibrated gradient pressure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0681 | Nonpneumatic compression controller without calibrated gradient pressure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0682 | Nonpneumatic sequential compression garment, full arm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less | AUTH REQUIRED | | NCD 280.1 | | |
| E0692 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel | AUTH REQUIRED | | NCD 280.1 | | |
| E0693 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel | AUTH REQUIRED | | NCD 280.1 | | |
| E0694 | Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection | AUTH REQUIRED | | NCD 280.1 | | |
| E0700 | Safety equipment, device or accessory, any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0705 | Transfer device, any type, each | no auth | | | | |
| E0710 | Restraints, any type (body, chest, wrist, or ankle) | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|---|-------------------------------|
| E0711 | Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion | NOT COVERED | | Medicare Status Indicator E1; CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 11896 | | |
| E0720 | Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation | no auth | | | | |
| E0730 | Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation | no auth | | | | |
| E0731 | Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) | no auth | | | | |
| E0732 | Cranial electrotherapy stimulation (CES) system, any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0733 | Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0734 | External upper limb tremor stimulator of the peripheral nerves of the wrist | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0735 | Noninvasive vagus nerve stimulator | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0740 | Nonimplanted pelvic floor electrical stimulator, complete system | AUTH REQUIRED | | NCD 230.8 | MCG: Pelvic Floor Rehabilitation ACG: A-0371 (AC) | |
| E0744 | Neuromuscular stimulator for scoliosis | AUTH REQUIRED | | NCD 160.12 | | |
| E0745 | Neuromuscular stimulator, electronic shock unit | AUTH REQUIRED | | NCD 160.12 | MCG: Electrical Nerve Stimulation, Transcutaneous ACG: A-0241 (AC); Electrical Stimulation, Functional and Neuromuscular ACG: A-0507 (AC) | |
| E0746 | Electromyography (EMG), biofeedback device | AUTH REQUIRED | | NCD 30.1 | | |
| E0747 | Osteogenesis stimulator, electrical, noninvasive, other than spinal applications | AUTH REQUIRED | | NCD 150.2, LCD 33796 | MCG: Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC) | |
| E0748 | Osteogenesis stimulator, electrical, noninvasive, spinal applications | AUTH REQUIRED | | NCD 150.2, LCD 33796 | MCG: Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|---|-------------------------------|
| E0749 | Osteogenesis stimulator, electrical, surgically implanted | AUTH REQUIRED | | NCD 150.2 | MCG:Bone Growth Stimulators, Electrical and Electromagnetic ACG: A-0565 (AC) | |
| E0755 | Electronic salivary reflex stimulator (intraoral/noninvasive) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, noninvasive | AUTH REQUIRED | | NCD 150.2, LCD 33796 | MCG:Bone Growth Stimulators, Ultrasonic ACG: A-0414 (AC) | |
| E0761 | Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device | AUTH REQUIRED | | NCD 270.1 | MCG:Electromagnetic Therapy ACG: A-0242 (AC); Electrical Nerve Stimulation, Transcutaneous (TENS) ACG: A-0241 (AC) | |
| E0762 | Transcutaneous electrical joint stimulation device system, includes all accessories | AUTH REQUIRED | | | | |
| E0764 | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program | AUTH REQUIRED | | NCD 160.12 | MCG:Electrical Stimulation, Functional and Neuromuscular ACG: A-0507 (AC) | |
| E0765 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting | no auth | | | | |
| E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type | AUTH REQUIRED | | LCD 34823 | MCG:Alternating Electric Field Therapy ACG: A-0930 (AC) | |
| E0769 | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified | AUTH REQUIRED | | NCD 270.1 | MCG:Electromagnetic Therapy ACG: A-0242 (AC) | |
| E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified | AUTH REQUIRED | | | MCG:Electrical Stimulation, Functional and Neuromuscular ACG: A-0507 (AC) | |
| E0776 | IV pole | no auth | | | | |
| E0779 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater | no auth | | | | |
| E0780 | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------|-------------------------------|----------------------------------|--|-------------------------------|
| E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient | AUTH REQUIRED | | NCD 280.14, LCD 33794 | MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC) | |
| E0782 | Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.) | AUTH REQUIRED | | NCD 280.14, LCA 56778, LCD 35112 | MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC) | |
| E0783 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) | AUTH REQUIRED | | NCD 280.14, LCA 56778, LCD 35112 | MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC) | |
| E0784 | External ambulatory infusion pump, insulin | AUTH REQUIRED | | NCD 280.14, LCA 56778, LCD 35112 | | |
| E0785 | Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement | AUTH REQUIRED | | NCD 280.14, LCA 56778, LCD 35112 | MCG:Insulin Infusion Pump ACG: A-0339 (AC) | |
| E0786 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) | AUTH REQUIRED | | NCD 280.14, LCA 56778, LCD 35112 | MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC) | |
| E0787 | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing | NOT PAYABLE BY MEDICARE | | | | |
| E0791 | Parenteral infusion pump, stationary, single, or multichannel | AUTH REQUIRED | | NCD 280.14, LCD 33794 | MCG:Insulin Infusion Pump ACG: A-0339 (AC); Infusion Pump ACG: A-0618 (AC) | |
| E0830 | Ambulatory traction device, all types, each | AUTH REQUIRED | | | MCG: Traction, Spine ACG: A-0345 (AC); Self-Operated Spinal Unloading Devices ACG: A-0895 (AC) | |
| E0840 | Traction frame, attached to headboard, cervical traction | no auth | | | | |
| E0849 | Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible | AUTH REQUIRED | | LCD 33823 | MCG:Traction, Spine ACG: A-0345; Self-Operated Spinal Unloading Devices ACG: A-0895 (AC) | |
| E0850 | Traction stand, freestanding, cervical traction | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| E0855 | Cervical traction equipment not requiring additional stand or frame | AUTH REQUIRED | | LCD 33823 | MCG:Traction, Spine ACG: A-0345; Self-Operated Spinal Unloading Devices ACG: A-0895 (AC) | |
| E0856 | Cervical traction device, with inflatable air bladder(s) | no auth | | | | |
| E0860 | Traction equipment, overdoor, cervical | no auth | | | | |
| E0870 | Traction frame, attached to footboard, extremity traction (e.g., Buck's) | no auth | | | | |
| E0880 | Traction stand, free standing, extremity traction | no auth | | | | |
| E0890 | Traction frame, attached to footboard, pelvic traction | no auth | | | | |
| E0900 | Traction stand, freestanding, pelvic traction (e.g., Buck's) | no auth | | | | |
| E0910 | Trapeze bars, also known as Patient Helper, attached to bed, with grab bar | AUTH REQUIRED | | LCD 33820 | | |
| E0911 | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar | AUTH REQUIRED | | LCD 33820 | | |
| E0912 | Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar | AUTH REQUIRED | | LCD 33820 | | |
| E0920 | Fracture frame, attached to bed, includes weights | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0930 | Fracture frame, freestanding, includes weights | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0935 | Continuous passive motion exercise device for use on knee only | AUTH REQUIRED | | NCD 280.1 | MCG:Continuous Passive Motion (CPM) ACG: A-0335 (AC) | |
| E0936 | Continuous passive motion exercise device for use other than knee | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E0940 | Trapeze bar, freestanding, complete with grab bar | AUTH REQUIRED | | LCD 33820 | | |
| E0941 | Gravity assisted traction device, any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0942 | Cervical head harness/halter | no auth | | | | |
| E0944 | Pelvic belt/harness/boot | no auth | | | | |
| E0945 | Extremity belt/harness | no auth | | | | |
| E0946 | Fracture, frame, dual with cross bars, attached to bed, (e.g., Balkan, four-poster) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0947 | Fracture frame, attachments for complex pelvic traction | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0948 | Fracture frame, attachments for complex cervical traction | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0950 | Wheelchair accessory, tray, each | no auth | | | | |
| E0951 | Heel loop/holder, any type, with or without ankle strap, each | no auth | | | | |
| E0952 | Toe loop/holder, any type, each | no auth | | | | |
| E0953 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each | no auth | | | | |
| E0954 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------|-------------------------------|-------------------|---|-------------------------------|
| E0955 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each | AUTH REQUIRED | | LCD 33312 | MCG:Wheelchairs , Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E0956 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each | no auth | | | | |
| E0957 | Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each | no auth | | | | |
| E0958 | Manual wheelchair accessory, one-arm drive attachment, each | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E0959 | Manual wheelchair accessory, adapter for amputee, each | no auth | | | | |
| E0960 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware | no auth | | | | |
| E0961 | Manual wheelchair accessory, wheel lock brake extension (handle), each | no auth | | | | |
| E0966 | Manual wheelchair accessory, headrest extension, each | no auth | | | | |
| E0967 | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each | no auth | | | | |
| E0968 | Commode seat, wheelchair | no auth | | | | |
| E0969 | Narrowing device, wheelchair | no auth | | | | |
| E0970 | No. 2 footplates, except for elevating legrest | NOT PAYABLE BY MEDICARE | | | | |
| E0971 | Manual wheelchair accessory, antitipping device, each | no auth | | | | |
| E0973 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each | no auth | | | | |
| E0974 | Manual wheelchair accessory, antirollback device, each | no auth | | | | |
| E0978 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each | no auth | | | | |
| E0980 | Safety vest, wheelchair | no auth | | | | |
| E0981 | Wheelchair accessory, seat upholstery, replacement only, each | no auth | | | | |
| E0982 | Wheelchair accessory, back upholstery, replacement only, each | no auth | | | | |
| E0983 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control | AUTH REQUIRED | | LCD 33789 | MCG:Wheelchairs , Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E0984 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control | AUTH REQUIRED | | LCD 33789 | MCG:Wheelchair, Powered ACG: A-0353 (AC), Wheelchair, Manual ACG: A-0354 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---------------------------------|---|-------------------------------|
| E0985 | Wheelchair accessory, seat lift mechanism | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A- 0354 (AC); Seat Lift Mechanism ACG: A-0888 (AC) | |
| E0986 | Manual wheelchair accessory, push-rim activated power assist system | AUTH REQUIRED | | LCD 33789 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E0988 | Manual wheelchair accessory, lever-activated, wheel drive, pair | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Manual ACG: A- 0354 (AC) | |
| E0990 | Wheelchair accessory, elevating legrest, complete assembly, each | no auth | | | | |
| E0992 | Manual wheelchair accessory, solid seat insert | no auth | | | | |
| E0994 | Armrest, each | no auth | | | | |
| E0995 | Wheelchair accessory, calf rest/pad, replacement only, each | no auth | | | | |
| E1002 | Wheelchair accessory, power seating system, tilt only | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1009 | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|------------------------------|---|-------------------------------|
| E1011 | Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1014 | Reclining back, addition to pediatric size wheelchair | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A0354 (AC) | |
| E1015 | Shock absorber for manual wheelchair, each | no auth | | | | |
| E1016 | Shock absorber for power wheelchair, each | no auth | | | | |
| E1017 | Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E1018 | Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E1020 | Residual limb support system for wheelchair, any type | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A0354 (AC) | |
| E1028 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory | AUTH REQUIRED | | LCD 33312, LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1029 | Wheelchair accessory, ventilator tray, fixed | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1030 | Wheelchair accessory, ventilator tray, gimbaled | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E1031 | Rollabout chair, any and all types with castors 5 in or greater | AUTH REQUIRED | | NCD 280.3 | | |
| E1035 | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs | AUTH REQUIRED | | LCD 33799 | | |
| E1036 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs | AUTH REQUIRED | | LCD 33799 | | |
| E1037 | Transport chair, pediatric size | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |
| E1038 | Transport chair, adult size, patient weight capacity up to and including 300 pounds | no auth | | | | |
| E1039 | Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds | no auth | | | | |
| E1050 | Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1060 | Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------|-------------------------------|----------------------|---|-------------------------------|
| E1070 | Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1083 | Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1084 | Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1085 | Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests | NOT PAYABLE BY MEDICARE | | | | |
| E1086 | Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | NOT PAYABLE BY MEDICARE | | | | |
| E1087 | High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1088 | High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1089 | High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest | NOT PAYABLE BY MEDICARE | | | | |
| E1090 | High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | NOT PAYABLE BY MEDICARE | | | | |
| E1092 | Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1093 | Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1100 | Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1110 | Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1130 | Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests | NOT PAYABLE BY MEDICARE | | | | |
| E1140 | Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests | NOT PAYABLE BY MEDICARE | | | | |
| E1150 | Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1160 | Wheelchair, fixed full-length arms, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1161 | Manual adult size wheelchair, includes tilt in space | AUTH REQUIRED | | NCD 280.3, LCD 33788 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1170 | Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1171 | Amputee wheelchair, fixed full-length arms, without footrests or legrest | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1172 | Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|------------------------------|--|-------------------------------|
| E1180 | Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1190 | Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1195 | Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1200 | Amputee wheelchair, fixed full-length arms, swing-away detachable footrest | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1220 | Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E1221 | Wheelchair with fixed arm, footrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1222 | Wheelchair with fixed arm, elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1223 | Wheelchair with detachable arms, footrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1224 | Wheelchair with detachable arms, elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1225 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1226 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each | no auth | | | | |
| E1227 | Special height arms for wheelchair | no auth | | | | |
| E1228 | Special back height for wheelchair | AUTH REQUIRED | | | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1229 | Wheelchair, pediatric size, not otherwise specified | AUTH REQUIRED | | | | |
| E1230 | Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number | AUTH REQUIRED | | NCD 280.3 | MCG: Scooters ACG: A-0352 (AC) | |
| E1231 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E1232 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system | AUTH REQUIRED | | NCD 280.3, LCD 33788 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1233 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system | AUTH REQUIRED | | NCD 280.3, LCD 33788 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1234 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system | AUTH REQUIRED | | NCD 280.3, LCD 33788 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------|-------------------------------|-------------------------|---|-------------------------------|
| E1235 | Wheelchair, pediatric size, rigid, adjustable, with seating system | AUTH REQUIRED | | NCD 280.3, LCD 33788 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1236 | Wheelchair, pediatric size, folding, adjustable, with seating system | AUTH REQUIRED | | NCD 280.3, LCD 33788 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1237 | Wheelchair, pediatric size, rigid, adjustable, without seating system | AUTH REQUIRED | | NCD 280.3, LCD 33788 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1238 | Wheelchair, pediatric size, folding, adjustable, without seating system | AUTH REQUIRED | | NCD 280.3, LCD 33788 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1239 | Power wheelchair, pediatric size, not otherwise specified | AUTH REQUIRED | | | | |
| E1240 | Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1250 | Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest | NOT PAYABLE BY MEDICARE | | | | |
| E1260 | Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest | NOT PAYABLE BY MEDICARE | | | | |
| E1270 | Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1280 | Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1285 | Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest | NOT PAYABLE BY MEDICARE | | | | |
| E1290 | Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest | NOT PAYABLE BY MEDICARE | | | | |
| E1295 | Heavy-duty wheelchair, fixed full-length arms, elevating legrest | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1296 | Special wheelchair seat height from floor | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1297 | Special wheelchair seat depth, by upholstery | no auth | | | | |
| E1298 | Special wheelchair seat depth and/or width, by construction | AUTH REQUIRED | | NCD 280.3 | MCG:Wheelchairs , Manual ACG: A-0354 (AC) | |
| E1300 | Whirlpool, portable (overtub type) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E1301 | Whirlpool tub, walk-in, portable | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| E1310 | Whirlpool, nonportable (built-in type) | AUTH REQUIRED | | NCD 280.1 | MCG:Hydrotherapy ACG: A-0510 (AC) | |
| E1352 | Oxygen accessory, flow regulator capable of positive inspiratory pressure | no auth | | | | |
| E1353 | Regulator | no auth | | | | |
| E1354 | Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each | no auth | | | | |
| E1355 | Stand/rack | no auth | | | | |
| E1356 | Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|---|-------------------------------|
| E1357 | Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each | no auth | | | | |
| E1358 | Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each | no auth | | | | |
| E1372 | Immersion external heater for nebulizer | no auth | | | | |
| E1390 | Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate | no auth | | | | |
| E1391 | Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each | no auth | | | | |
| E1392 | Portable oxygen concentrator, rental | no auth | | | | |
| E1399 | Durable medical equipment, miscellaneous | AUTH REQUIRED | | Many NCD and LCD depending on details of the request. Contact Alterwood with clinical details. | MCG: Many MCG depending on clinical context. Contact Alterwood with clinical details. | |
| E1405 | Oxygen and water vapor enriching system with heated delivery | no auth | | | | |
| E1406 | Oxygen and water vapor enriching system without heated delivery | no auth | | | | |
| E1500 | Centrifuge, for dialysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1510 | Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temperature control with alarm, IV poles, pressure gauge, concentrate container | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1520 | Heparin infusion pump for hemodialysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1530 | Air bubble detector for hemodialysis, each, replacement | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1540 | Pressure alarm for hemodialysis, each, replacement | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1550 | Bath conductivity meter for hemodialysis, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1560 | Blood leak detector for hemodialysis, each, replacement | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1570 | Adjustable chair, for ESRD patients | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1575 | Transducer protectors/fluid barriers, for hemodialysis, any size, per 10 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1580 | Unipuncture control system for hemodialysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1590 | Hemodialysis machine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1592 | Automatic intermittent peritoneal dialysis system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|---|-------------------------------|
| E1594 | Cycler dialysis machine for peritoneal dialysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1600 | Delivery and/or installation charges for hemodialysis equipment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1610 | Reverse osmosis water purification system, for hemodialysis | AUTH REQUIRED | | NCD 230.7 | | |
| E1615 | Deionizer water purification system, for hemodialysis | AUTH REQUIRED | | NCD 230.7 | | |
| E1620 | Blood pump for hemodialysis, replacement | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1625 | Water softening system, for hemodialysis | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1629 | Tablo hemodialysis system for the billable dialysis service | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1630 | Reciprocating peritoneal dialysis system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1632 | Wearable artificial kidney, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1634 | Peritoneal dialysis clamps, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1635 | Compact (portable) travel hemodialyzer system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1636 | Sorbent cartridges, for hemodialysis, per 10 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1637 | Hemostats, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1639 | Scale, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1699 | Dialysis equipment, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1700 | Jaw motion rehabilitation system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1701 | Replacement cushions for jaw motion rehabilitation system, package of 6 | no auth | | | | |
| E1702 | Replacement measuring scales for jaw motion rehabilitation system, package of 200 | no auth | | | | |
| E1800 | Dynamic adjustable elbow extension/flexion device, includes soft interface material | AUTH REQUIRED | | | MCG:Dynamic Joint Extension and Flexion Device ACG: A-0882 (AC) | |
| E1801 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED | | | MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| E1802 | Dynamic adjustable forearm pronation/supination device, includes soft interface material | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1805 | Dynamic adjustable wrist extension/flexion device, includes soft interface material | AUTH REQUIRED | | | MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC) | |
| E1806 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED | | | MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC) | |
| E1810 | Dynamic adjustable knee extension/flexion device, includes soft interface material | AUTH REQUIRED | | | MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC) | |
| E1811 | Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED | | | MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC) | |
| E1812 | Dynamic knee, extension/flexion device with active resistance control | AUTH REQUIRED | | | MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC) | |
| E1815 | Dynamic adjustable ankle extension/flexion device, includes soft interface material | AUTH REQUIRED | | | MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC) | |
| E1816 | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED | | | MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC) | |
| E1818 | Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED | | | MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC) | |
| E1820 | Replacement soft interface material, dynamic adjustable extension/flexion device | no auth | | | | |
| E1821 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device | no auth | | | | |
| E1825 | Dynamic adjustable finger extension/flexion device, includes soft interface material | AUTH REQUIRED | | | MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC) | |
| E1830 | Dynamic adjustable toe extension/flexion device, includes soft interface material | AUTH REQUIRED | | | MCG:Dynamic Joint Extension and Flexion Devices ACG: A-0882 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--|-------------------------------|
| E1831 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1840 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E1841 | Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories | AUTH REQUIRED | | | MCG:Static Joint Extension and Flexion Devices ACG: A-0889 (AC) | |
| E1902 | Communication board, nonelectronic augmentative or alternative communication device | AUTH REQUIRED | | | MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC) | |
| E1905 | Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software | AUTH REQUIRED | | | | |
| E2000 | Gastric suction pump, home model, portable or stationary, electric | AUTH REQUIRED | | NCD 280.1, LCD 33612 | | |
| E2001 | Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E2100 | Blood glucose monitor with integrated voice synthesizer | AUTH REQUIRED | | NCD 40.2, LCD 33822, LCA 52464 | | |
| E2101 | Blood glucose monitor with integrated lancing/blood sample | no auth | QL of 2/YR | | | |
| E2102 | Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver | AUTH REQUIRED | | LCD 33822, LCA 52464 | | |
| E2103 | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver | AUTH REQUIRED | | LCD 33822, LCA 52464 | | |
| E2120 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid | AUTH REQUIRED | | | | |
| E2201 | Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in | AUTH REQUIRED | | LCD 33792 | | |
| E2202 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 in | AUTH REQUIRED | | LCD 33792 | | |
| E2203 | Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in | AUTH REQUIRED | | LCD 33792 | | |
| E2204 | Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in | AUTH REQUIRED | | LCD 33792 | | |
| E2205 | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each | no auth | | | | |
| E2206 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each | no auth | | | | |
| E2207 | Wheelchair accessory, crutch and cane holder, each | no auth | | | | |
| E2208 | Wheelchair accessory, cylinder tank carrier, each | no auth | | | | |
| E2209 | Accessory, arm trough, with or without hand support, each | no auth | | | | |
| E2210 | Wheelchair accessory, bearings, any type, replacement only, each | no auth | | | | |
| E2211 | Manual wheelchair accessory, pneumatic propulsion tire, any size, each | no auth | | | | |
| E2212 | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each | no auth | | | | |
| E2213 | Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each | no auth | | | | |

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|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| E2214 | Manual wheelchair accessory, pneumatic caster tire, any size, each | no auth | | | | |
| E2215 | Manual wheelchair accessory, tube for pneumatic caster tire, any size, each | no auth | | | | |
| E2216 | Manual wheelchair accessory, foam filled propulsion tire, any size, each | no auth | | | | |
| E2217 | Manual wheelchair accessory, foam filled caster tire, any size, each | no auth | | | | |
| E2218 | Manual wheelchair accessory, foam propulsion tire, any size, each | no auth | | | | |
| E2219 | Manual wheelchair accessory, foam caster tire, any size, each | no auth | | | | |
| E2220 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each | no auth | | | | |
| E2221 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each | no auth | | | | |
| E2222 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each | no auth | | | | |
| E2224 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each | no auth | | | | |
| E2225 | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each | no auth | | | | |
| E2226 | Manual wheelchair accessory, caster fork, any size, replacement only, each | no auth | | | | |
| E2227 | Manual wheelchair accessory, gear reduction drive wheel, each | AUTH REQUIRED | | LCD 33792 | | |
| E2228 | Manual wheelchair accessory, wheel braking system and lock, complete, each | AUTH REQUIRED | | LCD 33792 | | |
| E2230 | Manual wheelchair accessory, manual standing system | AUTH REQUIRED | | LCD 33792 | | |
| E2231 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware | no auth | | | | |
| E2291 | Back, planar, for pediatric size wheelchair including fixed attaching hardware | AUTH REQUIRED | | | | |
| E2292 | Seat, planar, for pediatric size wheelchair including fixed attaching hardware | AUTH REQUIRED | | | | |
| E2293 | Back, contoured, for pediatric size wheelchair including fixed attaching hardware | AUTH REQUIRED | | | | |
| E2294 | Seat, contoured, for pediatric size wheelchair including fixed attaching hardware | AUTH REQUIRED | | | | |
| E2295 | Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features | AUTH REQUIRED | | | | |
| E2301 | Wheelchair accessory, power standing system, any type | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2310 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2311 | Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2312 | Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| E2313 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2321 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2322 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2323 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2324 | Power wheelchair accessory, chin cup for chin control interface | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2325 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2326 | Power wheelchair accessory, breath tube kit for sip and puff interface | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2327 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2328 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2329 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2331 | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG:Wheelchairs , Powered ACG: A-0353 (AC) | |
| E2340 | Power wheelchair accessory, nonstandard seat frame width, 20-23 in | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2341 | Power wheelchair accessory, nonstandard seat frame width, 24-27 in | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| E2342 | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2343 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 in | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2351 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2358 | Power wheelchair accessory, group 34 nonsealed lead acid battery, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2359 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2360 | Power wheelchair accessory, 22 NF nonsealed lead acid battery, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2361 | Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2362 | Power wheelchair accessory, group 24 nonsealed lead acid battery, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2363 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2364 | Power wheelchair accessory, U-1 nonsealed lead acid battery, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2365 | Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---------------------------------|--|-------------------------------|
| E2366 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2367 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2368 | Power wheelchair component, drive wheel motor, replacement only | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2369 | Power wheelchair component, drive wheel gear box, replacement only | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2370 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2371 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2372 | Power wheelchair accessory, group 27 nonsealed lead acid battery, each | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E2373 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2374 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2375 | Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2376 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2377 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| E2378 | Power wheelchair component, actuator, replacement only | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2381 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2382 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2383 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2384 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2385 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2386 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2387 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2388 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2389 | Power wheelchair accessory, foam caster tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2390 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---------------------|---|-------------------------------|
| E2391 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2392 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2394 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2395 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2396 | Power wheelchair accessory, caster fork, any size, replacement only, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2397 | Power wheelchair accessory, lithium-based battery, each | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2398 | Wheelchair accessory, dynamic positioning hardware for back | AUTH REQUIRED | | LCD 33792 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2402 | Negative pressure wound therapy electrical pump, stationary or portable | AUTH REQUIRED | | LCD 33821 | MCG:Negative Pressure Wound Therapy (Vacuum- Assisted Wound Closure) ACG: A-0346 (AC) | |
| E2500 | Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time | AUTH REQUIRED | | NCD 50.1, LCD 33739 | MCG:Augmentativ e Communication Devices, Electronic ACG: A-0516 (AC) | |
| E2502 | Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time | AUTH REQUIRED | | NCD 50.1, LCD 33739 | MCG:Augmentativ e Communication Devices, Electronic ACG: A-0516 (AC) | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|------------------------------|--|-------------------------------|
| E2504 | Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time | AUTH REQUIRED | | NCD 50.1, LCD 33739 | MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC) | |
| E2506 | Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time | AUTH REQUIRED | | NCD 50.1, LCD 33739 | MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC) | |
| E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | AUTH REQUIRED | | NCD 50.1, LCD 33739 | MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC) | |
| E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | AUTH REQUIRED | | NCD 50.1, LCD 33739 | MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC) | |
| E2511 | Speech generating software program, for personal computer or personal digital assistant | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E2512 | Accessory for speech generating device, mounting system | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |
| E2599 | Accessory for speech generating device, not otherwise classified | AUTH REQUIRED | | NCD 50.1, LCD 33739 | MCG:Augmentative Communication Devices, Electronic ACG: A-0516 (AC) | |
| E2601 | General use wheelchair seat cushion, width less than 22 in, any depth | no auth | | | | |
| E2602 | General use wheelchair seat cushion, width 22 in or greater, any depth | no auth | | | | |
| E2603 | Skin protection wheelchair seat cushion, width less than 22 in, any depth | no auth | | | | |
| E2604 | Skin protection wheelchair seat cushion, width 22 in or greater, any depth | no auth | | | | |
| E2605 | Positioning wheelchair seat cushion, width less than 22 in, any depth | no auth | | | | |
| E2606 | Positioning wheelchair seat cushion, width 22 in or greater, any depth | no auth | | | | |
| E2607 | Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth | no auth | | | | |
| E2608 | Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth | no auth | | | | |
| E2609 | Custom fabricated wheelchair seat cushion, any size | AUTH REQUIRED | | LCD 33312 | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--|-------------------------------|
| E2610 | Wheelchair seat cushion, powered | AUTH REQUIRED | | LCD 33312 | MCG: Wheelchairs, Powered ACG: A-0353 (AC) | |
| E2611 | General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware | no auth | | | | |
| E2612 | General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware | no auth | | | | |
| E2613 | Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware | AUTH REQUIRED | | LCD 33312 | MCG:Wheelchairs , Powered ACG: A- 0353 (AC); Wheelchairs, Manual ACG: A- 0354 (AC) | |
| E2614 | Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware | AUTH REQUIRED | | LCD 33312 | | |
| E2615 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware | AUTH REQUIRED | | LCD 33312 | MCG:Wheelchairs , Powered ACG: A- 0353 (AC); Wheelchairs, Manual ACG: A- 0354 (AC) | |
| E2616 | Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware | AUTH REQUIRED | | LCD 33312 | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E2617 | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware | AUTH REQUIRED | | LCD 33312 | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E2619 | Replacement cover for wheelchair seat cushion or back cushion, each | no auth | | | | |
| E2620 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware | AUTH REQUIRED | | LCD 33312 | MCG:Wheelchairs , Powered ACG: A- 0353 (AC); Wheelchairs, Manual ACG: A- 0354 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--|-------------------------------|
| E2621 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware | AUTH REQUIRED | | LCD 33312 | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E2622 | Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth | no auth | | | | |
| E2623 | Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth | no auth | | | | |
| E2624 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth | no auth | | | | |
| E2625 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth | no auth | | | | |
| E2626 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E2627 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E2628 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E2629 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------|-------------------------------|---|--|-------------------------------|
| E2630 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support | AUTH REQUIRED | | | MCG: Wheelchairs, Powered ACG: A-0353 (AC); Wheelchairs, Manual ACG: A-0354 (AC) | |
| E2631 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm | no auth | | | | |
| E2632 | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control | no auth | | | | |
| E2633 | Wheelchair accessory, addition to mobile arm support, supinator | no auth | | | | |
| E3000 | Speech volume modulation system, any type, including all components and accessories | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E8000 | Gait trainer, pediatric size, posterior support, includes all accessories and components | NOT PAYABLE BY MEDICARE | | | | |
| E8001 | Gait trainer, pediatric size, upright support, includes all accessories and components | NOT PAYABLE BY MEDICARE | | | | |
| E8002 | Gait trainer, pediatric size, anterior support, includes all accessories and components | NOT PAYABLE BY MEDICARE | | | | |
| G0008 | Administration of influenza virus vaccine | no auth | | | | |
| G0009 | Administration of pneumococcal vaccine | no auth | | | | |
| G0010 | Administration of hepatitis B vaccine | no auth | | | | |
| G0011 | Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk HIV risk reduction and medication adherence, 15 to 30 minutes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0012 | Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle | no auth | | | | |
| G0013 | Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0017 | Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0018 | Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|--|--------------|-------------------------------|
| G0019 | <p>Certified or trained auxiliary personnel provide community health integration services to address social determinants of health (SDOH) with a patient under the direction of a physician or other qualified health care professional. SDOH can limit the provider's ability to diagnose or treat a condition and the patient's ability to follow the prescribed treatment plan.</p> <p>The provider performs a person-centered assessment to identify the SDOH needs and the problems that need to be addressed in an initiating E/M service. This service may include information about the patient such as their life story, strengths, goals, preferences, and cultural and linguistic factors. After setting goals with the patient and developing an action plan, support is provided to the patient to continue the desired treatment plan. The provider also coordinates care with other health care professionals, facilities, and caregivers as necessary, including referrals to specialists or follow-up visits after care in a facility such as an emergency room or skilled nursing facility. The patient may require community-based social services specific to their SDOH needs (e.g., food assistance, transportation). Additional services may be necessary to support the patient in accomplishing the treatment goals. Report G0019 for the first 60 minutes of community health integration services per calendar month and G0022 for each additional 30 minutes per calendar month.</p> | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0022 | Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0023 | <p>Principal Illness Navigation (PIN) services are performed by certified or trained auxiliary personnel under the direction of a physician or other practitioner. PIN services are provided to Medicare patients with high-risk conditions who receive a patient-centered assessment to better identify their needs and connect them to clinical and support resources. High-risk conditions for which PIN services are provided include, but are not limited to, congestive heart failure (CHF), chronic kidney disease (CKD), dementia, cancer, HIV/AIDS, organ failure, substance use disorder (SUD), and mental health conditions. PIN services are provided during an initial visit and in subsequent visits to establish ongoing support and direction as the patient connects to disease-specific resources related to their high-risk condition. Examples of PIN services include establishing a comprehensive record of the patient's health history along with their cultural and linguistic identities, aligning care coordination, targeting illness-specific health education, providing health-care system navigation, building patient self-advocacy skills, and enabling access to services that address unmet social determinations of health (SDOH) needs. Report G0023 for the first 60 minutes of PIN services provided per calendar month. Report G0024 for each additional 30 minutes of PIN services provided per calendar month; list separately in addition to G0023.</p> | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0024 | Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0027 | Semen analysis; presence and/or motility of sperm excluding Huhner | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | |
| G0029 | Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

| CPT/HCPs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| G0030 | Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0031 | Palliative care services given to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0032 | Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the index prescription start date (IPSD) for antipsychotics | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0033 | Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0034 | Patients receiving palliative care during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0035 | Patient has any emergency department encounter during the performance period with place of service indicator 23 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0036 | Patient or care partner decline assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0037 | On date of encounter, patient is not able to participate in assessment or screening, including nonverbal patients, delirious, severely aphasic, severely developmentally delayed, severe visual or hearing impairment and for those patients, no knowledgeable informant available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0038 | Clinician determines patient does not require referral | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0039 | Patient not referred, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0040 | Patient already receiving physical/occupational/speech/recreational therapy during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0041 | Patient and/or care partner decline referral | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0042 | Referral to physical, occupational, speech, or recreational therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0043 | Patients with mechanical prosthetic heart valve | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0044 | Patients with moderate or severe mitral stenosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0045 | Clinical follow-up and MRS score assessed at 90 days following endovascular stroke intervention | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0046 | Clinical follow-up and MRS score not assessed at 90 days following endovascular stroke intervention | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0047 | Pediatric patient with minor blunt head trauma and PECARN prediction criteria are not assessed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0048 | Patients who receive palliative care services any time during the intake period through the end of the measurement year | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0049 | With maintenance hemodialysis (in-center and home HD) for the complete reporting month | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0050 | Patients with a catheter that have limited life expectancy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0051 | Patients under hospice care in the current reporting month | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G0052 | Patients on peritoneal dialysis for any portion of the reporting month | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0053 | Advancing rheumatology patient care MIPS value pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0054 | Coordinating stroke care to promote prevention and cultivate positive outcomes MIPS value pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0055 | Advancing care for heart disease MIPS value pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0057 | Proposed adopting best practices and promoting patient safety within emergency medicine MIPS value pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0058 | Improving care for lower extremity joint repair MIPS value pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0059 | Patient safety and support of positive experiences with anesthesia MIPS value pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0060 | Allergy/Immunology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0061 | Anesthesiology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0062 | Audiology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0063 | Cardiology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0064 | Certified Nurse Midwife MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0065 | Chiropractic Medicine MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0066 | Clinical Social Work MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0067 | Dentistry MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0068 | Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min | no auth | | HOME INFUSION-MEDICARE APPROVED CODES- https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates | | |
| G0069 | Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min | no auth | | HOME INFUSION-MEDICARE APPROVED CODES- https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates | | |
| G0070 | Professional services for the administration of intravenous chemotherapy or other intravenous highly complex drug or biological infusion for each infusion drug administration calendar day in the individual's home, each 15 min | no auth | | HOME INFUSION-MEDICARE APPROVED CODES- https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates | | |
| G0071 | Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only | no auth | | HOME INFUSION-MEDICARE APPROVED CODES- https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates | | |

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| G0076 | Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0077 | Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0078 | Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0079 | Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0080 | Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0081 | Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0082 | Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0083 | Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0084 | Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0085 | Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0086 | Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0087 | Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility) | no auth | | | | |
| G0088 | Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min | no auth | | HOME INFUSION-MEDICARE APPROVED CODES- https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates | | |

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| G0089 | Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min | no auth | | HOME INFUSION-MEDICARE APPROVED CODES- https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates | | |
| G0090 | Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min | no auth | | HOME INFUSION-MEDICARE APPROVED CODES- https://www.cms.gov/medicare/home-infusion-therapy-services/billing-and-rates | | |
| G0101 | Cervical or vaginal cancer screening; pelvic and clinical breast examination | no auth | | | | |
| G0102 | Prostate cancer screening; digital rectal examination | no auth | | | | |
| G0103 | Prostate cancer screening; prostate specific antigen test (PSA) | no auth | | | | |
| G0104 | Colorectal cancer screening; flexible sigmoidoscopy | no auth | | | | |
| G0105 | Colorectal cancer screening; colonoscopy on individual at high risk | no auth | | | | |
| G0106 | Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema | no auth | | | | |
| G0108 | Diabetes outpatient self-management training services, individual, per 30 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER INITIAL 10 HOURS (20 UNITS) LIFETIME LIMIT | | | |
| G0109 | Diabetes outpatient self-management training services, group session (two or more), per 30 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER INITIAL 10 HOURS (20 UNITS) LIFETIME LIMIT | | | |
| G0117 | Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist | no auth | | | | |
| G0118 | Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist | no auth | | | | |
| G0120 | Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema | no auth | | | | |
| G0121 | Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk | no auth | | | | |
| G0122 | Colorectal cancer screening; barium enema | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G0123 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision | no auth | | | | |
| G0124 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician | no auth | | | | |
| G0127 | Trimming of dystrophic nails, any number | no auth | | | | |
| G0128 | Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes | no auth | | | | |
| G0129 | Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization or intensive outpatient treatment program, per session (45 minutes or more) | no auth | | | | |
| G0130 | Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel) | no auth | | | | |

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| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0137 | Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include: | NOT COVERED | | | | |
| G0140 | <p>Principal Illness Navigation (PIN) services are performed with peer support (PIN-PS) from certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist. Peer support specialists may include individuals who have experience with the patient's shared high-risk illness. Principles of peer support specialists include empathy and shared personal experience, focus on individual patient strengths, and provision of support to patients as they work toward recovery and/or management of their illness within their plan of care. PIN services are provided to Medicare patients with high-risk conditions who receive a patient-centered assessment to better identify their needs and connect them to clinical and support resources.</p> <p>High-risk conditions for which PIN-PS services are given include behavioral health conditions that otherwise satisfy the definition of a high-risk condition(s). PIN-PS services are provided during an initial visit and in subsequent visits to establish ongoing support and direction as the patient connects to disease-specific resources related to their high-risk condition. Examples of PIN services include establishing a comprehensive record of the patient's health history along with their cultural and linguistic identities, aligning care coordination, targeting illness-specific health education, providing health-care system navigation, building patient self-advocacy skills, and enabling access to services that address unmet social determinations of health (SDOH) needs. Report G0140 for the first 60 minutes of PIN-PS services provided per calendar month. Report G0146 for each additional 30 minutes of PIN-PS services provided per calendar month; list separately in addition to G0140.</p> | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0141 | Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician | no auth | | | | |
| G0143 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision | no auth | | | | |
| G0144 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision | no auth | | | | |
| G0145 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision | no auth | | | | |
| G0146 | Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0147 | Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision | no auth | | | | |
| G0148 | Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening | no auth | | | | |
| G0151 | Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | LCD 33942 | | |
| G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | | | |

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| G0153 | Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0155 | Services of clinical social worker in home health or hospice settings, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0156 | Services of home health/hospice aide in home health or hospice settings, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | NCD 290.1, Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| G0157 | Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0158 | Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0159 | Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0160 | Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0161 | Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0162 | Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting) | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | NCD 290.1, Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| G0166 | External counterpulsation, per treatment session | AUTH REQUIRED | | NCD 20.20 | MCG:Enhanced External Counterpulsation (EECP) ACG: A-0175 (AC) | |
| G0168 | Wound closure utilizing tissue adhesive(s) only | no auth | | | | |
| G0175 | Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present | no auth | | | | |
| G0176 | Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) | no auth | | | | |
| G0177 | Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) | no auth | | | | |
| G0179 | Physician or allowed practitioner re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care | no auth | | | | |

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| G0180 | Physician or allowed practitioner certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians or allowed practitioners to affirm the initial implementation of the plan of care | no auth | | | | |
| G0181 | Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans | no auth | | | | |
| G0182 | Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | HOSPICE BENEFIT | | |
| G0186 | Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions) | no auth | | | | |
| G0219 | PET imaging whole body; melanoma for noncovered indications | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G0235 | PET imaging, any site, not otherwise specified | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G0237 | Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring) | no auth | | | | |
| G0238 | Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring) | no auth | | | | |
| G0239 | Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring) | no auth | | | | |
| G0245 | Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (4) patient education | no auth | | | | |
| G0246 | Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot, and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education | no auth | | | | |

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| G0247 | Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e., superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails | no auth | | | | |
| G0248 | Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results | AUTH REQUIRED | | NCD 190.11 | MCG:Prothrombin Time (INR) Home Monitoring Device ACG: A-0650 (AC) | |
| G0249 | Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include four tests | AUTH REQUIRED | | NCD 190.11 | MCG:Prothrombin Time (INR) Home Monitoring Device ACG: A-0650 (AC) | |
| G0250 | Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include four tests | AUTH REQUIRED | | NCD 190.11 | MCG:Prothrombin Time (INR) Home Monitoring Device ACG: A-0650 (AC) | |
| G0252 | PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G0255 | Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G0257 | Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility | no auth | | | | |
| G0259 | Injection procedure for sacroiliac joint; arthrography | no auth | | | | |
| G0260 | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography | no auth | | | | |
| G0268 | Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing | no auth | | | | |
| G0269 | Placement of occlusive device into either a venous or arterial access site, postsurgical or interventional procedure (e.g., angioseal plug, vascular plug) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| G0270 | Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes | no auth | | | | |
| G0271 | Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes | no auth | | | | |

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| G0276 | Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial | AUTH REQUIRED | | NCD 150.13 | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| G0277 | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval | AUTH REQUIRED | | NCD 20.29 | MCG:Hyperbaric Oxygen ACG: A-0250 (AC) | |
| G0278 | Iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure) | no auth | | | | |
| G0279 | Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066) | AUTH MAY BE REQUIRED/ POS DEPENDENT | No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital | | | |
| G0281 | Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | NCD 270.1, LCD 33942 | | |
| G0282 | Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | NCD 160.7.1, NCD 160.15, LCD 33942, LCD 35036 | | |
| G0288 | Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery | no auth | | | | |
| G0289 | Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee | no auth | | | | |
| G0293 | Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day | no auth | | | | |
| G0294 | Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day | NOT COVERED | | | | |
| G0295 | Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G0296 | Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making) | no auth | | | | |
| G0299 | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | NCD 290.1, NCD 290.2, Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| G0300 | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | NCD 290.1, NCD 290.2, Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| G0302 | Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services | no auth | | | | |

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| G0303 | Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services | no auth | | | | |
| G0304 | Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services | no auth | | | | |
| G0305 | Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services | no auth | | | | |
| G0306 | Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count | no auth | | | | |
| G0307 | Complete CBC, automated (Hgb, HCT, RBC, WBC; without platelet count) | no auth | | | | |
| G0310 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5-15 minutes time (This code is used for Medicaid billing purposes) | NOT PAYABLE BY MEDICARE | | | | |
| G0311 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 minutes time (This code is used for Medicaid billing purposes) | NOT PAYABLE BY MEDICARE | | | | |
| G0312 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 minutes time (This code is used for Medicaid billing purposes) | NOT PAYABLE BY MEDICARE | | | | |
| G0313 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 minutes time (This code is used for Medicaid billing purposes) | NOT PAYABLE BY MEDICARE | | | | |
| G0314 | Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT]) | NOT PAYABLE BY MEDICARE | | | | |
| G0315 | Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT]) | NOT PAYABLE BY MEDICARE | | | | |
| G0316 | Prolonged hospital inpatient or observation care evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99223, 99233, and 99236 for hospital inpatient or observation care evaluation and management services). (Do not report G0316 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418, 99415, 99416). (Do not report G0316 for any time unit less than 15 minutes) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| G0317 | Prolonged nursing facility evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99306, 99310 for nursing facility evaluation and management services). (Do not report G0317 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99418). (Do not report G0317 for any time unit less than 15 minutes) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0318 | Prolonged home or residence evaluation and management service(s) beyond the total time for the primary service (when the primary service has been selected using time on the date of the primary service); each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99345, 99350 for home or residence evaluation and management services). (Do not report G0318 on the same date of service as other prolonged services for evaluation and management codes 99358, 99359, 99417). (Do not report G0318 for any time unit less than 15 minutes) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0320 | Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0321 | Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0322 | The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0323 | Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month. (These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G0327 | Colorectal cancer screening; blood-based biomarker | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0328 | Colorectal cancer screening; fecal occult blood test, immunoassay, one to three simultaneous determinations | no auth | | | | |
| G0329 | Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care | AUTH REQUIRED | AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS | NCD 270.1, LCD 33942 | | |

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| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0333 | Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary | no auth | | | | |
| G0337 | Hospice evaluation and counseling services, preelection | no auth | | | | |
| G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment | AUTH REQUIRED | | | MCG: Stereotactic Radiosurgery ACG: A-0423 (AC) | |
| G0340 | Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment | AUTH REQUIRED | | | MCG: Stereotactic Radiosurgery ACG: A-0423 (AC) | |
| G0341 | Percutaneous islet cell transplant, includes portal vein catheterization and infusion | AUTH REQUIRED | | NCD 260.3.1 | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| G0342 | Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion | AUTH REQUIRED | | NCD 260.3.1 | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| G0343 | Laparotomy for islet cell transplant, includes portal vein catheterization and infusion | AUTH REQUIRED | | NCD 260.3.1 | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| G0372 | Physician service required to establish and document the need for a power mobility device | no auth | | | | |
| G0378 | Hospital observation service, per hour | AUTH REQUIRED | AUTH REQ only if > 48 HOURS | Medicare Benefit Policy Manual, Chapter 6, Section 20.6 | | |
| G0379 | Direct admission of patient for hospital observation care | AUTH REQUIRED | AUTH REQ only if > 48 HOURS | Medicare Benefit Policy Manual, Chapter 6, Section 20.6 | | |
| G0380 | Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) | no auth | | | | |

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| G0381 | Level 2 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) | no auth | | | | |
| G0382 | Level 3 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) | no auth | | | | |
| G0383 | Level 4 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) | no auth | | | | |

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| G0384 | Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) | no auth | | | | |
| G0390 | Trauma response team associated with hospital critical care service | no auth | | | | |
| G0396 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes | no auth | | | | |
| G0397 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes | no auth | | | | |
| G0398 | Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation | no auth | | | | |
| G0399 | Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation | no auth | | | | |
| G0400 | Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels | no auth | | | | |
| G0402 | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment | no auth | | | | |
| G0403 | Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report | no auth | | | | |
| G0404 | Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination | no auth | | | | |
| G0405 | Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination | no auth | | | | |
| G0406 | Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth | no auth | | | | |
| G0407 | Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth | no auth | | | | |
| G0408 | Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth | no auth | | | | |
| G0409 | Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF qualified social worker or psychologist in a CORF) | no auth | | | | |

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| G0410 | Group psychotherapy other than of a multiple-family group, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G0411 | Interactive group psychotherapy, in a partial hospitalization or intensive outpatient setting, approximately 45 to 50 minutes | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G0412 | Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring, includes internal fixation, when performed | no auth | | | | |
| G0413 | Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum) | no auth | | | | |
| G0414 | Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami) | no auth | | | | |
| G0415 | Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum) | no auth | | | | |
| G0416 | Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method | no auth | | | | |
| G0420 | Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per 1 hour | no auth | | | | |
| G0421 | Face-to-face educational services related to the care of chronic kidney disease; group, per session, per 1 hour | no auth | | | | |
| G0422 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session | no auth | | | | |
| G0423 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session | no auth | | | | |
| G0425 | Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth | no auth | | | | |
| G0426 | Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth | no auth | | | | |
| G0427 | Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth | no auth | | | | |
| G0428 | Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G0429 | Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy) | AUTH REQUIRED | | LCA 58774 | | |
| G0432 | Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening | no auth | | | | |
| G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening | no auth | | | | |
| G0435 | Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening | no auth | | | | |
| G0438 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit | no auth | | | | |
| G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit | no auth | | | | |
| G0442 | Annual alcohol misuse screening, 5 to 15 minutes | no auth | | | | |

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| G0443 | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes | no auth | | | | |
| G0444 | Annual depression screening, 5 to 15 minutes | no auth | | | | |
| G0445 | Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior | no auth | | | | |
| G0446 | Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes | no auth | | | | |
| G0447 | Face-to-face behavioral counseling for obesity, 15 minutes | no auth | | | | |
| G0448 | Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing | no auth | | | | |
| G0451 | Development testing, with interpretation and report, per standardized instrument form | no auth | | | | |
| G0452 | Molecular pathology procedure; physician interpretation and report | no auth | | | | |
| G0453 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure) | no auth | | | | |
| G0454 | Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist | no auth | | | | |
| G0455 | Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen | no auth | | | | |
| G0458 | Low dose rate (LDR) prostate brachytherapy services, composite rate | no auth | | | | |
| G0459 | Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy | no auth | | | | |
| G0460 | Autologous platelet rich plasma (PRP) or other blood-derived product for nondiabetic chronic wounds/ulcers (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment) | no auth | | | | |
| G0463 | Hospital outpatient clinic visit for assessment and management of a patient | no auth | | | | |
| G0465 | Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes, as applicable: administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment) | no auth | | | | |
| G0466 | Federally qualified health center (FQHC) visit, new patient | no auth | | | | |
| G0467 | Federally qualified health center (FQHC) visit, established patient | no auth | | | | |
| G0468 | Federally qualified health center (FQHC) visit, initial preventive physical exam (IPPE) or annual wellness visit (AWV) | no auth | | | | |
| G0469 | Federally qualified health center (FQHC) visit, mental health, new patient | no auth | | | | |
| G0470 | Federally qualified health center (FQHC) visit, mental health, established patient | no auth | | | | |
| G0471 | Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA) | no auth | | | | |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s) | no auth | | | | |

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| G0473 | Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes | no auth | | | | |
| G0475 | HIV antigen/antibody, combination assay, screening | no auth | | | | |
| G0476 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test | no auth | | | | |
| G0480 | Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed | no auth | | | | |
| G0481 | Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed | no auth | | | | |
| G0482 | Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed | no auth | | | | |

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| G0483 | Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed | no auth | | | | |
| G0490 | Face-to-face home health nursing visit by a rural health clinic (RHC) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only) | no auth | | | | |
| G0491 | Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD | no auth | | | | |
| G0492 | Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD | no auth | | | | |
| G0493 | Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G0494 | Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | NCD 290.1, Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| G0495 | Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | NCD 290.1, NCD 290.2, NCD 170.1 | | |
| G0496 | Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | NCD 290.1, NCD 290.2, NCD 170.1 | | |
| G0498 | Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion | no auth | | | | |
| G0499 | Hepatitis B screening in nonpregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result | no auth | | | | |

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| G0500 | Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) | no auth | | | | |
| G0501 | Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, evaluation and management visit (list separately in addition to primary service) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| G0506 | Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service) | no auth | | | | |
| G0508 | Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth | no auth | | | | |
| G0509 | Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth | no auth | | | | |
| G0511 | Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month | no auth | | | | |
| G0512 | Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month | no auth | | | | |
| G0513 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service) | no auth | | | | |
| G0514 | Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service) | no auth | | | | |
| G0516 | Insertion of nonbiodegradable drug delivery implants, four or more (services for subdermal rod implant) | no auth | | | | |
| G0517 | Removal of nonbiodegradable drug delivery implants, four or more (services for subdermal implants) | no auth | | | | |
| G0518 | Removal with reinsertion, nonbiodegradable drug delivery implants, four or more (services for subdermal implants) | no auth | | | | |

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| G0659 | Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes | no auth | | | | |
| G0913 | Improvement in visual function achieved within 90 days following cataract surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0914 | Patient care survey was not completed by patient | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0915 | Improvement in visual function not achieved within 90 days following cataract surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0916 | Satisfaction with care achieved within 90 days following cataract surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0917 | Patient care survey was not completed by patient | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G0918 | Satisfaction with care not achieved within 90 days following cataract surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G1001 | Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1002 | Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1003 | Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1004 | Clinical Decision Support Mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1007 | Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1008 | Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1010 | Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1011 | Clinical Decision Support Mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |

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| G1012 | Clinical Decision Support Mechanism AgileMD, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1013 | Clinical Decision Support Mechanism EvidenceCare ImagingCare, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1014 | Clinical Decision Support Mechanism InveniQA Semantic Answers in Medicine, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1015 | Clinical Decision Support Mechanism Reliant Medical Group, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1016 | Clinical Decision Support Mechanism Speed of Care, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1017 | Clinical Decision Support Mechanism HealthHelp, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1018 | Clinical Decision Support Mechanism INFINX, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1019 | Clinical Decision Support Mechanism LogicNets, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1020 | Clinical Decision Support Mechanism Curbside Clinical Augmented Workflow, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1021 | Clinical Decision Support Mechanism EHealthLine Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1022 | Clinical Decision Support Mechanism Intermountain Clinical Decision Support Mechanism, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1023 | Clinical Decision Support Mechanism Persivia Clinical Decision Support, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1024 | Clinical decision support mechanism Radrite, as defined by the Medicare Appropriate Use Criteria Program | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G1025 | Patient-months where there are more than one Medicare capitated payment (MCP) provider listed for the month | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G1026 | The number of adult patient-months in the denominator who were on maintenance hemodialysis using a catheter continuously for 3 months or longer under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G1027 | The number of adult patient-months in the denominator who were on maintenance hemodialysis under the care of the same practitioner or group partner as of the last hemodialysis session of the reporting month using a catheter continuously for less than 3 months | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G1028 | Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure | no auth | | | | |
| G2000 | Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, noncovered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session | AUTH REQUIRED | | Medicare Managed Care Manual Chapter 4: Benefits and Beneficiary Protections (Rev 121; Issued 4/22/2016) Section 10.7, NCD 310.1 | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| G2001 | Brief (20 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2002 | Limited (30 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2003 | Moderate (45 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2004 | Comprehensive (60 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2005 | Extensive (75 minutes) in-home visit for a new patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2006 | Brief (20 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |

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| G2007 | Limited (30 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2008 | Moderate (45 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2009 | Comprehensive (60 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2010 | Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment | no auth | | | | |
| G2011 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes | no auth | | | | |
| G2012 | Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion | no auth | | | | |
| G2013 | Extensive (75 minutes) in-home visit for an existing patient postdischarge. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2014 | Limited (30 minutes) care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility and no more than nine times.) | no auth | | | | |
| G2015 | Comprehensive (60 minutes) home care plan oversight. For use only in a Medicare-approved CMMI model. (Services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility within 90 days following discharge from an inpatient facility.) | no auth | | | | |
| 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) | no auth | | | | |

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| G2021 | Health care practitioners rendering treatment in place (TIP) | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G2022 | A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place) | NOT COVERED | | Medicare Addendum B of OPPS, Medicare Nat'l Physician Fee Schedule Relative Value File | | |
| G2025 | Payment for a telehealth distant site service furnished by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) only | no auth | | | | |
| G2067 | Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2068 | Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2069 | Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2070 | Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2071 | Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2072 | Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2073 | Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2074 | Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2075 | Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |

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| G2076 | Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2077 | Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2078 | Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2079 | Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2080 | Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2081 | Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2082 | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2083 | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2086 | Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2087 | Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |

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| G2088 | Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure) | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| G2090 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2091 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2092 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2093 | Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2094 | Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2096 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2097 | Episodes where the patient had a competing diagnosis on or within 3 days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2098 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2099 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2100 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G2101 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2105 | Patient 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2106 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2107 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2112 | Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2113 | Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2115 | Patients 66 - 80 years of age 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2116 | Patients 66 - 80 years of age 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2118 | Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2121 | Depression, anxiety, apathy, and psychosis assessed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2122 | Depression, anxiety, apathy, and psychosis not assessed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2125 | Patients 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through December 31 of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2126 | Patients 66 - 80 years of age 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G2127 | Patients 66 - 80 years of age 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2128 | Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2129 | Procedure related BP's not taken during an outpatient visit. Examples include same day surgery, ambulatory service center, GI, lab, dialysis, infusion center, chemotherapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2136 | Back pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2137 | Back pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated improvement of less than 5.0 points | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2138 | Back pain as measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2139 | Back pain measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated improvement of less than 5.0 points | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2140 | Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2141 | Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated improvement of less than 5.0 points | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G2142 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2143 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2144 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 30 points or greater | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2145 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of less than 30 points | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2146 | Leg pain as measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2147 | Leg pain measured by the visual analog scale (VAS) or numeric pain scale at 1 year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) or numeric pain scale within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated improvement of less than 5.0 points | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2148 | Multimodal pain management was used | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2149 | Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s)) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2150 | Multimodal pain management was not used | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2151 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2152 | Residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2167 | Residual score for the neck impairment successfully calculated and the score was less than zero (< 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2168 | Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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| G2169 | Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes | AUTH REQUIRED | AUTH REQUIRED AFTER 1st 60 DAY CERTIFICATION PERIOD | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G2172 | All inclusive payment for services related to highly coordinated and integrated opioid use disorder (OUD) treatment services furnished for the demonstration project | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G2173 | URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2174 | URI episodes where the patient is taking antibiotics (Table 1) in the 30 days prior to the episode date | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2175 | Episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2176 | Outpatient, ED, or observation visits that result in an inpatient admission | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2177 | Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2178 | Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, Alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2179 | Clinician documented that patient had medical reason for not performing lower extremity neurological exam | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2180 | Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2181 | BMI not documented due to medical reason or patient refusal of height or weight measurement | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2182 | Patient receiving first-time biologic and/or immune response modifier therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2183 | Documentation patient unable to communicate and informant not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2184 | Patient does not have a caregiver | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2185 | Documentation caregiver is trained and certified in dementia care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2186 | Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2187 | Patients with clinical indications for imaging of the head: head trauma | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2188 | Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2189 | Patients with clinical indications for imaging of the head: abnormal neurologic exam | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2190 | Patients with clinical indications for imaging of the head: headache radiating to the neck | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2191 | Patients with clinical indications for imaging of the head: positional headaches | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G2192 | Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2193 | Patients with clinical indications for imaging of the head: new onset headache in preschool children or younger (<6 years of age) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2194 | Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2195 | Patients with clinical indications for imaging of the head: occipital headache in children | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2196 | Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2197 | Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2199 | Patient not screened for unhealthy alcohol use using a systematic screening method | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2200 | Patient identified as an unhealthy alcohol user received brief counseling | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2202 | Patient did not receive brief counseling if identified as an unhealthy alcohol user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2204 | Patients between 45 and 85 years of age who received a screening colonoscopy during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2205 | Patients with pregnancy during adjuvant treatment course | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2206 | Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2207 | Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g., poor performance status (ECOG 3-4; Karnofsky <=50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2208 | Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2209 | Patient refused to participate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2210 | Residual score for the neck impairment not measured because the patient did not complete the neck FS PROM at initial evaluation and/or near discharge, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G2211 | Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established) | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |

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| G2212 | Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215, 99483 for office or other outpatient evaluation and management services.) (Do not report G2212 on the same date of service as codes 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes) | no auth | | | | |
| G2213 | Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure) | no auth | | | | |
| G2214 | Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional | no auth | | | | |
| G2215 | Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure | NOT COVERED | | | | |
| G2216 | Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | NOT COVERED | | | | |
| G2250 | Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment | no auth | | | | |
| G2251 | Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion | no auth | | | | |
| G2252 | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related EM service provided within the previous 7 days nor leading to an EM service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion | no auth | | | | |

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| G3002 | Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan that includes strengths, goals, clinical needs, and desired outcomes; overall treatment management; facilitation and coordination of any necessary behavioral health treatment; medication management; pain and health literacy counseling; any necessary chronic pain related crisis care; and ongoing communication and care coordination between relevant practitioners furnishing care e.g., physical therapy and occupational therapy, complementary and integrative approaches, and community-based care, as appropriate. Requires initial face-to-face visit at least 30 minutes provided by a physician or other qualified health professional; first 30 minutes personally provided by physician or other qualified health care professional, per calendar month. (When using G3002, 30 minutes must be met or exceeded) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G3003 | Each additional 15 minutes of chronic pain management and treatment by a physician or other qualified health care professional, per calendar month. (List separately in addition to code for G3002. When using G3003, 15 minutes must be met or exceeded) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G4000 | Dermatology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4001 | Diagnostic Radiology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4002 | Electrophysiology Cardiac Specialist MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4003 | Emergency Medicine MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4004 | Endocrinology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4005 | Family Medicine MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4006 | Gastroenterology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4007 | General Surgery MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4008 | Geriatrics MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4009 | Hospitalists MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4010 | Infectious Disease MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4011 | Internal Medicine MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4012 | Interventional Radiology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4013 | Mental/behavioral and Psychiatry MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4014 | Nephrology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4015 | Neurology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4016 | Neurosurgical MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G4017 | Nutrition/Dietician MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4018 | Obstetrics/Gynecology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4019 | Oncology/Hematology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4020 | Ophthalmology/Optomety MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4021 | Orthopedic surgery MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4022 | Otolaryngology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4023 | Pathology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4024 | Pediatrics MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4025 | Physical Medicine MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4026 | Physical Therapy/Occupational Therapy MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4027 | Plastic Surgery MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4028 | Podiatry MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4029 | Preventive Medicine MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4030 | Pulmonology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4031 | Radiation Oncology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4032 | Rheumatology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4033 | Skilled Nursing Facility MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4034 | Speech Language Pathology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4035 | Thoracic Surgery MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4036 | Urgent Care MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4037 | Urology MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G4038 | Vascular Surgery MIPS specialty set | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields | no auth | | | | |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy | no auth | | | | |
| G6003 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev | no auth | | | | |
| G6004 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev | no auth | | | | |
| G6005 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev | no auth | | | | |

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| G6006 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater | no auth | | | | |
| G6007 | Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev | no auth | | | | |
| G6008 | Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev | no auth | | | | |
| G6009 | Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev | no auth | | | | |
| G6010 | Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater | no auth | | | | |
| G6011 | Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev | no auth | | | | |
| G6012 | Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev | no auth | | | | |
| G6013 | Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev | no auth | | | | |
| G6014 | Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater | no auth | | | | |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session | no auth | | | | |
| G6016 | Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session | AUTH REQUIRED | | LCD 36711 | MCG: Intensity Modulated Radiation Therapy (IMRT) ACG: A-0455 (AC) | |
| G6017 | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment | no auth | | | | |
| G8395 | Left ventricular ejection fraction (LVEF) \geq 40% or documentation as normal or mildly depressed left ventricular systolic function | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8396 | Left ventricular ejection fraction (LVEF) not performed or documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8397 | Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8399 | Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8400 | Patient with central dual-energy x-ray absorptiometry (DXA) results not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8404 | Lower extremity neurological exam performed and documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8405 | Lower extremity neurological exam not performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8410 | Footwear evaluation performed and documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8415 | Footwear evaluation was not performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8416 | Clinician documented that patient was not an eligible candidate for footwear evaluation measure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8417 | BMI is documented above normal parameters and a follow-up plan is documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8418 | BMI is documented below normal parameters and a follow-up plan is documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8419 | BMI documented outside normal parameters, no follow-up plan documented, no reason given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8420 | BMI is documented within normal parameters and no follow-up plan is required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8421 | BMI not documented and no reason is given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8427 | Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8428 | Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8430 | Documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., patient is in an urgent or emergent medical situation) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8431 | Screening for depression is documented as being positive and a follow-up plan is documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8432 | Depression screening not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8433 | Screening for depression not completed, documented patient or medical reason | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8450 | Beta-blocker therapy prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8451 | Beta-blocker therapy for LVEF <=40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8452 | Beta-blocker therapy not prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8465 | High or very high risk of recurrence of prostate cancer | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8473 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8474 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8475 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8476 | Most recent blood pressure has a systolic measurement of < 140 mm Hg and a diastolic measurement of < 90 mm Hg | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8477 | Most recent blood pressure has a systolic measurement of >=140 mm Hg and/or a diastolic measurement of >=90 mm Hg | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8478 | Blood pressure measurement not performed or documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8482 | Influenza immunization administered or previously received | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8483 | 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8484 | Influenza immunization was not administered, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8510 | Screening for depression is documented as negative, a follow-up plan is not required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8511 | Screening for depression documented as positive, follow-up plan not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8535 | Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter related to one of the following reasons: (1) patient refuses to participate in the screening and has reasonable decisional capacity for self-protection, or (2) patient is in an urgent or emergent situation where time is of the essence and to delay treatment to perform the screening would jeopardize the patient's health status | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8536 | No documentation of an elder maltreatment screen, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8539 | Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies is documented within 2 days of the functional outcome assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8540 | Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8541 | Functional outcome assessment using a standardized tool, not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8542 | Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8543 | Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented within 2 days of assessment, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8559 | Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8560 | Patient has a history of active drainage from the ear within the previous 90 days | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8561 | Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |

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| G8562 | Patient does not have a history of active drainage from the ear within the previous 90 days | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8563 | Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8564 | Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified) | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8565 | Verification and documentation of sudden or rapidly progressive hearing loss | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8566 | Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8567 | Patient does not have verification and documentation of sudden or rapidly progressive hearing loss | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8568 | Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given | NOT COVERED | | NOT VALID FOR MEDICARE PURPOSES PER MEDICARE NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE | | |
| G8569 | Prolonged postoperative intubation (> 24 hrs) required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8570 | Prolonged postoperative intubation (> 24 hrs) not required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8575 | Developed postoperative renal failure or required dialysis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8576 | No postoperative renal failure/dialysis not required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8577 | Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8578 | Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8598 | Aspirin or another antiplatelet therapy used | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8599 | Aspirin or another antiplatelet therapy not used, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8600 | IV thrombolytic therapy initiated within 4.5 hours (<= 270 minutes) of time last known well | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8601 | IV thrombolytic therapy not initiated within 4.5 hours (<= 270 minutes) of time last known well for reasons documented by clinician (e.g., patient enrolled in clinical trial for stroke, patient admitted for elective carotid intervention) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8602 | IV thrombolytic therapy not initiated within 4.5 hours (<= 270 minutes) of time last known well, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8633 | Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8635 | Pharmacologic therapy for osteoporosis was not prescribed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8647 | Residual score for the knee impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8648 | Residual score for the knee impairment successfully calculated and the score was less than zero (< 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8650 | Residual score for the knee impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8651 | Residual score for the hip impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8652 | Residual score for the hip impairment successfully calculated and the score was less than zero (< 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8654 | Residual score for the hip impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8655 | Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8656 | Residual score for the lower leg, foot or ankle impairment successfully calculated and the score was less than zero (< 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8658 | Residual score for the lower leg, foot or ankle impairment not measured because the patient did not complete the LEPF PROM at initial evaluation and/or near discharge, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8659 | Residual score for the low back impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8660 | Residual score for the low back impairment successfully calculated and the score was less than zero (< 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8661 | Risk-adjusted functional status change residual score for the low back impairment not measured because the patient did not complete the FS status survey near discharge, patient not appropriate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8662 | Residual score for the low back impairment not measured because the patient did not complete the low back FS PROM at initial evaluation and/or near discharge, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8663 | Residual score for the shoulder impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8664 | Residual score for the shoulder impairment successfully calculated and the score was less than zero (< 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8666 | Residual score for the shoulder impairment not measured because the patient did not complete the shoulder FS PROM at initial evaluation and/or near discharge, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8667 | Residual score for the elbow, wrist or hand impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8668 | Residual score for the elbow, wrist or hand impairment successfully calculated and the score was less than zero (< 0) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8670 | Residual score for the elbow, wrist or hand impairment not measured because the patient did not complete the elbow/wrist/hand FS PROM at initial evaluation and/or near discharge, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8694 | Left ventricular ejection fraction (LVEF) < = 40% or documentation of moderate or severe LVSD | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8708 | Patient not prescribed antibiotic | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8709 | URI episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI, and acne) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8710 | Patient prescribed antibiotic | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8711 | Prescribed antibiotic on or within 3 days after the episode date | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8712 | Antibiotic not prescribed or dispensed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8721 | PT category (primary tumor), PN category (regional lymph nodes), and histologic grade were documented in pathology report | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8722 | Documentation of medical reason(s) for not including the PT category, the PN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; noncarcinomasanal canal) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8723 | Specimen site is other than anatomic location of primary tumor | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8724 | PT category, PN category and histologic grade were not documented in the pathology report, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8733 | Elder maltreatment screen documented as positive and a follow-up plan is documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8734 | Elder maltreatment screen documented as negative, follow-up is not required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8735 | Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8749 | Absence of signs of melanoma (tenderness, jaundice, localized neurologic signs such as weakness, or any other sign suggesting systemic spread) or absence of symptoms of melanoma (cough, dyspnea, pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8752 | Most recent systolic blood pressure < 140 mm Hg | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8753 | Most recent systolic blood pressure >= 140 mm Hg | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8754 | Most recent diastolic blood pressure < 90 mm Hg | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8755 | Most recent diastolic blood pressure >= 90 mm Hg | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8756 | No documentation of blood pressure measurement, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8783 | Normal blood pressure reading documented, follow-up not required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8785 | Blood pressure reading not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8797 | Specimen site other than anatomic location of esophagus | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8798 | Specimen site other than anatomic location of prostate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8806 | Performance of trans-abdominal or trans-vaginal ultrasound and pregnancy location documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8807 | Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician (e.g., patient has a documented intrauterine pregnancy [IUP]) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8808 | Transabdominal or transvaginal ultrasound not performed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8815 | Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with nonatherosclerotic disease) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8816 | Statin medication prescribed at discharge | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8817 | Statin therapy not prescribed at discharge, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8826 | Patient discharged to home no later than postoperative day #2 following EVAR | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8833 | Patient not discharged to home by postoperative day #2 following EVAR | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8834 | Patient discharged to home no later than postoperative day #2 following CEA | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8838 | Patient not discharged to home by postoperative day #2 following CEA | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8839 | Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8840 | Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8841 | Sleep apnea symptoms not assessed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8842 | Apnea hypopnea index (AHI), respiratory disturbance index (RDI) or respiratory event index (REI) documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8843 | Documentation of reason(s) for not measuring an apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or a respiratory event index (REI) within 2 months of initial evaluation for suspected obstructive sleep apnea (e.g., medical, neurological, or psychiatric disease that prohibits successful completion of a sleep study, patients for whom a sleep study would present a bigger risk than benefit or would pose an undue burden, dementia, patients who decline AHI/RDI/REI measurement, patients who had a financial reason for not completing testing, test was ordered but not completed, patients decline because their insurance (payer) does not cover the expense)) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8844 | Apnea hypopnea index (AHI), respiratory disturbance index (RDI), or respiratory event index (REI) not documented or measured within 2 months of initial evaluation for suspected obstructive sleep apnea, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8845 | Positive airway pressure therapy prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8846 | Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8849 | Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8850 | Positive airway pressure therapy not prescribed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8851 | Adherence to therapy was assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available, documented) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8854 | Documentation of reason(s) for not objectively reporting adherence to evidence-based therapy (e.g., patients who have been diagnosed with a terminal or advanced disease with an expected life span of less than 6 months, patients who decline therapy, patients who do not return for follow-up at least annually, patients unable to access/afford therapy, patient's insurance will not cover therapy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8855 | Adherence to therapy was not assessed at least annually through an objective informatics system or through self-reporting (if objective reporting is not available), reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8856 | Referral to a physician for an otologic evaluation performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8858 | Referral to a physician for an otologic evaluation not performed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8863 | Patients not assessed for risk of bone loss, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8864 | Pneumococcal vaccine administered or previously received | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8865 | Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8866 | Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8867 | Pneumococcal vaccine not administered or previously received, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8869 | Patient has documented immunity to hepatitis B and initiating anti-TNF therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8875 | Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8876 | Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8877 | Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8878 | Sentinel lymph node biopsy procedure performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8880 | Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to: noninvasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, preoperative biopsy proven lymph node (LN) metastases, inflammatory carcinoma, Stage III locally advanced cancer, recurrent invasive breast cancer, clinically node positive after neoadjuvant systemic therapy, patient refusal after informed consent, patient with significant age, comorbidities, or limited life expectancy and favorable tumor; adjuvant systemic therapy unlikely to change) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8881 | Stage of breast cancer is greater than T1N0M0 or T2N0M0 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8882 | Sentinel lymph node biopsy procedure not performed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8907 | Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/site/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility | NOT COVERED | | | | |
| G8908 | Patient documented to have received a burn prior to discharge | NOT COVERED | | | | |
| G8909 | Patient documented not to have received a burn prior to discharge | NOT COVERED | | | | |
| G8910 | Patient documented to have experienced a fall within ASC | NOT COVERED | | | | |
| G8911 | Patient documented not to have experienced a fall within ASC | NOT COVERED | | | | |
| G8912 | Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event | NOT COVERED | | | | |
| G8913 | Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event | NOT COVERED | | | | |
| G8914 | Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC | NOT COVERED | | | | |
| G8915 | Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC | NOT COVERED | | | | |
| G8916 | Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time | NOT COVERED | | | | |
| G8917 | Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time | NOT COVERED | | | | |
| G8918 | Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis | NOT COVERED | | | | |
| G8923 | Left ventricular ejection fraction (LVEF) <= 40% or documentation of moderately or severely depressed left ventricular systolic function | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8924 | Spirometry results documented (FEV1/FVC < 70%) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8934 | Left ventricular ejection fraction (LVEF) <=40% or documentation of moderately or severely depressed left ventricular systolic function | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8935 | Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8936 | Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8937 | Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8942 | Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan, based on identified deficiencies is documented within 2 days of the functional outcome assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8944 | AJCC melanoma cancer stage 0 through IIC melanoma | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8950 | Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8952 | Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8955 | Most recent assessment of adequacy of volume management documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8956 | Patient receiving maintenance hemodialysis in an outpatient dialysis facility | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8958 | Assessment of adequacy of volume management not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8961 | Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 risk surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8965 | Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8966 | Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8967 | FDA-approved oral anticoagulant is prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8968 | Documentation of medical reason(s) for not prescribing an FDA-approved anticoagulant (e.g., present or planned atrial appendage occlusion or ligation or patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G8969 | Documentation of patient reason(s) for not prescribing an oral anticoagulant that is FDA-approved for the prevention of thromboembolism (e.g., patient preference for not receiving anticoagulation) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G8970 | No risk factors or one moderate risk factor for thromboembolism | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9001 | Coordinated care fee, initial rate | no auth | | | | |
| G9002 | Coordinated care fee | no auth | | | | |
| G9003 | Coordinated care fee, risk adjusted high, initial | no auth | | | | |
| G9004 | Coordinated care fee, risk adjusted low, initial | no auth | | | | |
| G9005 | Coordinated care fee risk adjusted maintenance | no auth | | | | |
| G9006 | Coordinated care fee, home monitoring | no auth | | | | |
| G9007 | Coordinated care fee, scheduled team conference | no auth | | | | |
| G9008 | Coordinated care fee, physician coordinated care oversight services | no auth | | | | |
| G9009 | Coordinated care fee, risk adjusted maintenance, Level 3 | no auth | | | | |
| G9010 | Coordinated care fee, risk adjusted maintenance, Level 4 | no auth | | | | |
| G9011 | Coordinated care fee, risk adjusted maintenance, Level 5 | no auth | | | | |
| G9012 | Other specified case management service not elsewhere classified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| G9013 | ESRD demo basic bundle Level I | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G9014 | ESRD demo expanded bundle including venous access and related services | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G9016 | Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only] | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G9050 | Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9051 | Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer-directed therapy or managing consequences of cancer-directed therapy (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9052 | Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9053 | Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer-directed therapy is being administered or arranged at present; cancer-directed therapy might be considered in the future (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9054 | Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9055 | Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |

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| G9056 | Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9057 | Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board-approved clinical trial (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9058 | Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9059 | Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9060 | Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9061 | Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9062 | Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project) | NOT PAYABLE BY MEDICARE | | | | |
| G9063 | Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage I (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9064 | Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage II (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9065 | Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease initially established as Stage III a (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9066 | Oncology; disease status; limited to nonsmall cell lung cancer; Stage III B-IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9067 | Oncology; disease status; limited to nonsmall cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9068 | Oncology; disease status; limited to small cell and combined small cell/nonsmall cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9069 | Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall cell; extensive Stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9070 | Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/nonsmall; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9071 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage I or Stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9072 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage I, or Stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9073 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage IIIA-IIIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9074 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; Stage IIIA-IIIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9075 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9077 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2c and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9078 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9079 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3b-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9080 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9083 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9084 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9085 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9086 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9087 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9088 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9089 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9090 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9091 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9092 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9093 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9094 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9095 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9096 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9097 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9098 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9099 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9100 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9101 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9102 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9103 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9104 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9105 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9106 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9107 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9108 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9109 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9110 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neoadjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9111 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9112 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9113 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage IA-B (Grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9114 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage IA-B (Grade 2-3); or Stage IC (all grades); or Stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9115 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9116 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9117 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9123 | Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9124 | Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9125 | Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9126 | Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9128 | Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, Stage I (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9129 | Oncology; disease status; limited to multiple myeloma, systemic disease; Stage II or higher (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9130 | Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9131 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9132 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on antiandrogen therapy or postorchiectomy); clinical metastases (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9133 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9134 | Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9135 | Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9136 | Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9137 | Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9138 | Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or nonresponse to therapy, or not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9139 | Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9140 | Frontier Extended Stay Clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum Frontier Extended Stay Clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours, after the first 4 hours | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9143 | Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s) | AUTH REQUIRED | | NCD 90.1 | MCG:Warfarin Pharmacogenetics - CYP2C9, CYP4F2, and VKORC1 Genes ACG: A-0587 (AC) | |
| 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 urea nitrogen (UUN); and/or, arterial, venous or capillary glucose; and/or potassium concentration | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| G9148 | National Committee for Quality Assurance-Level 1 Medical Home | NOT COVERED | | | | |
| G9149 | National Committee for Quality Assurance-Level 2 Medical Home | NOT COVERED | | | | |
| G9150 | National Committee for Quality Assurance-Level 3 Medical Home | NOT COVERED | | | | |
| G9151 | MAPCP Demonstration-state provided services | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9152 | MAPCP Demonstration-Community Health Teams | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9153 | MAPCP Demonstration-Physician Incentive Pool | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9156 | Evaluation for wheelchair requiring face-to-face visit with physician | no auth | | | | |
| G9157 | Transesophageal Doppler used for cardiac monitoring | no auth | | | | |

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| G9187 | Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the Medicare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code | no auth | | | | |
| G9188 | Beta-blocker therapy not prescribed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9189 | Beta-blocker therapy prescribed or currently being taken | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9190 | Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9191 | Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9212 | DSM-IVTR criteria for major depressive disorder documented at the initial evaluation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9213 | DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9223 | Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 500 cells/mm3 or a CD4 percentage below 15% | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9225 | Foot exam was not performed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9226 | Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-Hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the three components are completed) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9227 | Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9228 | Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the three screenings) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9230 | Chlamydia, gonorrhea, and syphilis not screened, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9231 | Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9242 | Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9243 | Documentation of viral load less than 200 copies/ml | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9246 | Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9247 | Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9254 | Documentation of patient discharged to home later than post-operative day 2 following CAS | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9255 | Documentation of patient discharged to home no later than post-operative day 2 following CAS | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9273 | Blood pressure has a systolic value of < 140 and a diastolic value of < 90 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9274 | Blood pressure has a systolic value of = 140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9275 | Documentation that patient is a current nontobacco user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9276 | Documentation that patient is a current tobacco user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9277 | Documentation that the patient is on daily aspirin or antiplatelet or has documentation of a valid contraindication or exception to aspirin/antiplatelet; contraindications/exceptions include anticoagulant use, allergy to aspirin or antiplatelets, history of gastrointestinal bleed and bleeding disorder. Additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or antiplatelet are acceptable (use of nonsteroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as > 180 systolic or > 110 diastolic or gastroesophageal reflux) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9278 | Documentation that the patient is not on daily aspirin or antiplatelet regimen | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9279 | Pneumococcal screening performed and documentation of vaccination received prior to discharge | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9280 | Pneumococcal vaccination not administered prior to discharge, reason not specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9281 | Screening performed and documentation that vaccination not indicated/patient refusal | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9282 | Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9283 | Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9284 | Non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9285 | Specimen site other than anatomic location of lung or is not classified as non-small cell lung cancer | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9286 | Antibiotic regimen prescribed within 10 days after onset of symptoms | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9287 | Antibiotic regimen not prescribed within 10 days after onset of symptoms | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9288 | Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9289 | Non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9290 | Nonsmall cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9291 | Specimen site other than anatomic location of lung, is not classified as nonsmall cell lung cancer or classified as NSCLC-NOS | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9292 | Documentation of medical reason(s) for not reporting PT category and a statement on thickness and ulceration and for PT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9293 | Pathology report does not include the PT category and a statement on thickness and ulceration and for PT1, mitotic rate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9294 | Pathology report includes the PT category and a statement on thickness and ulceration and for PT1, mitotic rate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9295 | Specimen site other than anatomic cutaneous location | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9296 | Patients with documented shared decision-making including discussion of conservative (nonsurgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9297 | Shared decision-making including discussion of conservative (nonsurgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9298 | Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9299 | Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9305 | Intervention for presence of leak of endoluminal contents through an anastomosis not required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9306 | Intervention for presence of leak of endoluminal contents through an anastomosis required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9307 | No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9308 | Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9309 | No unplanned hospital readmission within 30 days of principal procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9310 | Unplanned hospital readmission within 30 days of principal procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9311 | No surgical site infection | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9312 | Surgical site infection | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9313 | Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9314 | Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9315 | Amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9316 | Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9317 | Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9318 | Imaging study named according to standardized nomenclature | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9319 | Imaging study not named according to standardized nomenclature, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9321 | Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9322 | Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9341 | Search conducted for prior patient CT studies completed at nonaffiliated external health care facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9342 | Search not conducted prior to an imaging study being performed for prior patient CT studies completed at nonaffiliated external health care facilities or entities within the past 12 months and are available through a secure, authorized, media-free, shared archive, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9344 | Due to system reasons search not conducted for DICOM format images for prior patient CT imaging studies completed at nonaffiliated external health care facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., nonaffiliated external health care facilities or entities does not have archival abilities through a shared archival system) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9345 | Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9347 | Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9351 | More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9352 | More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9353 | More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (e.g., patients with complications, second CT obtained prior to surgery, other medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9354 | One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9355 | Elective delivery (without medical indication) by Cesarean birth or induction of labor not performed (<39 weeks of gestation) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9356 | Elective delivery (without medical indication) by Cesarean birth or induction of labor performed (<39 weeks of gestation) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9357 | Post-partum screenings, evaluations and education performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9358 | Post-partum screenings, evaluations and education not performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9361 | Medical indication for delivery by Cesarean birth or induction of labor (<39 weeks of gestation) [documentation of reason(s) for elective delivery (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)] | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9364 | Sinusitis caused by, or presumed to be caused by, bacterial infection | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9367 | At least two orders for high risk medications from the same drug class | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9368 | At least two orders for high risk medications from the same drug class not ordered | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9380 | Patient offered assistance with end of life issues or existing end of life plan was reviewed or updated during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9382 | Patient not offered assistance with end of life issues or existing end of life plan was not reviewed or updated during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9383 | Patient received screening for HCV infection within the 12 month reporting period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9384 | Documentation of medical reason(s) for not receiving annual screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9385 | Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9386 | Screening for HCV infection not received within the twelve-month reporting period, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9393 | Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve-month (+/- 30 days) PHQ-9 score of less than five | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9394 | Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9395 | Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve-month (+/- 30 days) PHQ-9 score greater than or equal to five | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9396 | Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9402 | Patient received follow-up within 30 days after discharge | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9403 | Clinician documented reason patient was not able to complete 30-day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient noncompliant for visit follow-up) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9404 | Patient did not receive follow-up within 30 days after discharge | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9405 | Patient received follow up within 7 days after discharge | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9406 | Clinician documented reason patient was not able to complete 7-day follow-up from acute inpatient setting discharge (i.e., patient death prior to follow-up visit, patient noncompliance for visit follow-up) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9407 | Patient did not receive follow-up within 7 days after discharge | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9408 | Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9409 | Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9410 | Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9411 | Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9412 | Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9413 | Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9414 | Patient had one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9415 | Patient did not have one dose of meningococcal vaccine (serogroups A, C, W, Y) on or between the patient's 11th and 13th birthdays | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9416 | Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the patient's 10th and 13th birthdays | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9417 | Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the patient's 10th and 13th birthdays | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9418 | Primary nonsmall cell lung cancer lung biopsy and cytology specimen report documents classification into specific histologic type following IASLC guidance or classified as NSCLC-NOS with an explanation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9419 | Documentation of medical reason(s) for not including the histological type or NSCLC-NOS classification with an explanation (e.g. specimen insufficient or non-diagnostic, specimen does not contain cancer, or other documented medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9420 | Specimen site other than anatomic location of lung or is not classified as primary nonsmall cell lung cancer | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9421 | Primary nonsmall cell lung cancer lung biopsy and cytology specimen report does not document classification into specific histologic type or histologic type does not follow IASLC guidance or is classified as NSCLC-NOS but without an explanation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9422 | Primary lung carcinoma resection report documents PT category, PN category and for nonsmall cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma and not NSCLC-NOS) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9423 | Documentation of medical reason for not including PT category, PN category and histologic type (for patient with appropriate exclusion criteria [e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens]) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9424 | Specimen site other than anatomic location of lung, or classified as NSCLC-NOS | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9425 | Primary lung carcinoma resection report does not document PT category, PN category and for nonsmall cell lung cancer, histologic type (e.g., squamous cell carcinoma, adenocarcinoma) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9426 | Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9427 | Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9428 | Pathology report includes the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9429 | Documentation of medical reason(s) for not including PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors (e.g., negative skin biopsies, insufficient tissue, or other documented medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9430 | Specimen site other than anatomic cutaneous location | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9431 | Pathology report does not include the PT category, thickness, ulceration and mitotic rate, peripheral and deep margin status and presence or absence of microsatellitosis for invasive tumors | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9432 | Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9434 | Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, or specified asthma control tool not used, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9452 | Documentation of medical reason(s) for not receiving HCV antibody test due to limited life expectancy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9455 | Patient underwent abdominal imaging with ultrasound, contrast enhanced CT or contrast MRI for HCC | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9456 | Documentation of medical or patient reason(s) for not ordering or performing screening for HCC. Medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9457 | Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the submission period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9458 | Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9459 | Currently a tobacco nonuser | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9460 | Tobacco assessment or tobacco cessation intervention not performed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9468 | Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9470 | Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9471 | Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9473 | Services performed by chaplain in the hospice setting, each 15 minutes | HOSPICE SERVICES PAID FOR BY ORIGINAL MEDICARE | | | | |
| G9474 | Services performed by dietary counselor in the hospice setting, each 15 minutes | HOSPICE SERVICES PAID FOR BY ORIGINAL MEDICARE | | | | |
| G9475 | Services performed by other counselor in the hospice setting, each 15 minutes | HOSPICE SERVICES PAID FOR BY ORIGINAL MEDICARE | | | | |
| G9476 | Services performed by volunteer in the hospice setting, each 15 minutes | HOSPICE SERVICES PAID FOR BY ORIGINAL MEDICARE | | | | |
| G9477 | Services performed by care coordinator in the hospice setting, each 15 minutes | HOSPICE SERVICES PAID FOR BY ORIGINAL MEDICARE | | | | |
| G9478 | Services performed by other qualified therapist in the hospice setting, each 15 minutes | HOSPICE SERVICES PAID FOR BY ORIGINAL MEDICARE | | | | |
| G9479 | Services performed by qualified pharmacist in the hospice setting, each 15 minutes | HOSPICE SERVICES PAID FOR BY ORIGINAL MEDICARE | | | | |
| G9480 | Admission to Medicare Care Choice Model Program (MCCM) | NOT COVERED | | | | |
| G9481 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |

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| G9482 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |
| G9483 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |
| G9484 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |
| G9485 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |

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| G9486 | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |
| G9487 | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |
| G9488 | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |
| G9489 | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved CMS Innovation Center Demonstration Project, which requires at least two of the following three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | AUTH REQUIRED | | | | |

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| G9490 | CMS Innovation Center Models, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (For use only in Medicare-approved CMS Innovation Center Models); may not be billed for a 30 day period covered by a transitional care management code | AUTH REQUIRED | | | | |
| G9497 | Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9498 | Antibiotic regimen prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9500 | Radiation exposure indices documented in final report for procedure using fluoroscopy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9501 | Radiation exposure indices not documented in final report for procedure using fluoroscopy, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9502 | Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9504 | Documented reason for not assessing hepatitis B virus (HBV) status (e.g., patient not initiating anti-TNF therapy, patient declined) prior to initiating anti-TNF therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9505 | Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9507 | Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myositis or toxic myopathy related to drugs) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9508 | Documentation that the patient is not on a statin medication | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9509 | Adult patients 18 years of age or older with major depression or dysthymia who reached remission at twelve months as demonstrated by a twelve-month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9510 | Adult patients 18 years of age or older with major depression or dysthymia who did not reach remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9511 | Index PHQ-9 or PHQ-9M score greater than 9 documented during the twelve-month denominator identification period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9512 | Individual had a PDC of 0.8 or greater | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9513 | Individual did not have a PDC of 0.8 or greater | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9514 | Patient required a return to the operating room within 90 days of surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9515 | Patient did not require a return to the operating room within 90 days of surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9516 | Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9517 | Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9518 | Documentation of active injection drug use | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9519 | Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9520 | Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9521 | Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9529 | Patient with minor blunt head trauma had an appropriate indication(s) for a head CT | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9530 | Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9531 | Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, or is currently taking an antiplatelet medication including: abciximab, anagrelide, cangrelor, cilostazol, clopidogrel, dipyridamole, eptifibatide, prasugrel, ticlopidine, ticagrelor, tirofiban, or vorapaxar | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9533 | Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9537 | Imaging needed as part of a clinical trial; or other clinician ordered the study | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9539 | Intent for potential removal at time of placement | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9540 | Patient alive 3 months post procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9541 | Filter removed within 3 months of placement | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9542 | Documented reassessment for the appropriateness of filter removal within 3 months of placement | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9543 | Documentation of at least two attempts to reach the patient to arrange a clinical reassessment for the appropriateness of filter removal within 3 months of placement | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9544 | Patients that do not have the filter removed, documented reassessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical reassessment for the appropriateness of filter removal within 3 months of placement | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9547 | Cystic renal lesion that is simple appearing (Bosniak I or II), or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9548 | Final reports for imaging studies stating no follow up imaging is recommended | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9549 | Documentation of medical reason(s) that follow up imaging is indicated (e.g., patient has lymphadenopathy, signs of metastasis or an active diagnosis or history of cancer, and other medical reason(s)) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9550 | Final reports for imaging studies with follow-up imaging recommended, or final reports that do not include a specific recommendation of no follow-up | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9551 | Final reports for imaging studies without an incidentally found lesion noted | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9552 | Incidental thyroid nodule < 1.0 cm noted in report | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9553 | Prior thyroid disease diagnosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9554 | Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging recommended | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9555 | Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s)) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9556 | Final reports for CT, CTA, MRI or MRA of the chest or neck with follow-up imaging not recommended | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9557 | Final reports for CT, CTA, MRI or MRA studies of the chest or neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9580 | Door to puncture time of 90 minutes or less | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9582 | Door to puncture time of greater than 90 minutes, no reason given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9593 | Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9594 | Patient presented with a minor blunt head trauma and had a head CT ordered for trauma by an emergency care provider | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9595 | Patient has documentation of ventricular shunt, brain tumor, or coagulopathy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9597 | Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9598 | Aortic aneurysm 5.5-5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9599 | Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9603 | Patient survey score improved from baseline following treatment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9604 | Patient survey results not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9605 | Patient survey score did not improve from baseline following treatment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9606 | Intraoperative cystoscopy performed to evaluate for lower tract injury | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9607 | Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9608 | Intraoperative cystoscopy not performed to evaluate for lower tract injury | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9609 | Documentation of an order for antiplatelet agents | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9610 | Documentation of medical reason(s) in the patient's record for not ordering antiplatelet agents | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9611 | Order for antiplatelet agents was not documented in the patient's record, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9621 | Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9622 | Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9624 | Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9625 | Patient sustained bladder injury at the time of surgery or discovered subsequently up to 30 days post-surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9626 | Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9627 | Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 30 days post-surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9628 | Patient sustained bowel injury at the time of surgery or discovered subsequently up to 30 days post-surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9629 | Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or reanastomosis of bowel, or patient death from nonmedical causes not related to surgery, patient died during procedure without evidence of bowel injury) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9630 | Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 30 days post-surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9637 | Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9638 | Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9642 | Current smoker (e.g., cigarette, cigar, pipe, e-cigarette or marijuana) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9643 | Elective surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9644 | Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9645 | Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9646 | Patients with 90 day MRS score of 0 to 2 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9648 | Patients with 90 day MRS score greater than 2 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9649 | Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI)) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9651 | Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 5-point or 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index (DLQI)) or psoriasis assessment tool not documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9654 | Monitored anesthesia care (MAC) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9655 | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9656 | Patient transferred directly from anesthetizing location to PACU or other non-ICU location | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9658 | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9659 | Patients greater than or equal to 86 years of age who underwent a screening colonoscopy and did not have a history of colorectal cancer or other valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9660 | Documentation of medical reason(s) for a colonoscopy performed on a patient greater than or equal to 86 years of age (e.g., iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, Lynch syndrome (i.e., hereditary nonpolyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9661 | Patients greater than or equal to 86 years of age who received a colonoscopy for an assessment of signs/symptoms of GI tract illness, and/or because the patient meets high risk criteria, and/or to follow-up on previously diagnosed advanced lesions | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9662 | Previously diagnosed or have a diagnosis of clinical ASCVD, including ASCVD procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9663 | Any LDL-C laboratory result >= 190 mg/dl | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9664 | Patients who are currently statin therapy users or received an order (prescription) for statin therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9665 | Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9674 | Patients with clinical ASCVD diagnosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9675 | Patients who have ever had a fasting or direct laboratory result of LDL-C = 190 mg/dl | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9676 | Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an Id-c result of 70-189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------------|--------------------------------------|--------------|-------------------------------|
| G9679 | Onsite acute care treatment of a nursing facility resident with pneumonia. May only be billed once per day per beneficiary | no auth | | | | |
| G9680 | Onsite acute care treatment of a nursing facility resident with CHF. May only be billed once per day per beneficiary | no auth | | | | |
| G9681 | Onsite acute care treatment of a nursing facility resident with COPD or asthma. May only be billed once per day per beneficiary | no auth | | | | |
| G9682 | Onsite acute care treatment of a nursing facility resident with a skin infection. May only be billed once per day per beneficiary | no auth | | | | |
| G9683 | Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder. (May only be billed once per day per beneficiary.) This service is for a demonstration project | no auth | | | | |
| G9684 | Onsite acute care treatment of a nursing facility resident for a UTI. May only be billed once per day per beneficiary | no auth | | | | |
| G9685 | Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility. This service is for a demonstration project | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9687 | Hospice services provided to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9688 | Patients using hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9689 | Patient admitted for performance of elective carotid intervention | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9690 | Patient receiving hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9691 | Patient had hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9692 | Hospice services received by patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9693 | Patient use of hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9694 | Hospice services utilized by patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9695 | Long-acting inhaled bronchodilator prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9696 | Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., patient intolerance or history of side effects) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9698 | Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator (e.g., cost of treatment or lack of insurance) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9699 | Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9700 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9702 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9703 | Episodes where the patient is taking antibiotics (Table 1) in the 30 days prior to the episode date | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9704 | AJCC breast cancer Stage I: T1 mic or T1a documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9705 | AJCC breast cancer Stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9706 | Low (or very low) risk of recurrence, prostate cancer | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| G9707 | Patient received hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9708 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9709 | Hospice services used by patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9710 | Patient was provided hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9711 | Patients with a diagnosis or past history of total colectomy or colorectal cancer | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9712 | Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis/mastoiditis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections/veneral disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9713 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9714 | Patient is using hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9716 | BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9717 | Documentation stating the patient has had a diagnosis of bipolar disorder | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9719 | Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9720 | Hospice services for patient occurred any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9721 | Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9722 | Documented history of renal failure or baseline serum creatinine >= 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the CR has been or is 4.0 or higher | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9723 | Hospice services for patient received any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9724 | Patients who had documentation of use of anticoagulant medications overlapping the measurement year | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9726 | Patient refused to participate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| G9727 | Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9728 | Patient refused to participate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9729 | Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9730 | Patient refused to participate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9731 | Patient unable to complete the LEPF PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9732 | Patient refused to participate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9733 | Patient unable to complete the low back FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9734 | Patient refused to participate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9735 | Patient unable to complete the shoulder FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9736 | Patient refused to participate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9737 | Patient unable to complete the elbow/wrist/hand FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9740 | Hospice services given to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9741 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9744 | Patient not eligible due to active diagnosis of hypertension | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9745 | Documented reason for not screening or recommending a follow-up for high blood pressure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9746 | Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9751 | Patient died at any time during the 24-month measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9752 | Emergency surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9753 | Documentation of medical reason for not conducting a search for DICOM format images for prior patient CT imaging studies completed at nonaffiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9754 | A finding of an incidental pulmonary nodule | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| G9755 | Documentation of medical reason(s) for not including a recommended interval and modality for follow-up or for no follow-up, and source of recommendations (e.g., patients with unexplained fever, immunocompromised patients who are at risk for infection) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9756 | Surgical procedures that included the use of silicone oil | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9757 | Surgical procedures that included the use of silicone oil | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9758 | Patient in hospice at any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9760 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9761 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9762 | Patient had at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9763 | Patient did not have at least two HPV vaccines (with at least 146 days between the two) or three HPV vaccines on or between the patient's 9th and 13th birthdays | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9764 | Patient has been treated with a systemic medication for psoriasis vulgaris | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9765 | Documentation that the patient declined change in medication or alternative therapies were unavailable, has documented contraindications, or has not been treated with a systemic medication for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9766 | Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9767 | Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9768 | Patients who utilize hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9769 | Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9770 | Peripheral nerve block (PNB) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9771 | At least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) achieved within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9772 | Documentation of medical reason(s) for not achieving at least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9773 | At least one body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) not achieved within the 30 minutes immediately before or 15 minutes immediately after anesthesia end time, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| G9775 | Patient received at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9776 | Documentation of medical reason for not receiving at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9777 | Patient did not receive at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9779 | Patients who are breastfeeding at any time during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9780 | Patients who have a diagnosis of rhabdomyolysis at any time during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9781 | Documentation of medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with statin-associated muscle symptoms or an allergy to statin medication therapy, patients who are receiving palliative or hospice care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease [ESRD], or other medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9782 | History of or active diagnosis of familial hypercholesterolemia | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9784 | Pathologists/dermatopathologists providing a second opinion on a biopsy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9785 | Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9786 | Pathology report diagnosing cutaneous basal cell carcinoma, squamous cell carcinoma, or melanoma (to include in situ disease) was not sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was received by the pathologist | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9787 | Patient alive as of the last day of the measurement year | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9788 | Most recent BP is less than or equal to 140/90 mm Hg | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9789 | Blood pressure recorded during inpatient stays, emergency room visits, or urgent care visits | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9790 | Most recent BP is greater than 140/90 mm Hg, or blood pressure not documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9791 | Most recent tobacco status is tobacco free | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9792 | Most recent tobacco status is not tobacco free | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9793 | Patient is currently on a daily aspirin or other antiplatelet | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9794 | Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9795 | Patient is not currently on a daily aspirin or other antiplatelet | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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|-----------|---|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| G9796 | Patient is currently on a statin therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9797 | Patient is not on a statin therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9805 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9806 | Patients who received cervical cytology or an HPV test | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9807 | Patients who did not receive cervical cytology or an HPV test | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9812 | Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9813 | Patient did not die within 30 days of the procedure or during the index hospitalization | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9818 | Documentation of sexual activity | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9819 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9820 | Documentation of a chlamydia screening test with proper follow-up | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9821 | No documentation of a chlamydia screening test with proper follow-up | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9822 | Patients who had an endometrial ablation procedure during the 12 months prior to the index date (exclusive of the index date) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9823 | Endometrial sampling or hysteroscopy with biopsy and results documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9824 | Endometrial sampling or hysteroscopy with biopsy and results not documented during the 12 months prior to the index date (exclusive of the index date) of the endometrial ablation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9830 | HER2/neu positive | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9831 | AJCC Stage at breast cancer diagnosis = II or III | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9832 | AJCC Stage at breast cancer diagnosis = I (Ia or Ib) and T-Stage at breast cancer diagnosis does not equal = T1, T1a, T1b | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9838 | Patient has metastatic disease at diagnosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9839 | Anti-EGFR monoclonal antibody therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9840 | RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9841 | RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9842 | Patient has metastatic disease at diagnosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9843 | RAS (KRAS or NRAS) gene mutation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9844 | Patient did not receive anti-EGFR monoclonal antibody therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9845 | Patient received anti-EGFR monoclonal antibody therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9846 | Patients who died from cancer | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------------|--------------------------------------|--------------|-------------------------------|
| G9847 | Patient received systemic cancer-directed therapy in the last 14 days of life | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9848 | Patient did not receive systemic cancer-directed therapy in the last 14 days of life | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9858 | Patient enrolled in hospice | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9859 | Patients who died from cancer | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9860 | Patient spent less than three days in hospice care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9861 | Patient spent greater than or equal to three days in hospice care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9862 | Documentation of medical reason(s) for not recommending at least 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 old, other medical reasons) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9868 | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10 minutes | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9869 | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, 10 to 20 minutes | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9870 | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, more than 20 minutes | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9873 | First Medicare Diabetes Prevention Program (MDPP) core session was attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions | NOT COVERED | | | | |
| G9874 | Four total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions | NOT COVERED | | | | |
| G9875 | Nine total Medicare Diabetes Prevention Program (MDPP) core sessions were attended by an MDPP beneficiary under the MDPP Expanded Model (EM). A core session is an MDPP service that: (1) is furnished by an MDPP supplier during months 1 through 6 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for core sessions | NOT COVERED | | | | |
| G9876 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9 | NOT COVERED | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
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| G9877 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary did not achieve at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12 | NOT COVERED | | | | |
| G9878 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 7-9 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 7-9 | NOT COVERED | | | | |
| G9879 | Two Medicare Diabetes Prevention Program (MDPP) core maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 10-12 under the MDPP Expanded Model (EM). A core maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 7 through 12 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at a core maintenance session in months 10-12 | NOT COVERED | | | | |
| G9880 | The MDPP beneficiary achieved at least 5% weight loss (WL) from his/her baseline weight in months 1-12 of the MDPP services period under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session | NOT COVERED | | | | |
| G9881 | The MDPP beneficiary achieved at least 9% weight loss (WL) from his/her baseline weight in months 1-24 under the MDPP Expanded Model (EM). This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session | NOT COVERED | | | | |

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| G9882 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 13-15 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 13-15 | NOT COVERED | | | | |
| G9883 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 16-18 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 16-18 | NOT COVERED | | | | |
| G9884 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 19-21 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 19-21 | NOT COVERED | | | | |
| G9885 | Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). An ongoing maintenance session is an MDPP service that: (1) is furnished by an MDPP supplier during months 13 through 24 of the MDPP services period; (2) is approximately 1 hour in length; and (3) adheres to a CDC-approved DPP curriculum for maintenance sessions. The beneficiary maintained at least 5% weight loss (WL) from his/her baseline weight, as measured by at least one in-person weight measurement at an ongoing maintenance session in months 22-24 | NOT COVERED | | | | |
| G9886 | Behavioral counseling for diabetes prevention, in-person, group, 60 minutes | NOT COVERED | | | | |
| G9887 | Behavioral counseling for diabetes prevention, distance learning, 60 minutes | NOT COVERED | | | | |
| G9888 | Maintenance 5% WL from baseline weight in months 7-12 | NOT COVERED | | | | |

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| G9890 | Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary | NOT COVERED | | | | |
| G9891 | MDPP session reported as a line-item on a claim for a payable MDPP Expanded Model (EM) HCPCS code for a session furnished by the billing supplier under the MDPP Expanded Model and counting toward achievement of the attendance performance goal for the payable MDPP Expanded Model HCPCS code. (This code is for reporting purposes only) | NOT COVERED | | | | |
| G9892 | Documentation of patient reason(s) for not performing a dilated macular examination | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9893 | Dilated macular exam was not performed, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9894 | Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9895 | Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9896 | Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9897 | Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9898 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9899 | Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9900 | Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9901 | Patient 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9902 | Patient screened for tobacco use and identified as a tobacco user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9903 | Patient screened for tobacco use and identified as a tobacco nonuser | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9905 | Patient not screened for tobacco use | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9906 | Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9908 | Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9910 | 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9911 | Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer before or after neoadjuvant systemic therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9912 | Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9913 | Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9914 | Patient initiated an anti-TNF agent | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9915 | No record of HBV results documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9916 | Functional status performed once in the last 12 months | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9917 | Documentation of advanced stage dementia and caregiver knowledge is limited | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9918 | Functional status not performed, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9919 | Screening performed and positive and provision of recommendations | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9920 | Screening performed and negative | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9921 | No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9922 | Safety concerns screen provided and if positive then documented mitigation recommendations | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9923 | Safety concerns screen provided and negative | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9925 | Safety concerns screening not provided, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9926 | Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9928 | FDA-approved anticoagulant not prescribed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9929 | Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9930 | Patients who are receiving comfort care only | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9931 | Documentation of CHA2DS2-VASc risk score of 0 or 1 for men; or 0, 1, or 2 for women | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9938 | Patients aged 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 6 months prior to the measurement period through December 31 of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9939 | Pathologist(s)/dermatopathologist(s) is the same clinician who performed the biopsy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9940 | Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene Rx, ESRD, cirrhosis, muscular pain and disease during the measurement period or prior year) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9943 | Back pain was not measured by the visual analog scale (VAS) or numeric pain scale at three months (6 to 20 weeks) postoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9945 | Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9946 | Back pain was not measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9949 | Leg pain was not measured by the visual analog scale (VAS) or numeric pain scale at three months (6 to 20 weeks) postoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9954 | Patient exhibits 2 or more risk factors for postoperative vomiting | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9955 | Cases in which an inhalational anesthetic is used only for induction | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9956 | Patient received combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9957 | Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9958 | Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9959 | Systemic antimicrobials not prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9960 | Documentation of medical reason(s) for prescribing systemic antimicrobials | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9961 | Systemic antimicrobials prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9962 | Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9963 | Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9964 | Patient received at least one well-child visit with a PCP during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9965 | Patient did not receive at least one well-child visit with PCP during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9968 | Patient was referred to another clinician or specialist during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9969 | Clinician who referred the patient to another clinician received a report from the clinician to whom the patient was referred | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9970 | Clinician who referred the patient to another clinician did not receive a report from the clinician to whom the patient was referred | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9974 | Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9975 | Documentation of medical reason(s) for not performing a dilated macular examination | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9976 | Documentation of patient reason(s) for not performing a dilated macular examination | NOT COVERED | | MEASUREMENT CODE | | |
| G9977 | Dilated macular exam was not performed, reason not otherwise specified | NOT COVERED | | MEASUREMENT CODE | | |
| G9978 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9979 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9980 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |

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| G9981 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9982 | Remote in-home visit for the evaluation and management of a new patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9983 | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |

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| G9984 | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9985 | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9986 | Remote in-home visit for the evaluation and management of an established patient for use only in a Medicare-approved Bundled Payments for Care Improvement Advanced (BPCI Advanced) model episode of care, which requires at least two of the following three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9987 | Bundled Payments for Care Improvement Advanced (BPCI Advanced) model home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services; for use only for a BPCI Advanced model episode of care; may not be billed for a 30-day period covered by a transitional care management code | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| G9988 | Palliative care services provided to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| G9990 | Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9991 | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9992 | Palliative care services used by patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9993 | Patient was provided palliative care services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9994 | Patient is using palliative care services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9996 | Documentation stating the patient has received or is currently receiving palliative or hospice care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9997 | Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9998 | Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or sessile serrated polyps >= 20 mm in size, last colonoscopy found greater than 10 adenomas, lower gastrointestinal bleeding, or patient at high risk for colon cancer due to underlying medical history [i.e., Crohn's disease, ulcerative colitis, personal or family history of colon cancer, hereditary colorectal cancer syndromes]) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| G9999 | Documentation of system reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| H0001 | Alcohol and/or drug assessment | NOT PAYABLE BY MEDICARE | | | | |
| H0002 | Behavioral health screening to determine eligibility for admission to treatment program | NOT PAYABLE BY MEDICARE | | | | |
| H0003 | Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs | NOT PAYABLE BY MEDICARE | | | | |
| H0004 | Behavioral health counseling and therapy, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H0005 | Alcohol and/or drug services; group counseling by a clinician | NOT PAYABLE BY MEDICARE | | | | |
| H0006 | Alcohol and/or drug services; case management | NOT PAYABLE BY MEDICARE | | | | |
| H0007 | Alcohol and/or drug services; crisis intervention (outpatient) | NOT PAYABLE BY MEDICARE | | | | |
| H0008 | Alcohol and/or drug services; subacute detoxification (hospital inpatient) | NOT PAYABLE BY MEDICARE | | | | |
| H0009 | Alcohol and/or drug services; acute detoxification (hospital inpatient) | NOT PAYABLE BY MEDICARE | | | | |
| H0010 | Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) | NOT PAYABLE BY MEDICARE | | | | |
| H0011 | Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) | NOT PAYABLE BY MEDICARE | | | | |
| H0012 | Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient) | NOT PAYABLE BY MEDICARE | | | | |
| H0013 | Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) | NOT PAYABLE BY MEDICARE | | | | |
| H0014 | Alcohol and/or drug services; ambulatory detoxification | NOT PAYABLE BY MEDICARE | | | | |

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|-----------|---|-------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| H0015 | Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education | NOT PAYABLE BY MEDICARE | | | | |
| H0016 | Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) | NOT PAYABLE BY MEDICARE | | | | |
| H0017 | Behavioral health; residential (hospital residential treatment program), without room and board, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H0018 | Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H0019 | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H0020 | Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) | NOT PAYABLE BY MEDICARE | | | | |
| H0021 | Alcohol and/or drug training service (for staff and personnel not employed by providers) | NOT PAYABLE BY MEDICARE | | | | |
| H0022 | Alcohol and/or drug intervention service (planned facilitation) | NOT PAYABLE BY MEDICARE | | | | |
| H0023 | Behavioral health outreach service (planned approach to reach a targeted population) | NOT PAYABLE BY MEDICARE | | | | |
| H0024 | Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude) | NOT PAYABLE BY MEDICARE | | | | |
| H0025 | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior) | NOT PAYABLE BY MEDICARE | | | | |
| H0026 | Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors) | NOT PAYABLE BY MEDICARE | | | | |
| H0027 | Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law) | NOT PAYABLE BY MEDICARE | | | | |
| H0028 | Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment | NOT PAYABLE BY MEDICARE | | | | |
| H0029 | Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events) | NOT PAYABLE BY MEDICARE | | | | |
| H0030 | Behavioral health hotline service | NOT PAYABLE BY MEDICARE | | | | |
| H0031 | Mental health assessment, by nonphysician | NOT PAYABLE BY MEDICARE | | | | |
| H0032 | Mental health service plan development by nonphysician | NOT PAYABLE BY MEDICARE | | | | |
| H0033 | Oral medication administration, direct observation | NOT PAYABLE BY MEDICARE | | | | |
| H0034 | Medication training and support, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H0035 | Mental health partial hospitalization, treatment, less than 24 hours | NOT PAYABLE BY MEDICARE | | | | |
| H0036 | Community psychiatric supportive treatment, face-to-face, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H0037 | Community psychiatric supportive treatment program, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H0038 | Self-help/peer services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |

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|-----------|---|-------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| H0039 | Assertive community treatment, face-to-face, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H0040 | Assertive community treatment program, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H0041 | Foster care, child, nontherapeutic, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H0042 | Foster care, child, nontherapeutic, per month | NOT PAYABLE BY MEDICARE | | | | |
| H0043 | Supported housing, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H0044 | Supported housing, per month | NOT PAYABLE BY MEDICARE | | | | |
| H0045 | Respite care services, not in the home, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H0046 | Mental health services, not otherwise specified | NOT PAYABLE BY MEDICARE | | | | |
| H0047 | Alcohol and/or other drug abuse services, not otherwise specified | NOT PAYABLE BY MEDICARE | | | | |
| H0048 | Alcohol and/or other drug testing: collection and handling only, specimens other than blood | NOT PAYABLE BY MEDICARE | | | | |
| H0049 | Alcohol and/or drug screening | NOT PAYABLE BY MEDICARE | | | | |
| H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H1000 | Prenatal care, at-risk assessment | NOT PAYABLE BY MEDICARE | | | | |
| H1001 | Prenatal care, at-risk enhanced service; antepartum management | NOT PAYABLE BY MEDICARE | | | | |
| H1002 | Prenatal care, at risk enhanced service; care coordination | NOT PAYABLE BY MEDICARE | | | | |
| H1003 | Prenatal care, at-risk enhanced service; education | NOT PAYABLE BY MEDICARE | | | | |
| H1004 | Prenatal care, at-risk enhanced service; follow-up home visit | NOT PAYABLE BY MEDICARE | | | | |
| H1005 | Prenatal care, at-risk enhanced service package (includes H1001-H1004) | NOT PAYABLE BY MEDICARE | | | | |
| H1010 | Nonmedical family planning education, per session | NOT PAYABLE BY MEDICARE | | | | |
| H1011 | Family assessment by licensed behavioral health professional for state defined purposes | NOT PAYABLE BY MEDICARE | | | | |
| H2000 | Comprehensive multidisciplinary evaluation | NOT PAYABLE BY MEDICARE | | | | |
| H2001 | Rehabilitation program, per 1/2 day | NOT PAYABLE BY MEDICARE | | | | |
| H2010 | Comprehensive medication services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2011 | Crisis intervention service, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2012 | Behavioral health day treatment, per hour | NOT PAYABLE BY MEDICARE | | | | |
| H2013 | Psychiatric health facility service, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2014 | Skills training and development, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2015 | Comprehensive community support services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2016 | Comprehensive community support services, per diem | NOT PAYABLE BY MEDICARE | | | | |

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|-----------|--|-------------------------|---|---|--------------------------------------|---|
| H2017 | Psychosocial rehabilitation services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2018 | Psychosocial rehabilitation services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2019 | Therapeutic behavioral services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2020 | Therapeutic behavioral services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2021 | Community-based wrap-around services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2022 | Community-based wrap-around services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2023 | Supported employment, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2024 | Supported employment, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2025 | Ongoing support to maintain employment, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2026 | Ongoing support to maintain employment, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2027 | Psychoeducational service, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2028 | Sexual offender treatment service, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2029 | Sexual offender treatment service, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2030 | Mental health clubhouse services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2031 | Mental health clubhouse services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2032 | Activity therapy, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2033 | Multisystemic therapy for juveniles, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2034 | Alcohol and/or drug abuse halfway house services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2035 | Alcohol and/or other drug treatment program, per hour | NOT PAYABLE BY MEDICARE | | | | |
| H2036 | Alcohol and/or other drug treatment program, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2037 | Developmental delay prevention activities, dependent child of client, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| H2038 | Skills training and development, per diem | NOT PAYABLE BY MEDICARE | | | | |
| H2040 | Coordinated specialty care, team-based, for first episode psychosis, per month | NOT PAYABLE BY MEDICARE | | | | |
| H2041 | Coordinated specialty care, team-based, for first episode psychosis, per encounter | NOT PAYABLE BY MEDICARE | | | | |
| J0120 | Injection, tetracycline, up to 250 mg | no auth | | | | |
| J0121 | Injection, omadacycline, 1 mg | no auth | | | | |
| J0122 | Injection, eravacycline, 1 mg | no auth | | | | |
| J0129 | Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | AUTH REQUIRED | NON-PREFERRED Preferred = Simponi Aria / Entyvio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Abatacept ACG: A-0453 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

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|-----------|--|------------------|---|--|--------------------------------------|---|
| J0130 | Injection abciximab, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0131 | Injection, acetaminophen, not otherwise specified, 10 mg | no auth | | | | |
| J0132 | Injection, acetylcysteine, 100 mg | no auth | | | | |
| J0133 | Injection, acyclovir, 5 mg | no auth | | | | |
| J0134 | Injection, acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0135 | Injection, adalimumab, 20 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0136 | Injection, acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0137 | Injection, acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg | no auth | | | | |
| J0153 | Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds) | no auth | | | | |
| J0171 | Injection, adrenalin, epinephrine, 0.1 mg | no auth | | | | |
| J0172 | Injection, aducanumab-awwa, 2 mg | AUTH REQUIRED | | NCA CAG-00460N | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0173 | Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0174 | Injection, lecanemab-irmb, 1 mg | AUTH REQUIRED | | NCD Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD) (200.3) Version 1 | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0178 | Injection, aflibercept, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avastin / Byooviz | A53387; A52451 | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0179 | Injection, brolocizumab-dbl, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avastin / Byooviz | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: Brolocizumab ACG: A-1026 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0180 | Injection, agalsidase beta, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0184 | Injection, amisulpride, 1 mg | no auth | | | | |
| J0185 | Injection, aprepitant, 1 mg | no auth | | | | |
| J0190 | Injection, biperiden lactate, per 5 mg | no auth | | | | |

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|-----------|---|------------------|--|---|--|---|
| J0200 | Injection, alatrofloxacin mesylate, 100 mg | no auth | | | | |
| J0202 | Injection, alemtuzumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Tysabri / Ocrevus | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Alemtuzumab ACG: A-0577 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0205 | Injection, alglucerase, per 10 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0206 | Injection, allopurinol sodium, 1 mg | no auth | | | | |
| J0207 | Injection, amifostine, 500 mg | no auth | | | | |
| J0208 | Injection, sodium thiosulfate, 100 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0210 | Injection, methyldopate HCl, up to 250 mg | no auth | | | | |
| J0215 | Injection, alefacept, 0.5 mg | NOT COVERED | | | | |
| J0216 | Injection, alfentanil HCl, 500 mcg | no auth | | | | |
| J0217 | Injection, velmanase alfa-tycv, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0218 | Injection, olipudase alfa-rpcp, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0219 | Injection, avalglucosidase alfa-ngpt, 4 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0220 | Injection, alglucosidase alfa, 10 mg, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Alglucosidase Alfa ACG: A-0458 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0221 | Injection, alglucosidase alfa, (Lumizyme), 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Alglucosidase Alfa ACG: A-0458 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0222 | Injection, patisiran, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0223 | Injection, givosiran, 0.5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

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|-----------|---|---------------------------------------|--|--|--|---|
| J0224 | Injection, lumasiran, 0.5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0225 | Injection, vutrisiran, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0248 | Injection, remdesivir, 1 mg | no auth | | | | |
| J0256 | Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg | AUTH MAY BE REQUIRED/PRODUCT SPECIFIC | THIS J CODE IS USED FOR ARALAST, ZEMAIRA, AND PROLASTIN-C. ARALAST IS NON-PREFERRED (AUTH REQ). PROLASTIN-C/ZEMAIRA ARE PREFERRED (NO AUTH REQ). | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Alpha-1 Proteinase Inhibitor ACG: A-0468 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0257 | Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Prolastin-C | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Alpha-1 Proteinase Inhibitor ACG: A-0468 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0270 | Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0275 | Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0278 | Injection, amikacin sulfate, 100 mg | no auth | | | | |
| J0280 | Injection, aminophylline, up to 250 mg | no auth | | | | |
| J0282 | Injection, amiodarone HCl, 30 mg | no auth | | | | |
| J0283 | Injection, amiodarone HCl (Nexterone), 30 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0285 | Injection, amphotericin B, 50 mg | no auth | | | | |
| J0287 | Injection, amphotericin B lipid complex, 10 mg | no auth | | | | |
| J0288 | Injection, amphotericin B cholesteryl sulfate complex, 10 mg | no auth | | | | |
| J0289 | Injection, amphotericin B liposome, 10 mg | no auth | | | | |
| J0290 | Injection, ampicillin sodium, 500 mg | no auth | | | | |
| J0291 | Injection, plazomicin, 5 mg | no auth | | | | |

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|-----------|--|------------------|-------------------------------|--|--------------|---|
| J0295 | Injection, ampicillin sodium/sulbactam sodium, per 1.5 g | no auth | | | | |
| J0300 | Injection, amobarbital, up to 125 mg | no auth | | | | |
| J0330 | Injection, succinylcholine chloride, up to 20 mg | no auth | | | | |
| J0348 | Injection, anidulafungin, 1 mg | no auth | | | | |
| J0349 | Injection, rezafungin, 1 mg | no auth | | | | |
| J0350 | Injection, anistreplase, per 30 units | no auth | | | | |
| J0360 | Injection, hydralazine HCl, up to 20 mg | no auth | | | | |
| J0364 | Injection, apomorphine HCl, 1 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0365 | Injection, aprotinin, 10,000 kiu | no auth | | | | |
| J0380 | Injection, metaminalol bitartrate, per 10 mg | no auth | | | | |
| J0390 | Injection, chloroquine HCl, up to 250 mg | no auth | | | | |
| J0391 | Injection, artesunate, 1 mg | no auth | | | | |
| J0395 | Injection, arbutamine HCl, 1 mg | no auth | | | | |
| J0400 | Injection, aripiprazole, intramuscular, 0.25 mg | no auth | | | | |
| J0401 | Injection, aripiprazole, extended release, 1 mg | no auth | | | | |
| J0402 | Injection, aripiprazole (Abilify Asimtufii), 1 mg | no auth | | | | |
| J0456 | Injection, azithromycin, 500 mg | no auth | | | | |
| J0457 | Injection, aztreonam, 100 mg | no auth | | | | |
| J0461 | Injection, atropine sulfate, 0.01 mg | no auth | | | | |
| J0470 | Injection, dimercaprol, per 100 mg | no auth | | | | |
| J0475 | Injection, baclofen, 10 mg | no auth | | | | |
| J0476 | Injection, baclofen, 50 mcg for intrathecal trial | no auth | | | | |
| J0480 | Injection, basiliximab, 20 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0485 | Injection, belatacept, 1 mg | no auth | | | | |
| J0490 | Injection, belimumab, 10 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0491 | Injection, anifrolumab-fnia, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0500 | Injection, dicyclomine HCl, up to 20 mg | no auth | | | | |

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|-----------|--|------------------|---|--|---|---|
| J0515 | Injection, benzotropine mesylate, per 1 mg | no auth | | | | |
| J0517 | Injection, benralizumab, 1 mg | no auth | PREFERRED STATUS Brand = Fasenra | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0520 | Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg | no auth | | | | |
| J0558 | Injection, penicillin G benzathine and penicillin G procaine, 100,000 units | no auth | | | | |
| J0561 | Injection, penicillin G benzathine, 100,000 units | no auth | | | | |
| J0565 | Injection, bezlotoxumab, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0567 | Injection, cerliponase alfa, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0570 | Buprenorphine implant, 74.2 mg | no auth | | | | |
| J0571 | Buprenorphine, oral, 1 mg | no auth | Code is payable under Part B when administered at a MAT program office visit. | | | |
| J0572 | Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine | no auth | Code is payable under Part B when administered at a MAT program office visit. | | | |
| J0573 | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine | no auth | Code is payable under Part B when administered at a MAT program office visit. | | | |
| J0574 | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine | no auth | Code is payable under Part B when administered at a MAT program office visit. | | | |
| J0575 | Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine | no auth | Code is payable under Part B when administered at a MAT program office visit. | | | |
| J0583 | Injection, bivalirudin, 1 mg | no auth | | | | |
| J0584 | Injection, burosumab-twza, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0585 | Injection, onabotulinumtoxinA, 1 unit | AUTH REQUIRED | NON-PREFERRED Preferred = Dysport / Xeomin | LCD 38809; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:OnabotulinumtoxinA ACG: A-0296 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0586 | Injection, abobotulinumtoxinA, 5 units | no auth | PREFERRED STATUS Brand = Dysport | | | |
| J0587 | Injection, rimabotulinumtoxinB, 100 units | AUTH REQUIRED | NON-PREFERRED Preferred = Dysport / Xeomin | LCD 38809; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:RimabotulinumtoxinB ACG: A-0519 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0588 | Injection, incobotulinumtoxinA, 1 unit | no auth | PREFERRED STATUS Brand = Xeomin | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--|---|
| J0591 | Injection, deoxycholic acid, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0592 | Injection, buprenorphine HCl, 0.1 mg | no auth | | | | |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered) | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0594 | Injection, busulfan, 1 mg | no auth | | | | |
| J0595 | Injection, butorphanol tartrate, 1 mg | no auth | | | | |
| J0596 | Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0597 | Injection, C1 esterase inhibitor (human), Berinert, 10 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0598 | Injection, C1 esterase inhibitor (human), Cinryze, 10 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:C1 Esterase Inhibitor ACG: A-0740 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0599 | Injection, C1 esterase inhibitor (human), (Haegarda), 10 units | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0600 | Injection, edetate calcium disodium, up to 1,000 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0604 | Cinacalcet, oral, 1 mg, (for ESRD on dialysis) | no auth | | | | |
| J0606 | Injection, etelcalcetide, 0.1 mg | no auth | | | | |
| J0612 | Injection, calcium gluconate (Fresenius Kabi), per 10 mg | no auth | | | | |
| J0613 | Injection, calcium gluconate (WG Critical Care), per 10 mg | no auth | | | | |
| J0620 | Injection, calcium glycerophosphate and calcium lactate, per 10 ml | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|--|--|--------------------------------------|---|
| J0630 | Injection, calcitonin salmon, up to 400 units | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0636 | Injection, calcitriol, 0.1 mcg | no auth | | | | |
| J0637 | Injection, caspofungin acetate, 5 mg | no auth | | | | |
| J0638 | Injection, canakinumab, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Canakinumab ACG: A-1015 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0640 | Injection, leucovorin calcium, per 50 mg | no auth | | | | |
| J0641 | Injection, levoleucovorin, not otherwise specified, 0.5 mg | no auth | | | | |
| J0642 | Injection, levoleucovorin (Khapzory), 0.5 mg | no auth | | | | |
| J0665 | Injection, bupivacaine, not otherwise specified, 0.5 mg | no auth | | | | |
| J0670 | Injection, mepivacaine HCl, per 10 ml | no auth | | | | |
| J0688 | Injection, cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg | no auth | | | | |
| J0689 | Injection, cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg | no auth | | | | |
| J0690 | Injection, cefazolin sodium, 500 mg | no auth | | | | |
| J0691 | Injection, lefamulin, 1 mg | no auth | | | | |
| J0692 | Injection, cefepime HCl, 500 mg | no auth | | | | |
| J0694 | Injection, ceftazidime sodium, 1 g | no auth | | | | |
| J0695 | Injection, ceftolozane 50 mg and tazobactam 25 mg | no auth | | | | |
| J0696 | Injection, ceftriaxone sodium, per 250 mg | no auth | | | | |
| J0697 | Injection, sterile cefuroxime sodium, per 750 mg | no auth | | | | |
| J0698 | Injection, cefotaxime sodium, per g | no auth | | | | |
| J0699 | Injection, cefiderocol, 10 mg | no auth | | | | |
| J0701 | Injection, cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0702 | Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg | no auth | | | | |
| J0703 | Injection, cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0706 | Injection, caffeine citrate, 5 mg | no auth | | | | |
| J0710 | Injection, cephapirin sodium, up to 1 g | no auth | | | | |
| J0712 | Injection, ceftaroline fosamil, 10 mg | no auth | | | | |
| J0713 | Injection, ceftazidime, per 500 mg | no auth | | | | |
| J0714 | Injection, ceftazidime and avibactam, 0.5 g/0.125 g | no auth | | | | |
| J0715 | Injection, ceftizoxime sodium, per 500 mg | no auth | | | | |
| J0716 | Injection, Centrurioles immune f(ab)2, up to 120 mg | no auth | | | | |
| J0717 | Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | AUTH REQUIRED | NON-PREFERRED Preferred = Simponi Aria / Entyvio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Certolizumab ACG: A-0576 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0720 | Injection, chloramphenicol sodium succinate, up to 1 g | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|--|--|------------------------------------|---|
| J0725 | Injection, chorionic gonadotropin, per 1,000 USP units | AUTH REQUIRED | | Medicare Benefit Policy Manual Chapter 1 Section 100; Chapter 15, Section 20.1, Medicare Reasonable and Necessary Criteria | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0735 | Injection, clonidine HCl, 1 mg | no auth | | | | |
| J0736 | Injection, clindamycin phosphate, 300 mg | no auth | | | | |
| J0737 | Injection, clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg | no auth | | | | |
| J0739 | Injection, cabotegravir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV) | NOT COVERED | | NON-COVERED BY MEDICARE STATUTE PER MEDICARE HCPCS QUARTERLY UPDATE | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0740 | Injection, cidofovir, 375 mg | no auth | | | | |
| J0741 | Injection, cabotegravir and rilpivirine, 2 mg/3 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0742 | Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg | no auth | | | | |
| J0743 | Injection, cilastatin sodium; imipenem, per 250 mg | no auth | | | | |
| J0744 | Injection, ciprofloxacin for intravenous infusion, 200 mg | no auth | | | | |
| J0745 | Injection, codeine phosphate, per 30 mg | no auth | | | | |
| J0750 | Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV) | NOT COVERED | May be covered under Part D, check formulary | | | |
| J0751 | Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV) | NOT COVERED | May be covered under Part D, check formulary | | | |
| J0770 | Injection, colistimethate sodium, up to 150 mg | no auth | | | | |
| J0775 | Injection, collagenase, clostridium histolyticum, 0.01 mg | no auth | | | | |
| J0780 | Injection, prochlorperazine, up to 10 mg | no auth | | | | |
| J0791 | Injection, crizanlizumab-tmca, 5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Crizanlizumab ACG: A-1027 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0795 | Injection, corticorelin ovine triflutate, 1 mcg | no auth | | | | |
| J0799 | FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified | NOT COVERED | | | | |
| J0801 | Injection, corticotropin (Acthar Gel), up to 40 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0802 | Injection, corticotropin (ANI), up to 40 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0834 | Injection, cosyntropin, 0.25 mg | no auth | | | | |
| J0840 | Injection, crotalidae polyvalent immune fab (ovine), up to 1 g | no auth | | | | |
| J0841 | Injection, crotalidae immune F(ab)'2 (equine), 120 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|--------------------------|---|---|---|---|
| J0850 | Injection, cytomegalovirus immune globulin intravenous (human), per vial | no auth | | | | |
| J0873 | Injection, daptomycin (Xellia), not therapeutically equivalent to J0878, 1 mg | no auth | | | | |
| J0874 | Injection, daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg | no auth | | | | |
| J0875 | Injection, dalbavancin, 5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0877 | Injection, daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0878 | Injection, daptomycin, 1 mg | no auth | | | | |
| J0879 | Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis) | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0881 | Injection, darbepoetin alfa, 1 mcg (non-ESRD use) | no auth | PREFERRED STATUS Brand = Arenesp | | | |
| J0882 | Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) | no auth | PREFERRED STATUS Brand = Arenesp | | | |
| J0883 | Injection, argatroban, 1 mg (for non-ESRD use) | no auth | | | | |
| J0884 | Injection, argatroban, 1 mg (for ESRD on dialysis) | no auth | | | | |
| J0885 | Injection, epoetin alfa, (for non-ESRD use), 1000 units | AUTH REQUIRED | NON-PREFERRED Preferred = Aranesp / Retacrit <i>no auth req when administered for dialysis patient at an outpatient dialysis center</i> | NCD 110.21; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Epoetin and Darbepoetin ACG: A-0301 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0887 | Injection, epoetin beta, 1 mcg, (for ESRD on dialysis) | AUTH REQUIRED | NON-PREFERRED Preferred = Aranesp / Retacrit | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | ACG: A-0301 (AC) | |
| J0888 | Injection, epoetin beta, 1 mcg, (for non-ESRD use) | AUTH REQUIRED | NON-PREFERRED Preferred = Aranesp / Retacrit | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | ACG: A-0301 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0889 | Daprodustat, oral, 1 mg, (for ESRD on dialysis) | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| J0890 | Injection, peginesatide, 0.1 mg (for ESRD on dialysis) | NOT COVERED | | | | |
| J0891 | Injection, argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use) | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0892 | Injection, argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis) | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0893 | Injection, decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0894 | Injection, decitabine, 1 mg | no auth | | | | |
| J0895 | Injection, deferoxamine mesylate, 500 mg | no auth | | | | |
| J0896 | Injection, luspatercept-aamt, 0.25 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|---------------------------------------|---|---|--------------|---|
| J0897 | Injection, denosumab, 1 mg | AUTH MAY BE REQUIRED/PRODUCT SPECIFIC | THIS J CODE IS USED FOR XGEVA AND PROLIA. XGEVA IS NON-PREFERRED (AUTH REQUIRED). PROLIA IS PPREFERRED (NO AUTH REQ). | | | |
| J0898 | Injection, argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use) | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0899 | Injection, argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis) | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0945 | Injection, brompheniramine maleate, per 10 mg | no auth | | | | |
| J1000 | Injection, depo-estradiol cypionate, up to 5 mg | no auth | | | | |
| J1050 | Injection, medroxyprogesterone acetate, 1 mg | no auth | | | | |
| J1071 | Injection, testosterone cypionate, 1 mg | no auth | | | | |
| J1094 | Injection, dexamethasone acetate, 1 mg | no auth | | | | |
| J1095 | Injection, dexamethasone 9%, intraocular, 1 mcg | no auth | | | | |
| J1096 | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg | no auth | | | | |
| J1097 | Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml | no auth | | | | |
| J1100 | Injection, dexamethasone sodium phosphate, 1 mg | no auth | | | | |
| J1105 | Dexmedetomidine, oral, 1 mcg | NOT PAYABLE BY MEDICARE | | | | |
| J1110 | Injection, dihydroergotamine mesylate, per 1 mg | no auth | | | | |
| J1120 | Injection, acetazolamide sodium, up to 500 mg | no auth | | | | |
| J1130 | Injection, diclofenac sodium, 0.5 mg | no auth | | | | |
| J1160 | Injection, digoxin, up to 0.5 mg | no auth | | | | |
| J1162 | Injection, digoxin immune fab (ovine), per vial | no auth | | | | |
| J1165 | Injection, phenytoin sodium, per 50 mg | no auth | | | | |
| J1170 | Injection, hydromorphone, up to 4 mg | no auth | | | | |
| J1180 | Injection, dyphylline, up to 500 mg | no auth | | | | |
| J1190 | Injection, dexrazoxane HCl, per 250 mg | no auth | | | | |
| J1200 | Injection, diphenhydramine HCl, up to 50 mg | no auth | | | | |
| J1201 | Injection, cetirizine HCl, 0.5 mg | no auth | | | | |
| J1205 | Injection, chlorothiazide sodium, per 500 mg | no auth | | | | |
| J1212 | Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml | no auth | | | | |
| J1230 | Injection, methadone HCl, up to 10 mg | no auth | | | | |
| J1240 | Injection, dimenhydrinate, up to 50 mg | no auth | | | | |
| J1245 | Injection, dipyridamole, per 10 mg | no auth | | | | |
| J1250 | Injection, dobutamine HCl, per 250 mg | no auth | | | | |
| J1260 | Injection, dolasetron mesylate, 10 mg | no auth | | | | |
| J1265 | Injection, dopamine HCl, 40 mg | no auth | | | | |
| J1267 | Injection, doripenem, 10 mg | no auth | | | | |
| J1270 | Injection, doxercalciferol, 1 mcg | no auth | | | | |
| J1290 | Injection, ecallantide, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1300 | Injection, eculizumab, 10 mg | no auth | PREFERRED STATUS Brand = Soliris/Ultomiris | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1301 | Injection, edaravone, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|--|---|---|
| J1302 | Injection, sutimlimab-jome, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1303 | Injection, ravulizumab-cwvz, 10 mg | no auth | PREFERRED STATUS Brand = Soliris/Ultomiris | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1304 | Injection, tofersen, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1305 | Injection, evinacumab-dgnb, 5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1306 | Injection, inclisiran, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1320 | Injection, amitriptyline HCl, up to 20 mg | no auth | | | | |
| J1322 | Injection, elosulfase alfa, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Elosulfase Alfa ACG: A-1041 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1324 | Injection, enfuvirtide, 1 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1325 | Injection, epoprostenol, 0.5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Epoprostenol ACG: A-0300 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1327 | Injection, eptifibatide, 5 mg | no auth | | | | |
| J1330 | Injection, ergonovine maleate, up to 0.2 mg | no auth | | | | |
| J1335 | Injection, ertapenem sodium, 500 mg | no auth | | | | |
| J1364 | Injection, erythromycin lactobionate, per 500 mg | no auth | | | | |
| J1380 | Injection, estradiol valerate, up to 10 mg | no auth | | | | |
| J1410 | Injection, estrogen conjugated, per 25 mg | no auth | | | | |
| J1411 | Injection, etranacogene dezaparovec-drlb, per therapeutic dose | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---|--|--------------------------------------|---|
| J1412 | Injection, valoctocogene roxaparvec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1413 | Injection, delandistrogene moxeparvec-rokl, per therapeutic dose | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1426 | Injection, casimersen, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1427 | Injection, viltolarsen, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1428 | Injection, eteplirsen, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1429 | Injection, golodirsen, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1430 | Injection, ethanolamine oleate, 100 mg | no auth | | | | |
| J1435 | Injection, estrone, per 1 mg | no auth | | | | |
| J1436 | Injection, etidronate disodium, per 300 mg | NOT COVERED | | | | |
| J1437 | Injection, ferric derisomaltose, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate | NCD 110.10; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1438 | Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1439 | Injection, ferric carboxymaltose, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate | NCD 110.10; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1440 | Fecal microbiota, live - jsfm, 1 ml | AUTH REQUIRED | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|---|--|---|
| J1442 | Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg | AUTH REQUIRED | NON-PREFERRED Preferred = Zarxio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1443 | Injection, ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron | no auth | | | | |
| J1444 | Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron | no auth | | | | |
| J1445 | Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1447 | Injection, tbo-filgrastim, 1 mcg | AUTH REQUIRED | NON-PREFERRED Preferred = Zarxio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1448 | Injection, trilaciclib, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Trilaciclib ACG: A-1038 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1449 | Injection, eflapegrastim-xnst, 0.1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fulphila / Ziextenzo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1450 | Injection, fluconazole, 200 mg | no auth | | | | |
| J1451 | Injection, fomepizole, 15 mg | no auth | | | | |
| J1452 | Injection, fomivirsen sodium, intraocular, 1.65 mg | no auth | | | | |
| J1453 | Injection, fosaprepitant, 1 mg | no auth | | | | |
| J1454 | Injection, fosnetupitant 235 mg and palonosetron 0.25 mg | no auth | | | | |
| J1455 | Injection, foscarnet sodium, per 1,000 mg | no auth | | | | |
| J1456 | Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1457 | Injection, gallium nitrate, 1 mg | no auth | | | | |
| J1458 | Injection, galsulfase, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Galsulfase ACG: A-1042 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|---|--|---|
| J1459 | Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg | no auth | PREFERRED STATUS Brand = Privigen | | | |
| J1460 | Injection, gamma globulin, intramuscular, 1 cc | no auth | | | | |
| J1551 | Injection, immune globulin (Cutaquig), 100 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Hizentra | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: Immune Globulin ACG: A-0310 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1554 | Injection, immune globulin (Asceniv), 500 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: Immune Globulin ACG: A-0310 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1555 | Injection, immune globulin (Cuvitru), 100 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Hizentra | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information Covered under Part B when office/provider administered. Potentially covered under Part D when patient self-administered based on formulary (prior auth may be needed via PBM). | MCG: Immune Globulin ACG: A-0310 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1556 | Injection, immune globulin (Bivigam), 500 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: Immune Globulin ACG: A-0310 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1557 | Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: Immune Globulin ACG: A-0310 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1558 | Injection, immune globulin (xembify), 100 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Hizentra | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information Covered under Part B when office/provider administered. Potentially covered under Part D when patient self-administered based on formulary (prior auth may be needed via PBM). | MCG: Immune Globulin ACG: A-0310 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1559 | Injection, immune globulin (Hizentra), 100 mg | no auth | PREFERRED STATUS Brand = Hizentra | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1560 | Injection, gamma globulin, intramuscular, over 10 cc | no auth | | | | |
| J1561 | Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg | no auth | PREFERRED STATUS Brand = Gammaked / Octagam | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|---|--|---|
| J1562 | Injection, immune globulin (Vivaglobin), 100 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1566 | Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1568 | Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg | no auth | PREFERRED STATUS Brand = Octagam | | | |
| J1569 | Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: Immune Globulin ACG: A-0310 (AC) | |
| J1570 | Injection, ganciclovir sodium, 500 mg | no auth | | | | |
| J1571 | Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml | no auth | | | | |
| J1572 | Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg | no auth | PREFERRED STATUS Brand = Flebogamma | | | |
| J1573 | Injection, hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml | no auth | | | | |
| J1574 | Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1575 | Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin | AUTH REQUIRED | NON-PREFERRED Preferred = Hizentra | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information Covered under Part B when office/provider administered. Potentially covered under Part D when patient self-administered based on formulary (prior auth may be needed via PBM). | MCG: Immune Globulin ACG: A-0310 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1576 | Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: Immune Globulin ACG: A-0310 (AC) | |
| J1580 | Injection, garamycin, gentamicin, up to 80 mg | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|--|--------------------------------------|---|
| J1595 | Injection, glatiramer acetate, 20 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1596 | Injection, glycopyrrolate, 0.1 mg | no auth | | | | |
| J1599 | Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg | no auth | | | | |
| J1600 | Injection, gold sodium thiomalate, up to 50 mg | no auth | | | | |
| J1602 | Injection, golimumab, 1 mg, for intravenous use | no auth | PREFERRED STATUS Brand = Simponi Aria | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Golimumab ACG: A-0575 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1610 | Injection, glucagon HCl, per 1 mg | no auth | | | | |
| J1611 | Injection, glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1620 | Injection, gonadorelin HCl, per 100 mcg | no auth | | | | |
| J1626 | Injection, granisetron HCl, 100 mcg | no auth | | | | |
| J1627 | Injection, granisetron, extended-release, 0.1 mg | no auth | | | | |
| J1628 | Injection, guselkumab, 1 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1630 | Injection, haloperidol, up to 5 mg | no auth | | | | |
| J1631 | Injection, haloperidol decanoate, per 50 mg | no auth | | | | |
| J1632 | Injection, brexanolone, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1640 | Injection, hemin, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1642 | Injection, heparin sodium, (heparin lock flush), per 10 units | no auth | | | | |
| J1643 | Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1644 | Injection, Heparin sodium, per 1000 units | no auth | | | | |
| J1645 | Injection, dalteparin sodium, per 2500 IU | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|--|----------------------------------|---|
| J1650 | Injection, enoxaparin sodium, 10 mg | no auth | | | | |
| J1652 | Injection, fondaparinux sodium, 0.5 mg | no auth | | | | |
| J1655 | Injection, tinzaparin sodium, 1000 IU | no auth | | | | |
| J1670 | Injection, tetanus immune globulin, human, up to 250 units | no auth | | | | |
| J1675 | Injection, histrelin acetate, 10 mcg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1700 | Injection, hydrocortisone acetate, up to 25 mg | no auth | | | | |
| J1710 | Injection, hydrocortisone sodium phosphate, up to 50 mg | no auth | | | | |
| J1720 | Injection, hydrocortisone sodium succinate, up to 100 mg | no auth | | | | |
| J1726 | Injection, hydroxyprogesterone caproate, (Makena), 10 mg | no auth | | | | |
| J1729 | Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg | no auth | | | | |
| J1730 | Injection, diazoxide, up to 300 mg | no auth | | | | |
| J1738 | Injection, meloxicam, 1 mg | no auth | | | | |
| J1740 | Injection, ibandronate sodium, 1 mg | no auth | | | | |
| J1741 | Injection, ibuprofen, 100 mg | no auth | | | | |
| J1742 | Injection, ibutilide fumarate, 1 mg | no auth | | | | |
| J1743 | Injection, idursulfase, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Idursulfase ACG: A-0457 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1744 | Injection, icatibant, 1 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1745 | Injection, infliximab, excludes biosimilar, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avsola / Inflectra | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Infliximab ACG: A-0308 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1746 | Injection, ibalizumab-uiyk, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|--|--|--------------------------------------|---|
| J1747 | Injection, spesolimab-sbzo, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1750 | Injection, iron dextran, 50 mg | no auth | PREFERRED STATUS Brand = Infed | | | |
| J1756 | Injection, iron sucrose, 1 mg | no auth | PREFERRED STATUS Brand = Venofer | | | |
| J1786 | Injection, imiglucerase, 10 units | no auth | PREFERRED STATUS Brand = Cerezyme | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1790 | Injection, droperidol, up to 5 mg | no auth | | | | |
| J1800 | Injection, propranolol HCl, up to 1 mg | no auth | | | | |
| J1805 | Injection, esmolol HCl, 10 mg | no auth | | | | |
| J1806 | Injection, esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg | no auth | | | | |
| J1810 | Injection, droperidol and fentanyl citrate, up to 2 ml ampule | NOT COVERED | | | | |
| J1811 | Insulin (Fiasp) for administration through DME (i.e., insulin pump) per 50 units | no auth | Subject to IRA insulin requirements. | | | |
| J1812 | Insulin (Fiasp), per 5 units | no auth | Subject to IRA insulin requirements. | | | |
| J1813 | Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units | no auth | Subject to IRA insulin requirements. | | | |
| J1814 | Insulin (Lyumjev), per 5 units | no auth | Subject to IRA insulin requirements. | | | |
| J1815 | Injection, insulin, per 5 units | no auth | | | | |
| J1817 | Insulin for administration through DME (i.e., insulin pump) per 50 units | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1823 | Injection, inebilizumab-odon, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Soliris/Ultomiris | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1826 | Injection, interferon beta-1a, 30 mcg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|--------------------------|--|--|---|---|
| J1830 | Injection interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1833 | Injection, isavuconazonium, 1 mg | no auth | | | | |
| J1835 | Injection, itraconazole, 50 mg | no auth | | | | |
| J1836 | Injection, metronidazole, 10 mg | no auth | | | | |
| J1885 | Injection, ketorolac tromethamine, per 15 mg | no auth | | | | |
| J1890 | Injection, cephalothin sodium, up to 1 g | no auth | | | | |
| J1920 | Injection, labetalol HCl, 5 mg | no auth | | | | |
| J1921 | Injection, labetalol HCl (Hikma) not therapeutically equivalent to J1920, 5 mg | no auth | | | | |
| J1930 | Injection, lanreotide, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Lanreotide Acetate / Sandostatin Lar | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | ACG: A-0574 (AC) | |
| J1931 | Injection, laronidase, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Laronidase ACG: A-0463 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1932 | Injection, lanreotide, (Cipla), 1 mg | no auth | PREFERRED STATUS Brand = Lanreotide Acetate | | | |
| J1939 | Injection, bumetanide, 0.5 mg | no auth | | | | |
| J1940 | Injection, furosemide, up to 20 mg | no auth | | | | |
| J1941 | Injection, furosemide (Furoscix), 20 mg | SEND TO DELEGATED VENDOR | Pays under Part D ELIXIR (Phone: 866-267-3144) | | | |
| J1943 | Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg | no auth | | | | |
| J1944 | Injection, aripiprazole lauroxil, (Aristada), 1 mg | no auth | | | | |
| J1945 | Injection, lepirudin, 50 mg | no auth | | | | |
| J1950 | Injection, leuprolide acetate (for depot suspension), per 3.75 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Eligard | LCD 34822, LCA 56776; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1951 | Injection, leuprolide acetate for depot suspension (Fensolvi), 0.25 mg | no auth | | | | |
| J1952 | Leuprolide injectable, camcevi, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Eligard | LCD 34822, LCA 56776; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1953 | Injection, levetiracetam, 10 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|--|---|---|
| J1954 | Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg | AUTH REQUIRED | | | MCG: Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1955 | Injection, levocarnitine, per 1 g | no auth | | | | |
| J1956 | Injection, levofloxacin, 250 mg | no auth | | | | |
| J1960 | Injection, levorphanol tartrate, up to 2 mg | no auth | | | | |
| J1961 | Injection, lenacapavir, 1 mg | AUTH REQUIRED | | | | |
| J1980 | Injection, hyoscyamine sulfate, up to 0.25 mg | no auth | | | | |
| J1990 | Injection, chlordiazepoxide HCl, up to 100 mg | no auth | | | | |
| J2001 | Injection, lidocaine HCl for intravenous infusion, 10 mg | no auth | | | | |
| J2010 | Injection, lincomycin HCl, up to 300 mg | no auth | | | | |
| J2020 | Injection, linezolid, 200 mg | no auth | | | | |
| J2021 | Injection, linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2060 | Injection, lorazepam, 2 mg | no auth | | | | |
| J2062 | Loxapine for inhalation, 1 mg | no auth | | | | |
| J2150 | Injection, mannitol, 25% in 50 ml | no auth | | | | |
| J2170 | Injection, mecasecmin, 1 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2175 | Injection, meperidine HCl, per 100 mg | no auth | | | | |
| J2180 | Injection, meperidine and promethazine HCl, up to 50 mg | no auth | | | | |
| J2182 | Injection, mepolizumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fasenna / Xolair | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | ACG: A-0922 (AC) | |
| J2184 | Injection, meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2185 | Injection, meropenem, 100 mg | no auth | | | | |
| J2186 | Injection, meropenem, vaborbactam, 10 mg/10 mg, (20 mg) | no auth | | | | |
| J2210 | Injection, methylergonovine maleate, up to 0.2 mg | no auth | | | | |
| J2212 | Injection, methyl naltrexone, 0.1 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|-------------------|---|---|
| J2247 | Injection, micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2248 | Injection, micafungin sodium, 1 mg | no auth | | | | |
| J2249 | Injection, remimazolam, 1 mg | no auth | | | | |
| J2250 | Injection, midazolam HCl, per 1 mg | no auth | | | | |
| J2251 | Injection, midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2260 | Injection, milrinone lactate, 5 mg | no auth | | | | |
| J2265 | Injection, minocycline HCl, 1 mg | no auth | | | | |
| J2270 | Injection, morphine sulfate, up to 10 mg | no auth | | | | |
| J2272 | Injection, morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2274 | Injection, morphine sulfate, preservative free for epidural or intrathecal use, 10 mg | no auth | | | | |
| J2278 | Injection, ziconotide, 1 mcg | no auth | | | | |
| J2280 | Injection, moxifloxacin, 100 mg | no auth | | | | |
| J2281 | Injection, moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2300 | Injection, nalbuphine HCl, per 10 mg | no auth | | | | |
| J2305 | Injection, nitroglycerin, 5 mg | no auth | | | | |
| J2310 | Injection, naloxone HCl, per 1 mg | no auth | | | | |
| J2311 | Injection, naloxone HCl (Zimhi), 1 mg | AUTH REQUIRED | | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2315 | Injection, naltrexone, depot form, 1 mg | no auth | | | | |
| J2320 | Injection, nandrolone decanoate, up to 50 mg | no auth | | | | |
| J2323 | Injection, natalizumab, 1 mg | no auth | PREFERRED STATUS Brand = Tysabri | | | |
| J2325 | Injection, nesiritide, 0.1 mg | NOT COVERED | | | | |
| J2326 | Injection, nusinersen, 0.1 mg | AUTH REQUIRED | | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information MCG: Nusinersen ACG: A-0976 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2327 | Injection, risankizumab-rzaa, intravenous, 1 mg | AUTH REQUIRED | | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2329 | Injection, ublituximab-xiyy, 1mg | AUTH REQUIRED | NON-PREFERRED Preferred = Tysabri / Ocrevus | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | |
| J2350 | Injection, ocrelizumab, 1 mg | no auth | PREFERRED STATUS Brand = Ocrevus | | | |
| J2353 | Injection, octreotide, depot form for intramuscular injection, 1 mg | no auth | PREFERRED STATUS Brand = Sandostatin Lar | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|--|--|--------------|---|
| J2354 | Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2355 | Injection, oprelvekin, 5 mg | no auth | | | | |
| J2356 | Injection, tezepelumab-ekko, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fasenra and Xolair | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2357 | Injection, omalizumab, 5 mg | no auth | PREFERRED STATUS Brand = Xolair | | | |
| J2358 | Injection, olanzapine, long-acting, 1 mg | no auth | | | | |
| J2359 | Injection, olanzapine, 0.5 mg | no auth | | | | |
| J2360 | Injection, orphenadrine citrate, up to 60 mg | no auth | | | | |
| J2371 | Injection, phenylephrine HCl, 20 mcg | no auth | | | | |
| J2372 | Injection, phenylephrine HCl (Biorphen), 20 mcg | no auth | | | | |
| J2401 | Injection, chlorprocaine HCl, per 1 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2402 | Injection, chlorprocaine HCl (Clorotekal), per 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2403 | Chlorprocaine HCl ophthalmic, 3% gel, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2404 | Injection, nicardipine, 0.1 mg | no auth | | | | |
| J2405 | Injection, ondansetron HCl, per 1 mg | no auth | | | | |
| J2406 | Injection, oritavancin (Kimyrsa), 10 mg | no auth | | | | |
| J2407 | Injection, oritavancin (Orbactiv), 10 mg | no auth | | | | |
| J2410 | Injection, oxymorphone HCl, up to 1 mg | no auth | | | | |
| J2425 | Injection, palifermin, 50 mcg | no auth | | | | |
| J2426 | Injection, paliperidone palmitate extended release (Invega Sustenna), 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2427 | Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg | AUTH REQUIRED | | | | |
| J2430 | Injection, pamidronate disodium, per 30 mg | no auth | PREFERRED STATUS Brand = Pamidronate | | | |
| J2440 | Injection, papaverine HCl, up to 60 mg | no auth | | | | |
| J2460 | Injection, oxytetracycline HCl, up to 50 mg | no auth | | | | |
| J2469 | Injection, palonosetron HCl, 25 mcg | no auth | | | | |
| J2501 | Injection, paricalcitol, 1 mcg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---|---|---|---|
| J2502 | Injection, pasireotide long acting, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Lanreotide Acetate / Sandostatin Lar | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2503 | Injection, pegaptanib sodium, 0.3 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Pegaptanib ACG: A-0408 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2504 | Injection, pegademase bovine, 25 IU | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2506 | Injection, pegfilgrastim, excludes biosimilar, 0.5 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fulphila / Ziextenzo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2507 | Injection, pegloticase, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2508 | Injection, pegunigalsidase alfa-iwxj, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2510 | Injection, penicillin G procaine, aqueous, up to 600,000 units | no auth | | | | |
| J2513 | Injection, pentastarch, 10% solution, 100 ml | no auth | | | | |
| J2515 | Injection, pentobarbital sodium, per 50 mg | no auth | | | | |
| J2540 | Injection, penicillin G potassium, up to 600,000 units | no auth | | | | |
| J2543 | Injection, piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g) | no auth | | | | |
| J2545 | Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg | no auth | | | | |
| J2547 | Injection, peramivir, 1 mg | no auth | | | | |
| J2550 | Injection, promethazine HCl, up to 50 mg | no auth | | | | |
| J2560 | Injection, phenobarbital sodium, up to 120 mg | no auth | | | | |
| J2561 | Injection, phenobarbital sodium (Sezaby), 1 mg | NOT COVERED | | | | |
| J2562 | Injection, plerixafor, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2590 | Injection, oxytocin, up to 10 units | no auth | | | | |
| J2597 | Injection, desmopressin acetate, per 1 mcg | no auth | | | | |
| J2598 | Injection, vasopressin, 1 unit | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|--|--------------------------------------|---|
| J2599 | Injection, vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit | no auth | | | | |
| J2650 | Injection, prednisolone acetate, up to 1 ml | no auth | | | | |
| J2670 | Injection, tolazoline HCl, up to 25 mg | no auth | | | | |
| J2675 | Injection, progesterone, per 50 mg | no auth | | | | |
| J2679 | Injection, fluphenazine HCl, 1.25 mg | no auth | | | | |
| J2680 | Injection, fluphenazine decanoate, up to 25 mg | no auth | | | | |
| J2690 | Injection, procainamide HCl, up to 1 g | no auth | | | | |
| J2700 | Injection, oxacillin sodium, up to 250 mg | no auth | | | | |
| J2704 | Injection, propofol, 10 mg | no auth | | | | |
| J2710 | Injection, neostigmine methylsulfate, up to 0.5 mg | no auth | | | | |
| J2720 | Injection, protamine sulfate, per 10 mg | no auth | | | | |
| J2724 | Injection, protein C concentrate, intravenous, human, 10 IU | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2725 | Injection, protirelin, per 250 mcg | no auth | | | | |
| J2730 | Injection, pralidoxime chloride, up to 1 g | no auth | | | | |
| J2760 | Injection, phentolamine mesylate, up to 5 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2765 | Injection, metoclopramide HCl, up to 10 mg | no auth | | | | |
| J2770 | Injection, quinupristin/dalfopristin, 500 mg (150/350) | no auth | | | | |
| J2777 | Injection, faricimab-svoa, 0.1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avastin / Byooviz | A52451 | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2778 | Injection, ranibizumab, 0.1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avastin / Byooviz | A52451 | N/A unless linked to NCD/LCD/NCA/LCA | |
| J2779 | Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avastin / Byooviz | A52451 | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2780 | Injection, ranitidine HCl, 25 mg | no auth | | | | |
| J2781 | Injection, pegcetacoplan, intravitreal, 1 mg | AUTH REQUIRED | | | MCG: A-1046 (AC) | |
| J2783 | Injection, rasburicase, 0.5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2785 | Injection, regadenoson, 0.1 mg | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---|---|--|---|
| J2786 | Injection, reslizumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fasenra and Xolair | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Benralizumab ACG: A-0985 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2787 | Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml | AUTH REQUIRED | | | MCG:Corneal Cross-Linking ACG: A-1040 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2788 | Injection, Rho D immune globulin, human, minidose, 50 mcg (250 IU) | no auth | | | | |
| J2790 | Injection, Rho D immune globulin, human, full dose, 300 mcg (1500 IU) | no auth | | | | |
| J2791 | Injection, Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU | no auth | | | | |
| J2792 | Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU | no auth | | | | |
| J2793 | Injection, rilonacept, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2794 | Injection, risperidone (RISPERDAL CONSTA), 0.5 mg | no auth | | | | |
| J2795 | Injection, ropivacaine HCl, 1 mg | no auth | | | | |
| J2796 | Injection, romiplostim, 10 mcg | no auth | | | | |
| J2797 | Injection, rolapitant, 0.5 mg | NOT COVERED | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2798 | Injection, risperidone, (Perseris), 0.5 mg | no auth | | | | |
| J2799 | Injection, risperidone (Uzedy), 1 mg | no auth | | | | |
| J2800 | Injection, methocarbamol, up to 10 ml | no auth | | | | |
| J2805 | Injection, sincalide, 5 mcg | no auth | | | | |
| J2806 | Injection, sincalide (MAIA) not therapeutically equivalent to J2805, 5 mcg | no auth | | | | |
| J2810 | Injection, theophylline, per 40 mg | no auth | | | | |
| J2820 | Injection, sargramostim (GM-CSF), 50 mcg | AUTH REQUIRED | NON-PREFERRED Preferred = Zarxio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) ACG: A-0314 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2840 | Injection, sebelipase alfa, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Sebelipase Alfa ACG: A-1043 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2850 | Injection, secretin, synthetic, human, 1 mcg | no auth | | | | |
| J2860 | Injection, siltuximab, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2910 | Injection, aurothioglucose, up to 50 mg | no auth | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---|--|--------------|---|
| J2916 | Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg | no auth | PREFERRED STATUS Brand = Ferrlecit / Sodium Ferric Gluconate | | | |
| J2940 | Injection, somatrem, 1 mg | AUTH REQUIRED | | | | |
| J2941 | Injection, somatropin, 1 mg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2950 | Injection, promazine HCl, up to 25 mg | no auth | | | | |
| J2993 | Injection, reteplase, 18.1 mg | no auth | | | | |
| J2995 | Injection, streptokinase, per 250,000 IU | no auth | | | | |
| J2997 | Injection, alteplase recombinant, 1 mg | no auth | | | | |
| J2998 | Injection, plasminogen, human-tvmh, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3000 | Injection, streptomycin, up to 1 g | no auth | | | | |
| J3010 | Injection, fentanyl citrate, 0.1 mg | no auth | | | | |
| J3030 | Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | no auth | | | | |
| J3031 | Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3032 | Injection, eptinezumab-jjmr, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3060 | Injection, taliglucerase alfa, 10 units | no auth | PREFERRED STATUS Brand = Elelyso | | | |
| J3070 | Injection, pentazocine, 30 mg | no auth | | | | |
| J3090 | Injection, tedizolid phosphate, 1 mg | no auth | | | | |
| J3095 | Injection, telavancin, 10 mg | no auth | | | | |
| J3101 | Injection, tenecteplase, 1 mg | no auth | | | | |
| J3105 | Injection, terbutaline sulfate, up to 1 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|--|---------------------------------------|---|
| J3110 | Injection, teriparatide, 10 mcg | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3111 | Injection, romosozumab-aqqg, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Prolia | | | |
| J3121 | Injection, testosterone enanthate, 1 mg | no auth | | | | |
| J3145 | Injection, testosterone undecanoate, 1 mg | no auth | | | | |
| J3230 | Injection, chlorpromazine HCl, up to 50 mg | no auth | | | | |
| J3240 | Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial | no auth | | | | |
| J3241 | Injection, teprotumumab-trbw, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3243 | Injection, tigecycline, 1 mg | no auth | | | | |
| J3244 | Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3245 | Injection, tildrakizumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Simponi Aria / Entyvio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Tildrakizumab ACG: A-1001 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3246 | Injection, tirofiban HCl, 0.25 mg | no auth | | | | |
| J3250 | Injection, trimethobenzamide HCl, up to 200 mg | no auth | | | | |
| J3260 | Injection, tobramycin sulfate, up to 80 mg | no auth | | | | |
| J3262 | Injection, tocilizumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Simponi Aria / Entyvio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Tocilizumab ACG: A-0622 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3265 | Injection, torsemide, 10 mg/ml | no auth | | | | |
| J3280 | Injection, thiethylperazine maleate, up to 10 mg | no auth | | | | |
| J3285 | Injection, trestipinil, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Trestipinil ACG: A-0322 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3299 | Injection, triamcinolone acetonide (Xipere), 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3300 | Injection, triamcinolone acetonide, preservative free, 1 mg | no auth | | | | |
| J3301 | Injection, triamcinolone acetonide, not otherwise specified, 10 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|--|--|---|
| J3302 | Injection, triamcinolone diacetate, per 5 mg | no auth | | | | |
| J3303 | Injection, triamcinolone hexacetonide, per 5 mg | no auth | | | | |
| J3304 | Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg | no auth | | | | |
| J3305 | Injection, trimetrexate glucuronate, per 25 mg | no auth | | | | |
| J3310 | Injection, perphenazine, up to 5 mg | no auth | | | | |
| J3315 | Injection, triptorelin pamoate, 3.75 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Eligard | LCD 34822, LCA 56776; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3316 | Injection, triptorelin, extended-release, 3.75 mg | AUTH REQUIRED | | | | |
| J3320 | Injection, spectinomycin dihydrochloride, up to 2 g | no auth | | | | |
| J3350 | Injection, urea, up to 40 g | no auth | | | | |
| J3355 | Injection, urofollitropin, 75 IU | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3357 | Ustekinumab, for subcutaneous injection, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Simponi Aria / Entyvio | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| J3358 | Ustekinumab, for intravenous injection, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Simponi Aria / Entyvio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Ustekinumab ACG: A-0621 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3360 | Injection, diazepam, up to 5 mg | no auth | | | | |
| J3364 | Injection, urokinase, 5,000 IU vial | no auth | | | | |
| J3365 | Injection, IV, urokinase, 250,000 IU vial | no auth | | | | |
| J3370 | Injection, vancomycin HCl, 500 mg | no auth | | | | |
| J3371 | Injection, vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3372 | Injection, vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3380 | Injection, vedolizumab, 1 mg | no auth | PREFERRED STATUS Brand = Entyvio | | | |
| J3385 | Injection, velagluclerase alfa, 100 units | AUTH REQUIRED | NON-PREFERRED Preferred = Eleyso / Cerezyme | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Velagluclerase Alfa ACG: A-0654 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---|--|--------------------------------------|---|
| J3396 | Injection, verteporfin, 0.1 mg | no auth | | | | |
| J3397 | Injection, vestronidase alfa-vjvk, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3398 | Injection, voretigene neparovec-rzyl, 1 billion vector genomes | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3399 | Injection, onasemnogene abeparovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes | AUTH REQUIRED | | | | |
| J3400 | Injection, triflupromazine HCl, up to 20 mg | no auth | | | | |
| J3401 | Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3410 | Injection, hydroxyzine HCl, up to 25 mg | no auth | | | | |
| J3411 | Injection, thiamine HCl, 100 mg | no auth | | | | |
| J3415 | Injection, pyridoxine HCl, 100 mg | no auth | | | | |
| J3420 | Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg | no auth | | | | |
| J3425 | Injection, hydroxocobalamin, 10 mcg | no auth | | | | |
| J3430 | Injection, phytonadione (vitamin K), per 1 mg | no auth | | | | |
| J3465 | Injection, voriconazole, 10 mg | no auth | | | | |
| J3470 | Injection, hyaluronidase, up to 150 units | no auth | | | | |
| J3471 | Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units) | no auth | | | | |
| J3472 | Injection, hyaluronidase, ovine, preservative free, per 1,000 USP units | no auth | | | | |
| J3473 | Injection, hyaluronidase, recombinant, 1 USP unit | no auth | | | | |
| J3475 | Injection, magnesium sulfate, per 500 mg | no auth | | | | |
| J3480 | Injection, potassium chloride, per 2 mEq | no auth | | | | |
| J3485 | Injection, zidovudine, 10 mg | no auth | | | | |
| J3486 | Injection, ziprasidone mesylate, 10 mg | no auth | | | | |
| J3489 | Injection, zoledronic acid, 1 mg | no auth | PREFERRED STATUS Brand = Zoledronic Acid | | | |
| J3490 | Unclassified drugs | AUTH REQUIRED | | LCA 53032; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3520 | Edetate disodium, per 150 mg | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J3530 | Nasal vaccine inhalation | no auth | | | | |
| J3535 | Drug administered through a metered dose inhaler | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J3570 | Laetrile, amygdalin, vitamin B-17 | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J3590 | Unclassified biologics | AUTH REQUIRED | | LCA 53032; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|---|---|
| J3591 | Unclassified drug or biological used for ESRD on dialysis | AUTH REQUIRED | | LCA 53032; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7030 | Infusion, normal saline solution, 1,000 cc | no auth | | | | |
| J7040 | Infusion, normal saline solution, sterile (500 ml=1 unit) | no auth | | | | |
| J7042 | 5% dextrose/normal saline (500 ml = 1 unit) | no auth | | | | |
| J7050 | Infusion, normal saline solution, 250 cc | no auth | | | | |
| J7060 | 5% dextrose/water (500 ml = 1 unit) | no auth | | | | |
| J7070 | Infusion, D-5-W, 1,000 cc | no auth | | | | |
| J7100 | Infusion, dextran 40, 500 ml | no auth | | | | |
| J7110 | Infusion, dextran 75, 500 ml | no auth | | | | |
| J7120 | Ringers lactate infusion, up to 1,000 cc | no auth | | | | |
| J7121 | 5% dextrose in lactated ringers infusion, up to 1000 cc | no auth | | | | |
| J7131 | Hypertonic saline solution, 1 ml | no auth | | | | |
| J7168 | Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity | no auth | | | | |
| J7169 | Injection, coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg | no auth | | | | |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Emicizumab-kxwh ACG: A-0987 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7175 | Injection, Factor X, (human), 1 IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7177 | Injection, human fibrinogen concentrate (Fibryga), 1 mg | no auth | | | | |
| J7178 | Injection, human fibrinogen concentrate, not otherwise specified, 1 mg | no auth | | | | |
| J7179 | Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7180 | Injection, Factor XIII (antihemophilic factor, human), 1 IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7181 | Injection, Factor XIII A-subunit, (recombinant), per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---------------------------------------|--|---|---|
| J7182 | Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU | AUTH REQUIRED | NON-PREFERRED Preferred = Kovaltry | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7183 | Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7185 | Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU | AUTH REQUIRED | NON-PREFERRED Preferred = Kovaltry | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7186 | Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7187 | Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7188 | Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7189 | Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Coagulation Factor VIIa ACG: A-0452 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7190 | Factor VIII (antihemophilic factor, human) per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7191 | Factor VIII (antihemophilic factor (porcine)), per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|------------------------------------|---|--|---|
| J7192 | Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified | AUTH REQUIRED | NON-PREFERRED Preferred = Kovaltry | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7193 | Factor IX (antihemophilic factor, purified, nonrecombinant) per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7194 | Factor IX complex, per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7195 | Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Coagulation Factor IX ACG: A-0714 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7196 | Injection, antithrombin recombinant, 50 IU | no auth | | | | |
| J7197 | Antithrombin III (human), per IU | no auth | | | | |
| J7198 | Antiinhibitor, per IU | AUTH REQUIRED | | NCD 110.3, LCD 35111; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7199 | Hemophilia clotting factor, not otherwise classified | no auth | | | | |
| J7200 | Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Coagulation Factor IX ACG: A-0714 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7201 | Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU | no auth | PREFERRED STATUS Brand = Alprolix | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7202 | Injection, Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU | no auth | PREFERRED STATUS Brand = Idelvion | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7203 | Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebiny), 1 IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Coagulation Factor IX ACG: A-0714 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7204 | Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|------------------------------------|--|--|---|
| J7205 | Injection, Factor VIII Fc fusion protein (recombinant), per IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7207 | Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7208 | Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-auci, (Jivi), 1 IU | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7209 | Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU | AUTH REQUIRED | NON-PREFERRED Preferred = Kovaltry | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7210 | Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU | AUTH REQUIRED | NON-PREFERRED Preferred = Kovaltry | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Antihemophilic Factor ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7211 | Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU | no auth | PREFERRED STATUS Brand = Kovaltry | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7212 | Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg | AUTH REQUIRED | | LCD 35111; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Coagulation Factor VIIa ACG: A-0452 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7213 | Injection, coagulation factor IX (recombinant), Ixinity, 1 IU | AUTH REQUIRED | | | | |
| J7214 | Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: ANTIHEMPHILIC FACTOR ACG: A-0451 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7294 | Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J7295 | Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J7296 | Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J7300 | Intrauterine copper contraceptive | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg | NOT COVERED | | NOT COVERED BY MEDICARE | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------|--|--|--|---|
| J7304 | Contraceptive supply, hormone containing patch, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J7306 | Levonorgestrel (contraceptive) implant system, including implants and supplies | NOT PAYABLE BY MEDICARE | | | | |
| J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies | NOT PAYABLE BY MEDICARE | | | | |
| J7308 | Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg) | no auth | | | | |
| J7309 | Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g | no auth | | | | |
| J7310 | Ganciclovir, 4.5 mg, long-acting implant | no auth | | | | |
| J7311 | Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7312 | Injection, dexamethasone, intravitreal implant, 0.1 mg | no auth | | | | |
| J7313 | Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7314 | Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7315 | Mitomycin, ophthalmic, 0.2 mg | no auth | | | | |
| J7316 | Injection, ocriplasmin, 0.125 mg | no auth | | | | |
| J7318 | Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg | no auth | PREFERRED STATUS Brand = Durolane | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7320 | Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Orthovisc / Synvisc | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7321 | Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose | AUTH REQUIRED | NON-PREFERRED Preferred = Orthovisc / Synvisc | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7322 | Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Orthovisc / Synvisc | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7323 | Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose | AUTH REQUIRED | NON-PREFERRED Preferred = Orthovisc / Synvisc | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7324 | Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose | no auth | PREFERRED STATUS Brand = Orthovisc | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---|--|--|---|
| J7325 | Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg | no auth | PREFERRED STATUS Brand = Synvisc / Synvisc-One | | | |
| J7326 | Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose | AUTH REQUIRED | NON-PREFERRED Preferred = Durolane / Synvisc-One | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7327 | Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose | AUTH REQUIRED | NON-PREFERRED Preferred = Durolane / Synvisc-One | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | ACG: A-0306 (AC) | |
| J7328 | Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Orthovisc / Synvisc | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7329 | Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Orthovisc / Synvisc | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7330 | Autologous cultured chondrocytes, implant | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7331 | Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg | AUTH REQUIRED | | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7332 | Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Orthovisc / Synvisc | LCD 35427; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Hyaluronic Acid, Intra-Articular Injection ACG: A-0306 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7336 | Capsaicin 8% patch, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard and FDA-Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7340 | Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml | no auth | | | | |
| J7342 | Instillation, ciprofloxacin otic suspension, 6 mg | no auth | | | | |
| J7345 | Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg | no auth | | | | |
| J7351 | Injection, bimatoprost, intracameral implant, 1 mcg | no auth | | | | |
| J7352 | Afamelanotide implant, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|---|
| J7353 | Anacaulase-bcdb, 8.8% gel, 1 gm | no auth | | | | |
| J7402 | Mometasone furoate sinus implant, (Sinuva), 10 mcg | no auth | | | | |
| J7500 | Azathioprine, oral, 50 mg | no auth | | | | |
| J7501 | Azathioprine, parenteral, 100 mg | no auth | | | | |
| J7502 | Cyclosporine, oral, 100 mg | no auth | | | | |
| J7503 | Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg | no auth | | | | |
| J7504 | Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg | AUTH REQUIRED | | NCD 260.7, LCD 33824; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7505 | Muromonab-CD3, parenteral, 5 mg | no auth | | | | |
| J7507 | Tacrolimus, immediate release, oral, 1 mg | no auth | | | | |
| J7508 | Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg | no auth | | | | |
| J7509 | Methylprednisolone, oral, per 4 mg | no auth | | | | |
| J7510 | Prednisolone, oral, per 5 mg | no auth | | | | |
| J7511 | Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg | AUTH REQUIRED | | LCD 33824; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7512 | Prednisone, immediate release or delayed release, oral, 1 mg | no auth | | | | |
| J7513 | Daclizumab, parenteral, 25 mg | AUTH REQUIRED | | LCD 33824; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7515 | Cyclosporine, oral, 25 mg | no auth | | | | |
| J7516 | Cyclosporine, parenteral, 250 mg | no auth | | | | |
| J7517 | Mycophenolate mofetil, oral, 250 mg | no auth | | | | |
| J7518 | Mycophenolic acid, oral, 180 mg | no auth | | | | |
| J7519 | Injection, mycophenolate mofetil, 10 mg | no auth | | | | |
| J7520 | Sirolimus, oral, 1 mg | no auth | | | | |
| J7525 | Tacrolimus, parenteral, 5 mg | no auth | | | | |
| J7527 | Everolimus, oral, 0.25 mg | no auth | | | | |
| J7599 | Immunosuppressive drug, not otherwise classified | AUTH REQUIRED | | LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard. | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7604 | Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per g | no auth | | | | |
| J7605 | Arformoterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 15 mcg | no auth | | | | |
| J7606 | Formoterol fumarate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 20 mcg | no auth | | | | |
| J7607 | Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg | no auth | | | | |
| J7608 | Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| J7609 | Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg | no auth | | | | |
| J7610 | Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg | no auth | | | | |
| J7611 | Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg | no auth | | | | |
| J7612 | Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg | no auth | | | | |
| J7613 | Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg | no auth | | | | |
| J7614 | Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg | no auth | | | | |
| J7615 | Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg | no auth | | | | |
| J7620 | Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME | no auth | | | | |
| J7622 | Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7624 | Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7626 | Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg | no auth | | | | |
| J7627 | Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg | no auth | | | | |
| J7628 | Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per mg | no auth | | | | |
| J7629 | Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7631 | Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg | no auth | | | | |
| J7632 | Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg | no auth | | | | |
| J7633 | Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg | no auth | | | | |
| J7634 | Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 mg | no auth | | | | |
| J7635 | Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per mg | no auth | | | | |
| J7636 | Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7637 | Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per mg | no auth | | | | |
| J7638 | Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7639 | Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg | no auth | | | | |
| J7640 | Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 mcg | no auth | | | | |
| J7641 | Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|---|
| J7642 | Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per mg | no auth | | | | |
| J7643 | Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7644 | Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg | no auth | | | | |
| J7645 | Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7647 | Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg | no auth | | | | |
| J7648 | Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg | no auth | | | | |
| J7649 | Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg | no auth | | | | |
| J7650 | Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7657 | Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per mg | no auth | | | | |
| J7658 | Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg | no auth | | | | |
| J7659 | Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg | no auth | | | | |
| J7660 | Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7665 | Mannitol, administered through an inhaler, 5 mg | no auth | | | | |
| J7667 | Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 mg | no auth | | | | |
| J7668 | Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 10 mg | no auth | | | | |
| J7669 | Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg | no auth | | | | |
| J7670 | Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 mg | no auth | | | | |
| J7674 | Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg | no auth | | | | |
| J7676 | Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg | no auth | | | | |
| J7677 | Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7680 | Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per mg | no auth | | | | |
| J7681 | Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7682 | Tobramycin, inhalation solution, FDA-approved final product, noncompounded, unit dose form, administered through DME, per 300 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|-----------------------------------|---|
| J7683 | Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per mg | no auth | | | | |
| J7684 | Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg | no auth | | | | |
| J7685 | Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg | no auth | | | | |
| J7686 | Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Treprostinil ACG: A-0322 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7699 | NOC drugs, inhalation solution administered through DME | AUTH REQUIRED | | LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard. | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7799 | NOC drugs, other than inhalation drugs, administered through DME | AUTH REQUIRED | | LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard. | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J7999 | Compounded drug, not otherwise classified | AUTH REQUIRED | | LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard. | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J8498 | Antiemetic drug, rectal/suppository, not otherwise specified | AUTH REQUIRED | | LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard. | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J8499 | Prescription drug, oral, nonchemotherapeutic, NOS | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J8501 | Aprepitant, oral, 5 mg | no auth | | | | |
| J8510 | Busulfan, oral, 2 mg | no auth | | | | |
| J8515 | Cabergoline, oral, 0.25 mg | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| J8520 | Capecitabine, oral, 150 mg | no auth | | | | |
| J8521 | Capecitabine, oral, 500 mg | no auth | | | | |
| J8530 | Cyclophosphamide, oral, 25 mg | no auth | | | | |
| J8540 | Dexamethasone, oral, 0.25 mg | no auth | | | | |
| J8560 | Etoposide, oral, 50 mg | no auth | | | | |
| J8562 | Fludarabine phosphate, oral, 10 mg | no auth | | | | |
| J8565 | Gefitinib, oral, 250 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J8597 | Antiemetic drug, oral, not otherwise specified | AUTH REQUIRED | | LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard. | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J8600 | Melphalan, oral, 2 mg | no auth | | | | |
| J8610 | Methotrexate, oral, 2.5 mg | no auth | | | | |
| J8650 | Nabilone, oral, 1 mg | no auth | | | | |
| J8655 | Netupitant 300 mg and palonosetron 0.5 mg, oral | no auth | | | | |
| J8670 | Rolapitant, oral, 1 mg | no auth | | | | |
| J8700 | Temozolomide, oral, 5 mg | no auth | | | | |
| J8705 | Topotecan, oral, 0.25 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|---|--|---|--|---|
| J8999 | Prescription drug, oral, chemotherapeutic, NOS | AUTH REQUIRED | | LCA 53032, Evaluated based on Medicare Reasonable and Necessary Standard. | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9000 | Injection, doxorubicin HCl, 10 mg | no auth | | | | |
| J9015 | Injection, aldesleukin, per single use vial | no auth | | | | |
| J9017 | Injection, arsenic trioxide, 1 mg | no auth | | | | |
| J9019 | Injection, asparaginase (Erwinaze), 1,000 IU | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9020 | Injection, asparaginase, not otherwise specified, 10,000 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9021 | Injection, asparaginase, recombinant, (Rylaze), 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9022 | Injection, atezolizumab, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Libtayo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | ACG: A-0931 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9023 | Injection, avelumab, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9025 | Injection, azacitidine, 1 mg | no auth | | | | |
| J9027 | Injection, clofarabine, 1 mg | no auth | | | | |
| J9029 | Injection, nadofaragene firadenovec-vncg, per therapeutic dose | AUTH REQUIRED | | | | |
| J9030 | BCG live intravesical instillation, 1 mg | no auth | | | | |
| J9032 | Injection, belinostat, 10 mg | no auth | | | | |
| J9033 | Injection, bendamustine HCl (Treanda), 1 mg | no auth | | | | |
| J9034 | Injection, bendamustine HCl (Bendeka), 1 mg | no auth | | | | |
| J9035 | Injection, bevacizumab, 10 mg | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | RETINAL/EYE: Bevacizumab (Avastin) claims with ARMD diagnosis will process without auth PREFERRED/no Auth for Age-Related Macular Degeneration CANCER: Bevacizumab (Avastin) for various cancers Auth Required. PA for medical necessity and Exceptions Criteria available NON-PREFERRED/Auth Required for Cancer, Preferred = Mvasi (colon, lung, renal, cervical, ovarian/fallopian/peritoneal, and glioblastoma) and Zirabev (colon, lung, renal, cervical, and glioblastoma). If for ovarian, fallopian tube or primary peritoneal, cannot use Zirabev. | | MCG: NCD Anti-Cancer Chemotherapy for Colorectal Cancer, If Applicable ACG: A-0491 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|---------------------------------------|---|---|--------------------------------|---|
| J9036 | Injection, bendamustine HCl, (Belrapzo/bendamustine), 1 mg | no auth | | | | |
| J9037 | Injection, belantamab mafodotin-blmf, 0.5 mg | no auth | | | | |
| J9039 | Injection, blinatumomab, 1 mcg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9040 | Injection, bleomycin sulfate, 15 units | no auth | | | | |
| J9041 | Injection, bortezomib, 0.1 mg | AUTH MAY BE REQUIRED/PRODUCT SPECIFIC | THIS J CODE IS USED FOR VELCADE AND BORTEZOMIB. VELCADE IS NON-PREFERRED (AUTH REQ). BORTEZOMIB IS PREFERRED (NO AUTH REQ). | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| J9042 | Injection, brentuximab vedotin, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9043 | Injection, cabazitaxel, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: A-0741 Cabazitaxel | |
| J9045 | Injection, carboplatin, 50 mg | no auth | | | | |
| J9046 | Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9047 | Injection, carfilzomib, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Bortezomib | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9048 | Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9049 | Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9050 | Injection, carmustine, 100 mg | no auth | | | | |
| J9051 | Injection, bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg | no auth | | | | |
| J9052 | Injection, carmustine (Accord), not therapeutically equivalent to J9050, 100 mg | no auth | | | | |
| J9055 | Injection, cetuximab, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Cetuximab ACG: A-0490 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9056 | Injection, bendamustine HCl (Vivimusta), 1 mg | no auth | | | | |
| J9057 | Injection, copanlisib, 1 mg | no auth | | | | |
| J9058 | Injection, bendamustine HCl (Apotex), 1 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|--|---|-------------------------|---|
| J9059 | Injection, bendamustine HCl (Baxter), 1 mg | no auth | | | | |
| J9060 | Injection, cisplatin, powder or solution, 10 mg | no auth | | | | |
| J9061 | Injection, amivantamab-vmjw, 2 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9063 | Injection, mirvetuximab soravtansine-gynx, 1 mg | AUTH REQUIRED | | | | |
| J9064 | Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG: A-0741 CABAZITAXEL | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9065 | Injection, cladribine, per 1 mg | no auth | | | | |
| J9071 | Injection, cyclophosphamide, (AuroMedics), 5 mg | no auth | | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9072 | Injection, cyclophosphamide, (Dr. Reddy's), 5 mg | no auth | | | | |
| J9098 | Injection, cytarabine liposome, 10 mg | no auth | | | | |
| J9100 | Injection, cytarabine, 100 mg | no auth | | | | |
| J9118 | Injection, calaspargase pegol-mknl, 10 units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9119 | Injection, cemiplimab-rwlc, 1 mg | no auth | PREFERRED STATUS Brand = Libtayo | | | |
| J9120 | Injection, dactinomycin, 0.5 mg | no auth | | | | |
| J9130 | Dacarbazine, 100 mg | no auth | | | | |
| J9144 | Injection, daratumumab, 10 mg and hyaluronidase-fihj | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9145 | Injection, daratumumab, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Bortezomib | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9150 | Injection, daunorubicin, 10 mg | no auth | | | | |
| J9151 | Injection, daunorubicin citrate, liposomal formulation, 10 mg | no auth | | | | |
| J9153 | Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9155 | Injection, degarelix, 1 mg | no auth | PREFERRED STATUS Brand = Firmagon | | | |
| J9165 | Injection, diethylstilbestrol diphosphate, 250 mg | no auth | | | | |
| J9171 | Injection, docetaxel, 1 mg | no auth | PREFERRED STATUS Brand = Docetaxel | | | |
| J9172 | Injection, docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg | no auth | PREFERRED STATUS Brand = Doxetaxel / Paclitaxel | | | |

| CPT/HCPCSs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|------------|--|------------------|---|---|--------------|---|
| J9173 | Injection, durvalumab, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Libtayo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9175 | Injection, Elliotts' B solution, 1 ml | no auth | | | | |
| J9176 | Injection, elotuzumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Bortezomib | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9177 | Injection, enfortumab vedotin-ejfv, 0.25 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9178 | Injection, epirubicin HCl, 2 mg | no auth | | | | |
| J9179 | Injection, eribulin mesylate, 0.1 mg | no auth | | | | |
| J9181 | Injection, etoposide, 10 mg | no auth | | | | |
| J9185 | Injection, fludarabine phosphate, 50 mg | no auth | | | | |
| J9190 | Injection, fluorouracil, 500 mg | no auth | | | | |
| J9196 | Injection, gemcitabine HCl (Accord), not therapeutically equivalent to J9201, 200 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9198 | Injection, gemcitabine HCl, (Infugem), 100 mg | no auth | | | | |
| J9200 | Injection, floxuridine, 500 mg | no auth | | | | |
| J9201 | Injection, gemcitabine HCl, not otherwise specified, 200 mg | no auth | | | | |
| J9202 | Goserelein acetate implant, per 3.6 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Eligard | LCA A56776; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9205 | Injection, irinotecan liposome, 1 mg | no auth | | | | |
| J9206 | Injection, irinotecan, 20 mg | no auth | | | | |
| J9207 | Injection, ixabepilone, 1 mg | no auth | | | | |
| J9208 | Injection, ifosfamide, 1 g | no auth | | | | |
| J9209 | Injection, mesna, 200 mg | no auth | | | | |
| J9210 | Injection, emapalumab-lzsg, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9211 | Injection, idarubicin HCl, 5 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|---------------------------------------|---|--|---|---|
| J9212 | Injection, interferon alfacon-1, recombinant, 1 mcg | no auth | | | | |
| J9213 | Injection, interferon, alfa-2a, recombinant, 3 million units | no auth | | | | |
| J9214 | Injection, interferon, alfa-2b, recombinant, 1 million units | no auth | | | | |
| J9215 | Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU | no auth | | | | |
| J9216 | Injection, interferon, gamma 1-b, 3 million units | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9217 | Leuprolide acetate (for depot suspension), 7.5 mg | AUTH MAY BE REQUIRED/PRODUCT SPECIFIC | THIS J CODE IS USED FOR LUPRON AND ELIGARD. LUPRON IS NON-PREFERRED (AUTH REQ). ELIGARD IS PREFERRED (NO AUTH REQ). | LCA A56776 | | |
| J9218 | Leuprolide acetate, per 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9219 | Leuprolide acetate implant, 65 mg | AUTH REQUIRED | | LCA 56776, LCD 34822; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Gonadotropin-Releasing Hormone (GnRH) Agonists ACG: A-0304 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9223 | Injection, lurbinectedin, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9225 | Histrelin implant (Vantas), 50 mg | AUTH REQUIRED | | LCA 56776, LCD 34822; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9226 | Histrelin implant (Supprelin LA), 50 mg | AUTH REQUIRED | | | | |
| J9227 | Injection, isatuximab-irfc, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Bortezomib | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| J9228 | Injection, ipilimumab, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Ipilimumab ACG: A-0748 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|---|---------------------------------------|---|
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9230 | Injection, mechlorethamine HCl, (nitrogen mustard), 10 mg | no auth | | | | |
| J9245 | Injection, melphalan HCl, not otherwise specified, 50 mg | no auth | | | | |
| J9246 | Injection, melphalan (Evomela), 1 mg | AUTH REQUIRED | | NCD 110.23 Stem Cell Transplantation | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9247 | Injection, melphalan flufenamide, 1 mg | no auth | | | | |
| J9255 | Injection, methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg | no auth | | | | |
| J9258 | Injection, paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg | no auth | PREFERRED STATUS Brand = Doxorubicin / Paclitaxel | | | |
| J9259 | Injection, paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg | no auth | PREFERRED STATUS Brand = Doxorubicin / Paclitaxel | | | |
| J9260 | Methotrexate sodium, 50 mg | no auth | | | | |
| J9261 | Injection, nelarabine, 50 mg | no auth | | | | |
| J9262 | Injection, omacetaxine mepesuccinate, 0.01 mg | no auth | | | | |
| J9263 | Injection, oxaliplatin, 0.5 mg | no auth | | | | |
| J9264 | Injection, paclitaxel protein-bound particles, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Docetaxel / Paclitaxel | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | ACG: A-0753 (AC) | |
| J9266 | Injection, pegaspargase, per single dose vial | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9267 | Injection, paclitaxel, 1 mg | no auth | PREFERRED STATUS Brand = Paclitaxel | | | |
| J9268 | Injection, pentostatin, 10 mg | no auth | | | | |
| J9269 | Injection, tagraxofusp-erzs, 10 mcg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9270 | Injection, plicamycin, 2.5 mg | no auth | | | | |
| J9271 | Injection, pembrolizumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Libtayo | NCD 110.17, Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Pembrolizumab ACG: A-0729 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9272 | Injection, dostarlimab-gxly, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9273 | Injection, tisotumab vedotin-tftv, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|---|---|---------------------------------------|---|
| J9274 | Injection, tebentafusp-tebn, 1 mcg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9280 | Injection, mitomycin, 5 mg | no auth | | | | |
| J9281 | Mitomycin pyelocalyceal instillation, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9285 | Injection, olaratumab, 10 mg | no auth | | | | |
| J9286 | Injection, glofitamab-gxmb, 2.5 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9293 | Injection, mitoxantrone HCl, per 5 mg | no auth | | | | |
| J9294 | Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg | no auth | PREFERRED STATUS Brand = Pemetrexed | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9295 | Injection, necitumab, 1 mg | no auth | | | | |
| J9296 | Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg | no auth | PREFERRED STATUS Brand = Pemetrexed | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Pemetrexed ACG: A-0755 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9297 | Injection, pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg | no auth | PREFERRED STATUS Brand = Pemetrexed | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Pemetrexed ACG: A-0755 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9298 | Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9299 | Injection, nivolumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Libtayo | NCD 110.17, Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | MCG:Nivolumab ACG: A-0903 (AC) | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9301 | Injection, obinutuzumab, 10 mg | no auth | | | | |
| J9302 | Injection, ofatumumab, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9303 | Injection, panitumumab, 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9304 | Injection, pemetrexed (Pemfexy), 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Pemetrexed (J9294) | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|---|--------------------------------------|---|
| J9305 | Injection, pemetrexed, NOS, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Pemetrexed (J9294) | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9306 | Injection, pertuzumab, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Phesgo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9307 | Injection, pralatrexate, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9308 | Injection, ramucirumab, 5 mg | AUTH REQUIRED | | NCD 110.17, Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9309 | Injection, polatuzumab vedotin-piiq, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9311 | Injection, rituximab 10 mg and hyaluronidase | AUTH REQUIRED | NON-PREFERRED Preferred = Ruxience / Truxima | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9312 | Injection, rituximab, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Ruxience / Truxima | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9313 | Injection, moxetumomab pasudotox-tdfk, 0.01 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9314 | Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg | no auth | PREFERRED STATUS Brand = Pemetrexed | Evaluated based on Medicare Reasonable and Necessary Standard | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9316 | Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg | no auth | PREFERRED STATUS Brand = Phesgo | | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9317 | Injection, sacituzumab govitecan-hziy, 2.5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9318 | Injection, romidepsin, nonlyophilized, 0.1 mg | no auth | | | | |
| J9319 | Injection, romidepsin, lyophilized, 0.1 mg | no auth | | | | |
| J9320 | Injection, streptozocin, 1 g | no auth | | | | |
| J9321 | Injection, epcoritamab-bysp, 0.16 mg | AUTH REQUIRED | | | | |
| J9322 | Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg | AUTH REQUIRED | | | | |
| J9323 | Injection, pemetrexed ditromethamine, 10 mg | AUTH REQUIRED | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|--|--|--------------------------------------|---|
| J9324 | Injection, pemetrexed (Pemrydi RTU), 10 mg | no auth | PREFERRED STATUS Brand = Pemetrexed | | | |
| J9325 | Injection, talimogene laherparepvec, per 1 million plaque forming units | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9328 | Injection, temozolomide, 1 mg | no auth | | | | |
| J9330 | Injection, temsirolimus, 1 mg | no auth | | | | |
| J9331 | Injection, sirolimus protein-bound particles, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9332 | Injection, efgartigimod alfa-fcab, 2 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9333 | Injection, rozanolixizumab-noli, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9334 | Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9340 | Injection, thiotepea, 15 mg | no auth | | | | |
| J9345 | Injection, retifanlimab-dlwr, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9347 | Injection, tremelimumab-actl, 1 mg | AUTH REQUIRED | | | | |
| J9348 | Injection, naxitamab-gqgk, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9349 | Injection, tafasitamab-cxix, 2 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9350 | Injection, mosunetuzumab-axgb, 1 mg | AUTH REQUIRED | | | | |
| J9351 | Injection, topotecan, 0.1 mg | no auth | | | | |
| J9352 | Injection, trabectedin, 0.1 mg | no auth | | | | |
| J9353 | Injection, margetuximab-cmkb, 5 mg | no auth | | | | |
| J9354 | Injection, ado-trastuzumab emtansine, 1 mg | AUTH REQUIRED | | LCD 34026; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|--|--|--------------|---|
| J9355 | Injection, trastuzumab, excludes biosimilar, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera | LCD 34026; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9356 | Injection, trastuzumab, 10 mg and hyaluronidase-oysk | AUTH REQUIRED | NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9357 | Injection, valrubicin, intravesical, 200 mg | no auth | | | | |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg | AUTH REQUIRED | | LCD 34026; Otherwise evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9359 | Injection, loncastuximab tesirine-lpyl, 0.075 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9360 | Injection, vinblastine sulfate, 1 mg | no auth | | | | |
| J9370 | Vincristine sulfate, 1 mg | no auth | | | | |
| J9371 | Injection, vincristine sulfate liposome, 1 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9380 | Injection, teclistamab-cqyv, 0.5 mg | AUTH REQUIRED | | | | |
| J9381 | Injection, teplizumab-mzww, 5 mcg | AUTH REQUIRED | | | | |
| J9390 | Injection, vinorelbine tartrate, 10 mg | no auth | | | | |
| J9393 | Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9394 | Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9395 | Injection, fulvestrant, 25 mg | no auth | | | | |
| J9400 | Injection, ziv-aflibercept, 1 mg | no auth | | | | |
| J9600 | Injection, porfimer sodium, 75 mg | no auth | | | | |
| J9999 | Not otherwise classified, antineoplastic drugs | AUTH REQUIRED | | LCA 53032; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| K0001 | Standard wheelchair | no auth | | NCD 280.3, LCD 33788 | | |
| K0002 | Standard hemi (low seat) wheelchair | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |
| K0003 | Lightweight wheelchair | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |
| K0004 | High strength, lightweight wheelchair | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|----------------------|--------------|-------------------------------|
| K0005 | Ultralightweight wheelchair | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |
| K0006 | Heavy-duty wheelchair | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |
| K0007 | Extra heavy-duty wheelchair | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |
| K0008 | Custom manual wheelchair/base | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |
| K0009 | Other manual wheelchair/base | AUTH REQUIRED | | NCD 280.3, LCD 33788 | | |
| K0010 | Standard-weight frame motorized/power wheelchair | AUTH REQUIRED | | NCD 280.3 | | |
| K0011 | Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | AUTH REQUIRED | | NCD 280.3 | | |
| K0012 | Lightweight portable motorized/power wheelchair | AUTH REQUIRED | | NCD 280.3 | | |
| K0013 | Custom motorized/power wheelchair base | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0014 | Other motorized/power wheelchair base | AUTH REQUIRED | | NCD 280.3 | | |
| K0015 | Detachable, nonadjustable height armrest, each | AUTH REQUIRED | | LCD 33792 | | |
| K0017 | Detachable, adjustable height armrest, base, replacement only, each | no auth | | | | |
| K0018 | Detachable, adjustable height armrest, upper portion, replacement only, each | no auth | | | | |
| K0019 | Arm pad, replacement only, each | no auth | | | | |
| K0020 | Fixed, adjustable height armrest, pair | no auth | | | | |
| K0037 | High mount flip-up footrest, each | no auth | | | | |
| K0038 | Leg strap, each | no auth | | | | |
| K0039 | Leg strap, H style, each | no auth | | | | |
| K0040 | Adjustable angle footplate, each | no auth | | | | |
| K0041 | Large size footplate, each | no auth | | | | |
| K0042 | Standard size footplate, replacement only, each | no auth | | | | |
| K0043 | Footrest, lower extension tube, replacement only, each | no auth | | | | |
| K0044 | Footrest, upper hanger bracket, replacement only, each | no auth | | | | |
| K0045 | Footrest, complete assembly, replacement only, each | no auth | | | | |
| K0046 | Elevating legrest, lower extension tube, replacement only, each | no auth | | | | |
| K0047 | Elevating legrest, upper hanger bracket, replacement only, each | no auth | | | | |
| K0050 | Ratchet assembly, replacement only | no auth | | | | |
| K0051 | Cam release assembly, footrest or legrest, replacement only, each | no auth | | | | |
| K0052 | Swingaway, detachable footrests, replacement only, each | no auth | | | | |
| K0053 | Elevating footrests, articulating (telescoping), each | no auth | | | | |
| K0056 | Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair | no auth | | | | |
| K0065 | Spoke protectors, each | no auth | | | | |
| K0069 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each | no auth | | | | |
| K0070 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each | AUTH REQUIRED | | LCD 33792 | | |
| K0071 | Front caster assembly, complete, with pneumatic tire, replacement only, each | no auth | | | | |
| K0072 | Front caster assembly, complete, with semipneumatic tire, replacement only, each | no auth | | | | |
| K0073 | Caster pin lock, each | no auth | | | | |
| K0077 | Front caster assembly, complete, with solid tire, replacement only, each | no auth | | | | |
| K0098 | Drive belt for power wheelchair, replacement only | no auth | | | | |
| K0105 | IV hanger, each | no auth | | | | |
| K0108 | Wheelchair component or accessory, not otherwise specified | AUTH REQUIRED | | LCD 33792, LCD 33312 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------------|--------------|-------------------------------|
| K0195 | Elevating legrests, pair (for use with capped rental wheelchair base) | no auth | | | | |
| K0455 | Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) | no auth | | | | |
| K0462 | Temporary replacement for patient-owned equipment being repaired, any type | no auth | | | | |
| K0552 | Supplies for external noninsulin drug infusion pump, syringe type cartridge, sterile, each | no auth | | | | |
| K0601 | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each | no auth | | | | |
| K0602 | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each | no auth | | | | |
| K0603 | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each | no auth | | | | |
| K0604 | Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each | no auth | | | | |
| K0605 | Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each | no auth | | | | |
| K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | AUTH REQUIRED | | LCD 33690 | | |
| K0607 | Replacement battery for automated external defibrillator, garment type only, each | AUTH REQUIRED | | LCD 33690 | | |
| K0608 | Replacement garment for use with automated external defibrillator, each | no auth | | | | |
| K0609 | Replacement electrodes for use with automated external defibrillator, garment type only, each | AUTH REQUIRED | | LCD 33690 | | |
| K0669 | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC | AUTH REQUIRED | | LCD 33312 | | |
| K0672 | Addition to lower extremity orthotic, removable soft interface, all components, replacement only, each | no auth | | | | |
| K0730 | Controlled dose inhalation drug delivery system | AUTH REQUIRED | | LCD 33370 | | |
| K0733 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) | AUTH REQUIRED | | LCD 33792 | | |
| K0738 | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing | no auth | | | | |
| K0739 | Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | no auth | | | | |
| K0740 | Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| K0743 | Suction pump, home model, portable, for use on wounds | AUTH REQUIRED | | LCD 33612 | | |
| K0744 | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 sq in or less | AUTH REQUIRED | | LCD 33612 | | |
| K0745 | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 sq in but less than or equal to 48 sq in | AUTH REQUIRED | | LCD 33612 | | |
| K0746 | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 sq in | AUTH REQUIRED | | LCD 33612 | | |
| K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0801 | Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0802 | Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |

| CPT/HCPCSs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|------------|--|------------------|-------------------------------|----------------------|--------------|-------------------------------|
| K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0807 | Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0808 | Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0812 | Power operated vehicle, not otherwise classified | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0813 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0814 | Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0815 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0816 | Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0820 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0821 | Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0822 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0823 | Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0824 | Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0825 | Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0826 | Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0827 | Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0828 | Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0829 | Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0830 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0831 | Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0835 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0836 | Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0837 | Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0838 | Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0839 | Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|----------------------|--------------|-------------------------------|
| K0840 | Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0841 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0842 | Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0843 | Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0848 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0849 | Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0850 | Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0851 | Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0852 | Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0853 | Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0854 | Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0855 | Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0857 | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0858 | Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0859 | Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0860 | Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0861 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0862 | Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0863 | Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0864 | Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0868 | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0869 | Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| K0870 | Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0871 | Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0877 | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, NCD 280.15 (iBOT), LCD 33789 | | |
| K0878 | Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0879 | Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0880 | Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0884 | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0885 | Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0886 | Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0890 | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | AUTH REQUIRED | | | | |
| K0891 | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds | AUTH REQUIRED | | | | |
| K0898 | Power wheelchair, not otherwise classified | AUTH REQUIRED | | NCD 280.3, NCD 280.15 (iBOT), LCD 33789 | | |
| K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria | AUTH REQUIRED | | NCD 280.3, LCD 33789 | | |
| K0900 | Customized durable medical equipment, other than wheelchair | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| K1004 | Low frequency ultrasonic diathermy treatment device for home use | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| K1007 | Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| K1027 | Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | | | |
| K1030 | External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| K1034 | Provision of COVID-19 test, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared, one test count | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| K1035 | Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared | no auth | | Medicare Status Indicator E1; CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 11896 | | |
| K1036 | Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L0112 | Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated | AUTH REQUIRED | | | | |
| L0113 | Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | | | |
| L0120 | Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar) | no auth | | | | |
| L0130 | Cervical, flexible, thermoplastic collar, molded to patient | no auth | | | | |
| L0140 | Cervical, semi-rigid, adjustable (plastic collar) | no auth | | | | |
| L0150 | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece) | no auth | | | | |
| L0160 | Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf | no auth | | | | |
| L0170 | Cervical, collar, molded to patient model | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0172 | Cervical, collar, semi-rigid thermoplastic foam, two piece, prefabricated, off-the-shelf | no auth | | | | |
| L0174 | Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf | no auth | | | | |
| L0180 | Cervical, multiple post collar, occipital/mandibular supports, adjustable | no auth | | | | |
| L0190 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0200 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0220 | Thoracic, rib belt, custom fabricated | no auth | | | | |
| L0450 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf | no auth | | | | |
| L0452 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated | no auth | | DME FEE SCHEDULE PAYS \$0.00 | | |
| L0454 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L0455 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf | no auth | | | | |
| L0456 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33790 | | |
| L0457 | Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33790 | | |
| L0458 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33790 | | |
| L0460 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33790 | | |
| L0462 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33790 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L0464 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33790 | | |
| L0466 | Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L0467 | Thoracic-lumbar-sacral orthosis (TLSO), sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf | no auth | | | | |
| L0468 | Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33790 | | |
| L0469 | Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf | no auth | | | | |
| L0470 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33790 | | |
| L0472 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L0480 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | AUTH REQUIRED | | LCD 33790 | | |
| L0482 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | AUTH REQUIRED | | LCD 33790 | | |
| L0484 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | AUTH REQUIRED | | LCD 33790 | | |
| L0486 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | AUTH REQUIRED | | LCD 33790 | | |
| L0488 | Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33790 | | |
| L0490 | Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, one-piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment | no auth | | | | |
| L0491 | Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33790 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|------------------------------|--------------|-------------------------------|
| L0492 | Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33790 | | |
| L0621 | Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf | no auth | | | | |
| L0622 | Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | no auth | | | | |
| L0623 | Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf | no auth | | | | |
| L0624 | Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated | no auth | | DME FEE SCHEDULE PAYS \$0.00 | | |
| L0625 | Lumbar orthosis (LO), flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf | no auth | | | | |
| L0626 | Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L0627 | Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33790 | | |
| L0628 | Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | no auth | | | | |

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| L0629 | Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated | no auth | | DME FEE SCHEDULE PAYS \$0.00 | | |
| L0630 | Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L0631 | Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33790 | | |
| L0632 | Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | no auth | | DME FEE SCHEDULE PAYS \$0.00 | | |
| L0633 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L0634 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated | no auth | | DME FEE SCHEDULE PAYS \$0.00 | | |
| L0635 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33790 | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L0636 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated | AUTH REQUIRED | | LCD 33790 | | |
| L0637 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33790 | | |
| L0638 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated | AUTH REQUIRED | | LCD 33790 | | |
| L0639 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33790 | | |
| L0640 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated | AUTH REQUIRED | | LCD 33790 | | |
| L0641 | Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | no auth | | | | |
| L0642 | Lumbar orthosis (LO), sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| L0643 | Lumbar-sacral orthosis (LSO), sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | no auth | | | | |
| L0648 | Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33790 | | |
| L0649 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | no auth | | | | |
| L0650 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33790 | | |
| L0651 | Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33790 | | |
| L0700 | Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0710 | Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0810 | Halo procedure, cervical halo incorporated into jacket vest | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0820 | Halo procedure, cervical halo incorporated into plaster body jacket | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0830 | Halo procedure, cervical halo incorporated into Milwaukee type orthotic | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0859 | Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L0861 | Addition to halo procedure, replacement liner/interface material | no auth | | | | |
| L0970 | Thoracic-lumbar-sacral orthosis (TLSO), corset front | no auth | | | | |
| L0972 | Lumbar-sacral orthosis (LSO), corset front | no auth | | | | |
| L0974 | Thoracic-lumbar-sacral orthosis (TLSO), full corset | no auth | | | | |
| L0976 | Lumbar-sacral orthosis (LSO), full corset | no auth | | | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| L0978 | Axillary crutch extension | no auth | | | | |
| L0980 | Peroneal straps, prefabricated, off-the-shelf, pair | no auth | | | | |
| L0982 | Stocking supporter grips, prefabricated, off-the-shelf, set of four (4) | no auth | | | | |
| L0984 | Protective body sock, prefabricated, off-the-shelf, each | no auth | | | | |
| L0999 | Addition to spinal orthosis, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1000 | Cervical-thoracic-lumbar-sacral orthosis (CTLSSO) (Milwaukee), inclusive of furnishing initial orthotic, including model | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1001 | Cervical-thoracic-lumbar-sacral orthosis (CTLSSO), immobilizer, infant size, prefabricated, includes fitting and adjustment | no auth | | DME FEE SCHEDULE PAYS \$0.00 | | |
| L1005 | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1010 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, axilla sling | no auth | | | | |
| L1020 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, kyphosis pad | no auth | | | | |
| L1025 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, kyphosis pad, floating | no auth | | | | |
| L1030 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, lumbar bolster pad | no auth | | | | |
| L1040 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, lumbar or lumbar rib pad | no auth | | | | |
| L1050 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, sternal pad | no auth | | | | |
| L1060 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, thoracic pad | no auth | | | | |
| L1070 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, trapezius sling | no auth | | | | |
| L1080 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, outrigger | no auth | | | | |
| L1085 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, outrigger, bilateral with vertical extensions | no auth | | | | |
| L1090 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, lumbar sling | no auth | | | | |
| L1100 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, ring flange, plastic or leather | no auth | | | | |
| L1110 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model | no auth | | | | |
| L1120 | Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO), scoliosis orthosis, cover for upright, each | no auth | | | | |
| L1200 | Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1210 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension | no auth | | | | |
| L1220 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic extension | no auth | | | | |
| L1230 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1240 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lumbar derotation pad | no auth | | | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| L1250 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior ASIS pad | no auth | | | | |
| L1260 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), anterior thoracic derotation pad | no auth | | | | |
| L1270 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), abdominal pad | no auth | | | | |
| L1280 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), rib gusset (elastic), each | no auth | | | | |
| L1290 | Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral trochanteric pad | no auth | | | | |
| L1300 | Other scoliosis procedure, body jacket molded to patient model | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1310 | Other scoliosis procedure, postoperative body jacket | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1499 | Spinal orthosis, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1600 | Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L1610 | Hip orthosis (HO), abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L1620 | Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L1630 | Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated | no auth | | | | |
| L1640 | Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1650 | Hip orthosis (HO), abduction control of hip joints, static, adjustable, (Ilfeld type), prefabricated, includes fitting and adjustment | no auth | | | | |
| L1652 | Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type | no auth | | | | |
| L1660 | Hip orthosis (HO), abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment | no auth | | | | |
| L1680 | Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1681 | Hip orthosis (HO), 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1685 | Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| L1686 | Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1690 | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1700 | Legg Perthes orthosis, (Toronto type), custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1710 | Legg Perthes orthosis, (Newington type), custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1720 | Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1730 | Legg Perthes orthosis, (Scottish Rite type), custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1755 | Legg Perthes orthosis, (Patten bottom type), custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L1810 | Knee orthosis (KO), elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L1812 | Knee orthosis (KO), elastic with joints, prefabricated, off-the-shelf | no auth | | | | |
| L1820 | Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment | no auth | | | | |
| L1830 | Knee orthosis (KO), immobilizer, canvas longitudinal, prefabricated, off-the-shelf | no auth | | | | |
| L1831 | Knee orthosis (KO), locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment | no auth | | | | |
| L1832 | Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33318 | | |
| L1833 | Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33318 | | |
| L1834 | Knee orthosis (KO), without knee joint, rigid, custom fabricated | AUTH REQUIRED | | LCD 33318 | | |
| L1836 | Knee orthosis (KO), rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf | no auth | | | | |
| L1840 | Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated | AUTH REQUIRED | | LCD 33318 | | |
| L1843 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33318 | | |
| L1844 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | AUTH REQUIRED | | LCD 33318 | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L1845 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33318 | | |
| L1846 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated | AUTH REQUIRED | | LCD 33318 | | |
| L1847 | Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | LCD 33318 | | |
| L1848 | Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33318 | | |
| L1850 | Knee orthosis (KO), Swedish type, prefabricated, off-the-shelf | no auth | | | | |
| L1851 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33318 | | |
| L1852 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33318 | | |
| L1860 | Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK) | AUTH REQUIRED | | LCD 33318 | | |
| L1900 | Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated | no auth | | | | |
| L1902 | Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf | no auth | | | | |
| L1904 | Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L1906 | Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf | no auth | | | | |
| L1907 | Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L1910 | Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment | no auth | | | | |
| L1920 | Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated | no auth | | | | |
| L1930 | Ankle-foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment | no auth | | | | |
| L1932 | Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |
| L1940 | Ankle-foot orthosis (AFO), plastic or other material, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L1945 | Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L1950 | Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L1951 | Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| L1960 | Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L1970 | Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L1971 | Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |
| L1980 | Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated | no auth | | | | |
| L1990 | Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2000 | Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated | AUTH REQUIRED | | LCD 33686, LCA 52481 | | |
| L2005 | Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2006 | Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2010 | Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated | AUTH REQUIRED | | LCD 33686, LCA 52481 | | |
| L2020 | Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated | AUTH REQUIRED | | LCD 33686, LCA 52481 | | |
| L2030 | Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated | AUTH REQUIRED | | LCD 33686, LCA 52481 | | |
| L2034 | Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2035 | Knee-ankle-foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment | no auth | | | | |
| L2036 | Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2037 | Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2038 | Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2040 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated | no auth | | | | |
| L2050 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L2060 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated | AUTH REQUIRED | | LCA 52481 | | |
| L2070 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| L2080 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated | no auth | | | | |
| L2090 | Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L2106 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2108 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2112 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |
| L2114 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |
| L2116 | Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |
| L2126 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2128 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L2132 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |
| L2134 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |
| L2136 | Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | LCD 33686 | | |
| L2180 | Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints | no auth | | | | |
| L2182 | Addition to lower extremity fracture orthosis, drop lock knee joint | no auth | | | | |
| L2184 | Addition to lower extremity fracture orthosis, limited motion knee joint | no auth | | | | |
| L2186 | Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type | no auth | | | | |
| L2188 | Addition to lower extremity fracture orthosis, quadrilateral brim | no auth | | | | |
| L2190 | Addition to lower extremity fracture orthosis, waist belt | no auth | | | | |
| L2192 | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt | no auth | | | | |
| L2200 | Addition to lower extremity, limited ankle motion, each joint | no auth | | | | |
| L2210 | Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint | no auth | | | | |
| L2220 | Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint | no auth | | | | |
| L2230 | Addition to lower extremity, split flat caliper stirrups and plate attachment | no auth | | | | |
| L2232 | Addition to lower extremity orthosis, rocker bottom for total contact ankle-foot orthosis (AFO), for custom fabricated orthosis only | no auth | | | | |
| L2240 | Addition to lower extremity, round caliper and plate attachment | no auth | | | | |
| L2250 | Addition to lower extremity, foot plate, molded to patient model, stirrup attachment | AUTH REQUIRED | | LCD 33686 | | |

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|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L2260 | Addition to lower extremity, reinforced solid stirrup (Scott-Craig type) | no auth | | | | |
| L2265 | Addition to lower extremity, long tongue stirrup | no auth | | | | |
| L2270 | Addition to lower extremity, varus/valgus correction (T) strap, padded/lined or malleolus pad | no auth | | | | |
| L2275 | Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined | no auth | | | | |
| L2280 | Addition to lower extremity, molded inner boot | no auth | | | | |
| L2300 | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable | no auth | | | | |
| L2310 | Addition to lower extremity, abduction bar, straight | no auth | | | | |
| L2320 | Addition to lower extremity, nonmolded lacer, for custom fabricated orthosis only | no auth | | | | |
| L2330 | Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only | no auth | | | | |
| L2335 | Addition to lower extremity, anterior swing band | no auth | | | | |
| L2340 | Addition to lower extremity, pretibial shell, molded to patient model | AUTH REQUIRED | | LCD 33686 | | |
| L2350 | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses) | AUTH REQUIRED | | LCD 33686 | | |
| L2360 | Addition to lower extremity, extended steel shank | no auth | | | | |
| L2370 | Addition to lower extremity, Patten bottom | no auth | | | | |
| L2375 | Addition to lower extremity, torsion control, ankle joint and half solid stirrup | no auth | | | | |
| L2380 | Addition to lower extremity, torsion control, straight knee joint, each joint | no auth | | | | |
| L2385 | Addition to lower extremity, straight knee joint, heavy-duty, each joint | no auth | | | | |
| L2387 | Addition to lower extremity, polycentric knee joint, for custom fabricated knee-ankle-foot orthosis (KAFO), each joint | no auth | | | | |
| L2390 | Addition to lower extremity, offset knee joint, each joint | no auth | | | | |
| L2395 | Addition to lower extremity, offset knee joint, heavy-duty, each joint | no auth | | | | |
| L2397 | Addition to lower extremity orthosis, suspension sleeve | no auth | | | | |
| L2405 | Addition to knee joint, drop lock, each | no auth | | | | |
| L2415 | Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint | no auth | | | | |
| L2425 | Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint | no auth | | | | |
| L2430 | Addition to knee joint, ratchet lock for active and progressive knee extension, each joint | no auth | | | | |
| L2492 | Addition to knee joint, lift loop for drop lock ring | no auth | | | | |
| L2500 | Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring | no auth | | | | |
| L2510 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model | AUTH REQUIRED | | LCD 33686 | | |
| L2520 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted | no auth | | | | |
| L2525 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model | AUTH REQUIRED | | LCD 33686 | | |
| L2526 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted | AUTH REQUIRED | | LCD 33686 | | |
| L2530 | Addition to lower extremity, thigh/weight bearing, lacer, nonmolded | no auth | | | | |
| L2540 | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model | no auth | | | | |
| L2550 | Addition to lower extremity, thigh/weight bearing, high roll cuff | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| L2570 | Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L2580 | Addition to lower extremity, pelvic control, pelvic sling | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L2600 | Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each | no auth | | | | |
| L2610 | Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each | no auth | | | | |
| L2620 | Addition to lower extremity, pelvic control, hip joint, heavy-duty, each | no auth | | | | |
| L2622 | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each | no auth | | | | |
| L2624 | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each | no auth | | | | |
| L2627 | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L2628 | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L2630 | Addition to lower extremity, pelvic control, band and belt, unilateral | no auth | | | | |
| L2640 | Addition to lower extremity, pelvic control, band and belt, bilateral | no auth | | | | |
| L2650 | Addition to lower extremity, pelvic and thoracic control, gluteal pad, each | no auth | | | | |
| L2660 | Addition to lower extremity, thoracic control, thoracic band | no auth | | | | |
| L2670 | Addition to lower extremity, thoracic control, paraspinal uprights | no auth | | | | |
| L2680 | Addition to lower extremity, thoracic control, lateral support uprights | no auth | | | | |
| L2750 | Addition to lower extremity orthosis, plating chrome or nickel, per bar | no auth | | | | |
| L2755 | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only | no auth | | | | |
| L2760 | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth) | no auth | | | | |
| L2768 | Orthotic side bar disconnect device, per bar | no auth | | | | |
| L2780 | Addition to lower extremity orthosis, noncorrosive finish, per bar | no auth | | | | |
| L2785 | Addition to lower extremity orthosis, drop lock retainer, each | no auth | | | | |
| L2795 | Addition to lower extremity orthosis, knee control, full kneecap | no auth | | | | |
| L2800 | Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only | no auth | | | | |
| L2810 | Addition to lower extremity orthosis, knee control, condylar pad | no auth | | | | |
| L2820 | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section | no auth | | | | |
| L2830 | Addition to lower extremity orthosis, soft interface for molded plastic, above knee section | no auth | | | | |
| L2840 | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each | no auth | | | | |

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|-----------|---|-------------------------|-------------------------------|---|--------------|-------------------------------|
| L2850 | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each | no auth | | | | |
| L2861 | Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each | NOT PAYABLE BY MEDICARE | | | | |
| L2999 | Lower extremity orthoses, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3000 | Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3001 | Foot, insert, removable, molded to patient model, Spenco, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3002 | Foot insert, removable, molded to patient model, Plastazote or equal, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3003 | Foot insert, removable, molded to patient model, silicone gel, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3010 | Foot insert, removable, molded to patient model, longitudinal arch support, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3020 | Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3030 | Foot insert, removable, formed to patient foot, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3031 | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3040 | Foot, arch support, removable, premolded, longitudinal, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3050 | Foot, arch support, removable, premolded, metatarsal, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3060 | Foot, arch support, removable, premolded, longitudinal/metatarsal, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3070 | Foot, arch support, nonremovable, attached to shoe, longitudinal, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3080 | Foot, arch support, nonremovable, attached to shoe, metatarsal, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3090 | Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3100 | Hallus-valgus night dynamic splint, prefabricated, off-the-shelf | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3140 | Foot, abduction rotation bar, including shoes | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3150 | Foot, abduction rotation bar, without shoes | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3160 | Foot, adjustable shoe-styled positioning device | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3161 | Foot, adductus positioning device, adjustable | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3170 | Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3201 | Orthopedic shoe, Oxford with supinator or pronator, infant | AUTH REQUIRED | | | | |
| L3202 | Orthopedic shoe, Oxford with supinator or pronator, child | AUTH REQUIRED | | | | |
| L3203 | Orthopedic shoe, Oxford with supinator or pronator, junior | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3204 | Orthopedic shoe, hightop with supinator or pronator, infant | AUTH REQUIRED | | | | |
| L3206 | Orthopedic shoe, hightop with supinator or pronator, child | AUTH REQUIRED | | | | |
| L3207 | Orthopedic shoe, hightop with supinator or pronator, junior | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3208 | Surgical boot, each, infant | AUTH REQUIRED | | | | |
| L3209 | Surgical boot, each, child | AUTH REQUIRED | | | | |
| L3211 | Surgical boot, each, junior | no auth | | | | |
| L3212 | Benesch boot, pair, infant | AUTH REQUIRED | | | | |
| L3213 | Benesch boot, pair, child | AUTH REQUIRED | | | | |
| L3214 | Benesch boot, pair, junior | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------------------|--------------|-------------------------------|
| L3215 | Orthopedic footwear, ladies shoe, Oxford, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L3216 | Orthopedic footwear, ladies shoe, depth inlay, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L3217 | Orthopedic footwear, ladies shoe, hightop, depth inlay, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L3219 | Orthopedic footwear, mens shoe, Oxford, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L3221 | Orthopedic footwear, mens shoe, depth inlay, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L3222 | Orthopedic footwear, mens shoe, hightop, depth inlay, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L3224 | Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis) | no auth | | | | |
| L3225 | Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis) | no auth | | | | |
| L3230 | Orthopedic footwear, custom shoe, depth inlay, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3250 | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each | AUTH REQUIRED | | NCD 280.10, LCD 33641, LCA 52481 | | |
| L3251 | Foot, shoe molded to patient model, silicone shoe, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3252 | Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3253 | Foot, molded shoe, Plastazote (or similar), custom fitted, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3254 | Nonstandard size or width | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3255 | Nonstandard size or length | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3257 | Orthopedic footwear, additional charge for split size | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3260 | Surgical boot/shoe, each | no auth | | | | |
| L3265 | Plastazote sandal, each | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3300 | Lift, elevation, heel, tapered to metatarsals, per in | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3310 | Lift, elevation, heel and sole, neoprene, per in | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3320 | Lift, elevation, heel and sole, cork, per in | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3330 | Lift, elevation, metal extension (skate) | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3332 | Lift, elevation, inside shoe, tapered, up to one-half in | no auth | | | | |
| L3334 | Lift, elevation, heel, per in | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3340 | Heel wedge, SACH | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3350 | Heel wedge | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3360 | Sole wedge, outside sole | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3370 | Sole wedge, between sole | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3380 | Clubfoot wedge | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3390 | Outflare wedge | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3400 | Metatarsal bar wedge, rocker | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3410 | Metatarsal bar wedge, between sole | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3420 | Full sole and heel wedge, between sole | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3430 | Heel, counter, plastic reinforced | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3440 | Heel, counter, leather reinforced | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3450 | Heel, SACH cushion type | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3455 | Heel, new leather, standard | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3460 | Heel, new rubber, standard | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3465 | Heel, Thomas with wedge | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3470 | Heel, Thomas extended to ball | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3480 | Heel, pad and depression for spur | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3485 | Heel, pad, removable for spur | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3500 | Orthopedic shoe addition, insole, leather | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3510 | Orthopedic shoe addition, insole, rubber | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| L3520 | Orthopedic shoe addition, insole, felt covered with leather | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3530 | Orthopedic shoe addition, sole, half | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3540 | Orthopedic shoe addition, sole, full | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3550 | Orthopedic shoe addition, toe tap, standard | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3560 | Orthopedic shoe addition, toe tap, horseshoe | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3570 | Orthopedic shoe addition, special extension to instep (leather with eyelets) | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3580 | Orthopedic shoe addition, convert instep to Velcro closure | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3590 | Orthopedic shoe addition, convert firm shoe counter to soft counter | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3595 | Orthopedic shoe addition, March bar | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3600 | Transfer of an orthosis from one shoe to another, caliper plate, existing | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3610 | Transfer of an orthosis from one shoe to another, caliper plate, new | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3620 | Transfer of an orthosis from one shoe to another, solid stirrup, existing | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3630 | Transfer of an orthosis from one shoe to another, solid stirrup, new | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3640 | Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3649 | Orthopedic shoe, modification, addition or transfer, not otherwise specified | AUTH REQUIRED | | LCD 33641, LCA 52481 | | |
| L3650 | Shoulder orthosis (SO), figure of eight design abduction restrainer, prefabricated, off-the-shelf | no auth | | | | |
| L3660 | Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf | no auth | | | | |
| L3670 | Shoulder orthosis (SO), acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf | no auth | | | | |
| L3671 | Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3674 | Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3675 | Shoulder orthosis (SO), vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf | no auth | | | | |
| L3677 | Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3678 | Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3702 | Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3710 | Elbow orthosis (EO), elastic with metal joints, prefabricated, off-the-shelf | no auth | | | | |
| L3720 | Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3730 | Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------|-------------------------------|---|--------------|-------------------------------|
| L3740 | Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3760 | Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L3761 | Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf | no auth | | | | |
| L3762 | Elbow orthosis (EO), rigid, without joints, includes soft interface material, prefabricated, off-the-shelf | no auth | | | | |
| L3763 | Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3764 | Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3765 | Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3766 | Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3806 | Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3807 | Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L3808 | Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3809 | Wrist-hand-finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type | no auth | | | | |
| L3891 | Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each | NOT PAYABLE BY MEDICARE | | | | |
| L3900 | Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3901 | Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3904 | Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3905 | Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3906 | Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3908 | Wrist-hand orthosis (WHO), wrist extension control cock-up, nonmolded, prefabricated, off-the-shelf | no auth | | | | |

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|-----------|---|------------------|-------------------------------|------------------------------|--------------|-------------------------------|
| L3912 | Hand-finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf | no auth | | | | |
| L3913 | Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3915 | Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L3916 | Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf | no auth | | | | |
| L3917 | Hand orthosis (HO), metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L3918 | Hand orthosis (HO), metacarpal fracture orthosis, prefabricated, off-the-shelf | no auth | | | | |
| L3919 | Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3921 | Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3923 | Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L3924 | Hand-finger orthosis (HFO), without joints, may include soft interface, straps, prefabricated, off-the-shelf | no auth | | | | |
| L3925 | Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf | no auth | | | | |
| L3927 | Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf | no auth | | | | |
| L3929 | Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L3930 | Hand-finger orthosis (HFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf | no auth | | | | |
| L3931 | Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment | no auth | | | | |
| L3933 | Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3935 | Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment | no auth | | | | |
| L3956 | Addition of joint to upper extremity orthosis, any material; per joint | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |

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|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| L3960 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3961 | Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3962 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3967 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3971 | Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3973 | Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3975 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3976 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3977 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3978 | Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3980 | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment | no auth | | | | |
| L3981 | Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L3982 | Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment | no auth | | | | |
| L3984 | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment | no auth | | | | |
| L3995 | Addition to upper extremity orthosis, sock, fracture or equal, each | no auth | | | | |
| L3999 | Upper limb orthosis, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L4000 | Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSO) or spinal orthosis SO) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L4002 | Replacement strap, any orthosis, includes all components, any length, any type | AUTH REQUIRED | | DME FEE SCHEDULE PAYS \$0.00 | | |

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|-----------|---|------------------|-------------------------------|----------------------|--------------|-------------------------------|
| L4010 | Replace trilateral socket brim | AUTH REQUIRED | | LCD 33686 | | |
| L4020 | Replace quadrilateral socket brim, molded to patient model | AUTH REQUIRED | | LCD 33686 | | |
| L4030 | Replace quadrilateral socket brim, custom fitted | no auth | | | | |
| L4040 | Replace molded thigh lacer, for custom fabricated orthosis only | no auth | | | | |
| L4045 | Replace nonmolded thigh lacer, for custom fabricated orthosis only | no auth | | | | |
| L4050 | Replace molded calf lacer, for custom fabricated orthosis only | no auth | | | | |
| L4055 | Replace nonmolded calf lacer, for custom fabricated orthosis only | no auth | | | | |
| L4060 | Replace high roll cuff | no auth | | | | |
| L4070 | Replace proximal and distal upright for KAFO | no auth | | | | |
| L4080 | Replace metal bands KAFO, proximal thigh | no auth | | | | |
| L4090 | Replace metal bands KAFO-AFO, calf or distal thigh | no auth | | | | |
| L4100 | Replace leather cuff KAFO, proximal thigh | no auth | | | | |
| L4110 | Replace leather cuff KAFO-AFO, calf or distal thigh | no auth | | | | |
| L4130 | Replace pretibial shell | no auth | | | | |
| L4205 | Repair of orthotic device, labor component, per 15 minutes | AUTH REQUIRED | | LCD 33686, LCD 33318 | | |
| L4210 | Repair of orthotic device, repair or replace minor parts | AUTH REQUIRED | | LCD 33686, LCD 33318 | | |
| L4350 | Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf | no auth | | | | |
| L4360 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L4361 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf | no auth | | | | |
| L4370 | Pneumatic full leg splint, prefabricated, off-the-shelf | no auth | | | | |
| L4386 | Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L4387 | Walking boot, nonpneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf | no auth | | | | |
| L4392 | Replacement, soft interface material, static AFO | no auth | | | | |
| L4394 | Replace soft interface material, foot drop splint | no auth | | | | |
| L4396 | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | no auth | | | | |
| L4397 | Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf | no auth | | | | |
| L4398 | Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf | no auth | | | | |
| L4631 | Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated | AUTH REQUIRED | | LCD 33686 | | |
| L5000 | Partial foot, shoe insert with longitudinal arch, toe filler | no auth | | | | |
| L5010 | Partial foot, molded socket, ankle height, with toe filler | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5020 | Partial foot, molded socket, tibial tubercle height, with toe filler | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5050 | Ankle, Symes, molded socket, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |

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|-----------|---|------------------|-------------------------------|----------------------|--------------|-------------------------------|
| L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH) | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5100 | Below knee (BK), molded socket, shin, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5105 | Below knee (BK), plastic socket, joints and thigh lacer, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5160 | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5200 | Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5210 | Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5220 | Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5230 | Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5250 | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5280 | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5301 | Below knee (BK), molded socket, shin, SACH foot, endoskeletal system | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5312 | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5321 | Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5331 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5400 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK) | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5410 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5420 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change above knee (AK) or knee disarticulation | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5430 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, above knee (AK) or knee disarticulation, each additional cast change and realignment | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5450 | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee (BK) | no auth | | | | |
| L5460 | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK) | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5500 | Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5505 | Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| L5510 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5520 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5530 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5535 | Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5540 | Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5560 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5570 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5580 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5585 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5590 | Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5595 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5600 | Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model | AUTH REQUIRED | | LCD 33787, LCA 52481 | | |
| L5610 | Addition to lower extremity, endoskeletal system, above knee (AK), hydracandence system | AUTH REQUIRED | | LCD 33787 | | |
| L5611 | Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5613 | Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5614 | Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5615 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L5616 | Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5617 | Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each | AUTH REQUIRED | | LCD 33787 | | |
| L5618 | Addition to lower extremity, test socket, Symes | no auth | | | | |
| L5620 | Addition to lower extremity, test socket, below knee (BK) | no auth | | | | |
| L5622 | Addition to lower extremity, test socket, knee disarticulation | no auth | | | | |
| L5624 | Addition to lower extremity, test socket, above knee (AK) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L5626 | Addition to lower extremity, test socket, hip disarticulation | AUTH REQUIRED | | LCD 33787 | | |
| L5628 | Addition to lower extremity, test socket, hemipelvectomy | AUTH REQUIRED | | LCD 33787 | | |
| L5629 | Addition to lower extremity, below knee, acrylic socket | no auth | | | | |
| L5630 | Addition to lower extremity, Symes type, expandable wall socket | no auth | | | | |
| L5631 | Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket | AUTH REQUIRED | | LCD 33787 | | |
| L5632 | Addition to lower extremity, Symes type, PTB brim design socket | no auth | | | | |
| L5634 | Addition to lower extremity, Symes type, posterior opening (Canadian) socket | no auth | | | | |
| L5636 | Addition to lower extremity, Symes type, medial opening socket | no auth | | | | |
| L5637 | Addition to lower extremity, below knee (BK), total contact | no auth | | | | |
| L5638 | Addition to lower extremity, below knee (BK), leather socket | AUTH REQUIRED | | LCD 33787 | | |
| L5639 | Addition to lower extremity, below knee (BK), wood socket | AUTH REQUIRED | | LCD 33787 | | |
| L5640 | Addition to lower extremity, knee disarticulation, leather socket | AUTH REQUIRED | | LCD 33787 | | |
| L5642 | Addition to lower extremity, above knee (AK), leather socket | AUTH REQUIRED | | LCD 33787 | | |
| L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | AUTH REQUIRED | | LCD 33787 | | |
| L5644 | Addition to lower extremity, above knee (AK), wood socket | AUTH REQUIRED | | LCD 33787 | | |
| L5645 | Addition to lower extremity, below knee (BK), flexible inner socket, external frame | AUTH REQUIRED | | LCD 33787 | | |
| L5646 | Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket | AUTH REQUIRED | | LCD 33787 | | |
| L5647 | Addition to lower extremity, below knee (BK), suction socket | AUTH REQUIRED | | LCD 33787 | | |
| L5648 | Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket | AUTH REQUIRED | | LCD 33787 | | |
| L5649 | Addition to lower extremity, ischial containment/narrow M-L socket | AUTH REQUIRED | | LCD 33787 | | |
| L5650 | Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket | AUTH REQUIRED | | LCD 33787 | | |
| L5651 | Addition to lower extremity, above knee (AK), flexible inner socket, external frame | AUTH REQUIRED | | LCD 33787 | | |
| L5652 | Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket | no auth | | | | |
| L5653 | Addition to lower extremity, knee disarticulation, expandable wall socket | AUTH REQUIRED | | LCD 33787 | | |
| L5654 | Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal) | no auth | | | | |
| L5655 | Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal) | no auth | | | | |
| L5656 | Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) | no auth | | | | |
| L5658 | Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal) | no auth | | | | |
| L5661 | Addition to lower extremity, socket insert, multidurometer Symes | AUTH REQUIRED | | LCD 33787 | | |
| L5665 | Addition to lower extremity, socket insert, multidurometer, below knee (BK) | AUTH REQUIRED | | LCD 33787 | | |
| L5666 | Addition to lower extremity, below knee (BK), cuff suspension | no auth | | | | |
| L5668 | Addition to lower extremity, below knee (BK), molded distal cushion | no auth | | | | |
| L5670 | Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar) | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L5671 | Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert | AUTH REQUIRED | | LCD 33787 | | |
| L5672 | Addition to lower extremity, below knee (BK), removable medial brim suspension | no auth | | | | |
| L5673 | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | AUTH REQUIRED | | LCD 33787 | | |
| L5676 | Additions to lower extremity, below knee (BK), knee joints, single axis, pair | no auth | | | | |
| L5677 | Additions to lower extremity, below knee (BK), knee joints, polycentric, pair | AUTH REQUIRED | | LCD 33787 | | |
| L5678 | Additions to lower extremity, below knee (BK), joint covers, pair | no auth | | | | |
| L5679 | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | AUTH REQUIRED | | LCD 33787 | | |
| L5680 | Addition to lower extremity, below knee (BK), thigh lacer, nonmolded | no auth | | | | |
| L5681 | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | AUTH REQUIRED | | LCD 33787 | | |
| L5682 | Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded | AUTH REQUIRED | | LCD 33787 | | |
| L5683 | Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679) | AUTH REQUIRED | | LCD 33787 | | |
| L5684 | Addition to lower extremity, below knee, fork strap | no auth | | | | |
| L5685 | Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each | no auth | | | | |
| L5686 | Addition to lower extremity, below knee (BK), back check (extension control) | no auth | | | | |
| L5688 | Addition to lower extremity, below knee (BK), waist belt, webbing | no auth | | | | |
| L5690 | Addition to lower extremity, below knee (BK), waist belt, padded and lined | no auth | | | | |
| L5692 | Addition to lower extremity, above knee (AK), pelvic control belt, light | no auth | | | | |
| L5694 | Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined | no auth | | | | |
| L5695 | Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each | no auth | | | | |
| L5696 | Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint | no auth | | | | |
| L5697 | Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band | no auth | | | | |
| L5698 | Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage | no auth | | | | |
| L5699 | All lower extremity prostheses, shoulder harness | no auth | | | | |
| L5700 | Replacement, socket, below knee (BK), molded to patient model | AUTH REQUIRED | | LCD 33787 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| L5701 | Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model | AUTH REQUIRED | | LCD 33787 | | |
| L5702 | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | AUTH REQUIRED | | LCD 33787 | | |
| L5703 | Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only | AUTH REQUIRED | | LCD 33787 | | |
| L5704 | Custom shaped protective cover, below knee (BK) | AUTH REQUIRED | | LCD 33787 | | |
| L5705 | Custom shaped protective cover, above knee (AK) | AUTH REQUIRED | | LCD 33787 | | |
| L5706 | Custom shaped protective cover, knee disarticulation | AUTH REQUIRED | | LCD 33787 | | |
| L5707 | Custom shaped protective cover, hip disarticulation | AUTH REQUIRED | | LCD 33787 | | |
| L5710 | Addition, exoskeletal knee-shin system, single axis, manual lock | no auth | | | | |
| L5711 | Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material | AUTH REQUIRED | | LCD 33787 | | |
| L5712 | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | no auth | | | | |
| L5714 | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control | no auth | | | | |
| L5716 | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock | AUTH REQUIRED | | LCD 33787 | | |
| L5718 | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5722 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5726 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | AUTH REQUIRED | | LCD 33787 | | |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty | AUTH REQUIRED | | LCD 33787 | | |
| L5785 | Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal) | AUTH REQUIRED | | LCD 33787 | | |
| L5790 | Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal) | AUTH REQUIRED | | LCD 33787 | | |
| L5795 | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | AUTH REQUIRED | | LCD 33787 | | |
| L5810 | Addition, endoskeletal knee-shin system, single axis, manual lock | AUTH REQUIRED | | LCD 33787 | | |
| L5811 | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material | AUTH REQUIRED | | LCD 33787 | | |
| L5812 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | AUTH REQUIRED | | LCD 33787 | | |
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | AUTH REQUIRED | | LCD 33787 | | |
| L5816 | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock | AUTH REQUIRED | | LCD 33787 | | |
| L5818 | Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | AUTH REQUIRED | | LCD 33787 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | AUTH REQUIRED | | LCD 33787 | | |
| L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5840 | Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control | AUTH REQUIRED | | LCD 33787 | | |
| L5845 | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable | AUTH REQUIRED | | LCD 33787 | | |
| L5848 | Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability | AUTH REQUIRED | | LCD 33787 | | |
| L5850 | Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist | no auth | | | | |
| L5855 | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist | no auth | | | | |
| L5856 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type | AUTH REQUIRED | | LCD 33787 | | |
| L5857 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type | AUTH REQUIRED | | LCD 33787 | | |
| L5858 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type | AUTH REQUIRED | | LCD 33787 | | |
| L5859 | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | AUTH REQUIRED | | LCD 33787 | | |
| L5910 | Addition, endoskeletal system, below knee (BK), alignable system | no auth | | | | |
| L5920 | Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system | AUTH REQUIRED | | LCD 33787 | | |
| L5925 | Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock | no auth | | | | |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L5930 | Addition, endoskeletal system, high activity knee control frame | AUTH REQUIRED | | LCD 33787 | | |
| L5940 | Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal) | AUTH REQUIRED | | LCD 33787 | | |
| L5950 | Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal) | AUTH REQUIRED | | LCD 33787 | | |
| L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | AUTH REQUIRED | | LCD 33787 | | |
| L5961 | Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control | AUTH REQUIRED | | LCD 33787 | | |
| L5962 | Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system | AUTH REQUIRED | | LCD 33787 | | |
| L5964 | Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system | AUTH REQUIRED | | LCD 33787 | | |
| L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | AUTH REQUIRED | | LCD 33787 | | |
| L5968 | Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature | AUTH REQUIRED | | LCD 33787 | | |

| CPT/HCPCSs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|------------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L5969 | Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s) | AUTH REQUIRED | | LCD 33787 | | |
| L5970 | All lower extremity prostheses, foot, external keel, SACH foot | no auth | | | | |
| L5971 | All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only | no auth | | | | |
| L5972 | All lower extremity prostheses, foot, flexible keel | no auth | | | | |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source | AUTH REQUIRED | | LCD 33787 | | |
| L5974 | All lower extremity prostheses, foot, single axis ankle/foot | no auth | | | | |
| L5975 | All lower extremity prostheses, combination single axis ankle and flexible keel foot | no auth | | | | |
| L5976 | All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal) | AUTH REQUIRED | | LCD 33787 | | |
| L5978 | All lower extremity prostheses, foot, multiaxial ankle/foot | no auth | | | | |
| L5979 | All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system | AUTH REQUIRED | | LCD 33787 | | |
| L5980 | All lower extremity prostheses, flex-foot system | AUTH REQUIRED | | LCD 33787 | | |
| L5981 | All lower extremity prostheses, flex-walk system or equal | AUTH REQUIRED | | LCD 33787 | | |
| L5982 | All exoskeletal lower extremity prostheses, axial rotation unit | AUTH REQUIRED | | LCD 33787 | | |
| L5984 | All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability | AUTH REQUIRED | | LCD 33787 | | |
| L5985 | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon | no auth | | | | |
| L5986 | All lower extremity prostheses, multiaxial rotation unit (MCP or equal) | AUTH REQUIRED | | LCD 33787 | | |
| L5987 | All lower extremity prostheses, shank foot system with vertical loading pylon | AUTH REQUIRED | | LCD 33787 | | |
| L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature | AUTH REQUIRED | | LCD 33787 | | |
| L5990 | Addition to lower extremity prosthesis, user adjustable heel height | AUTH REQUIRED | | LCD 33787 | | |
| L5991 | Addition to lower extremity prostheses, osseointegrated external prosthetic connector | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L5999 | Lower extremity prosthesis, not otherwise specified | AUTH REQUIRED | | LCD 33787 | | |
| L6000 | Partial hand, thumb remaining | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6010 | Partial hand, little and/or ring finger remaining | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L6020 | Partial hand, no finger remaining | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6026 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6050 | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6055 | Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6100 | Below elbow, molded socket, flexible elbow hinge, triceps pad | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6110 | Below elbow, molded socket (Muenster or Northwestern suspension types) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6120 | Below elbow, molded double wall split socket, step-up hinges, half cuff | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L6130 | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6200 | Elbow disarticulation, molded socket, outside locking hinge, forearm | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6205 | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6250 | Above elbow, molded double wall socket, internal locking elbow, forearm | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6300 | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6310 | Shoulder disarticulation, passive restoration (complete prosthesis) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6320 | Shoulder disarticulation, passive restoration (shoulder cap only) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L6350 | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6360 | Interscapular thoracic, passive restoration (complete prosthesis) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6370 | Interscapular thoracic, passive restoration (shoulder cap only) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6380 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6382 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6384 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6386 | Immediate postsurgical or early fitting, each additional cast change and realignment | no auth | | | | |
| L6388 | Immediate postsurgical or early fitting, application of rigid dressing only | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L6400 | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6450 | Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6500 | Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6550 | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6570 | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6580 | Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6582 | Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L6584 | Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6586 | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6588 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6590 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6600 | Upper extremity additions, polycentric hinge, pair | no auth | | | | |
| L6605 | Upper extremity additions, single pivot hinge, pair | no auth | | | | |
| L6610 | Upper extremity additions, flexible metal hinge, pair | no auth | | | | |
| L6611 | Addition to upper extremity prosthesis, external powered, additional switch, any type | no auth | | | | |
| L6615 | Upper extremity addition, disconnect locking wrist unit | no auth | | | | |
| L6616 | Upper extremity addition, additional disconnect insert for locking wrist unit, each | no auth | | | | |
| L6620 | Upper extremity addition, flexion/extension wrist unit, with or without friction | no auth | | | | |
| L6621 | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L6623 | Upper extremity addition, spring assisted rotational wrist unit with latch release | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6624 | Upper extremity addition, flexion/extension and rotation wrist unit | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6625 | Upper extremity addition, rotation wrist unit with cable lock | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6628 | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6629 | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal | no auth | | | | |
| L6630 | Upper extremity addition, stainless steel, any wrist | no auth | | | | |
| L6632 | Upper extremity addition, latex suspension sleeve, each | no auth | | | | |
| L6635 | Upper extremity addition, lift assist for elbow | no auth | | | | |
| L6637 | Upper extremity addition, nudge control elbow lock | no auth | | | | |
| L6638 | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6640 | Upper extremity additions, shoulder abduction joint, pair | no auth | | | | |
| L6641 | Upper extremity addition, excursion amplifier, pulley type | no auth | | | | |
| L6642 | Upper extremity addition, excursion amplifier, lever type | no auth | | | | |
| L6645 | Upper extremity addition, shoulder flexion-abduction joint, each | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L6646 | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6647 | Upper extremity addition, shoulder lock mechanism, body powered actuator | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6648 | Upper extremity addition, shoulder lock mechanism, external powered actuator | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6650 | Upper extremity addition, shoulder universal joint, each | no auth | | | | |
| L6655 | Upper extremity addition, standard control cable, extra | no auth | | | | |
| L6660 | Upper extremity addition, heavy-duty control cable | no auth | | | | |
| L6665 | Upper extremity addition, Teflon, or equal, cable lining | no auth | | | | |
| L6670 | Upper extremity addition, hook to hand, cable adapter | no auth | | | | |
| L6672 | Upper extremity addition, harness, chest or shoulder, saddle type | no auth | | | | |
| L6675 | Upper extremity addition, harness, (e.g., figure of eight type), single cable design | no auth | | | | |
| L6676 | Upper extremity addition, harness, (e.g., figure of eight type), dual cable design | no auth | | | | |
| L6677 | Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow | no auth | | | | |
| L6680 | Upper extremity addition, test socket, wrist disarticulation or below elbow | no auth | | | | |
| L6682 | Upper extremity addition, test socket, elbow disarticulation or above elbow | no auth | | | | |
| L6684 | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic | no auth | | | | |
| L6686 | Upper extremity addition, suction socket | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6688 | Upper extremity addition, frame type socket, above elbow or elbow disarticulation | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6689 | Upper extremity addition, frame type socket, shoulder disarticulation | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6690 | Upper extremity addition, frame type socket, interscapular-thoracic | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6691 | Upper extremity addition, removable insert, each | no auth | | | | |
| L6692 | Upper extremity addition, silicone gel insert or equal, each | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6693 | Upper extremity addition, locking elbow, forearm counterbalance | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6694 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L6695 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6696 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6697 | Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6698 | Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6703 | Terminal device, passive hand/mitt, any material, any size | no auth | | | | |
| L6704 | Terminal device, sport/recreational/work attachment, any material, any size | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6706 | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined | no auth | | | | |
| L6707 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L6708 | Terminal device, hand, mechanical, voluntary opening, any material, any size | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6709 | Terminal device, hand, mechanical, voluntary closing, any material, any size | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6711 | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6712 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6713 | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6714 | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6715 | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCSs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|------------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L6721 | Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6722 | Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6805 | Addition to terminal device, modifier wrist unit | no auth | | | | |
| L6810 | Addition to terminal device, precision pinch device | no auth | | | | |
| L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6881 | Automatic grasp feature, addition to upper limb electric prosthetic terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6883 | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6884 | Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L6885 | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6890 | Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment | no auth | | | | |
| L6895 | Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6900 | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6905 | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6910 | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6915 | Hand restoration (shading and measurements included), replacement glove for above | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L6920 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6930 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6940 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6950 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6960 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6965 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6970 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L6975 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7007 | Electric hand, switch or myoelectric controlled, adult | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric | AUTH REQUIRED | | | | |
| L7009 | Electric hook, switch or myoelectric controlled, adult | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|-------------------------------|
| L7040 | Prehensile actuator, switch controlled | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric | AUTH REQUIRED | | | | |
| L7170 | Electronic elbow, Hosmer or equal, switch controlled | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7181 | Electronic elbow, microprocessor simultaneous control of elbow and terminal device | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7186 | Electronic elbow, child, Variety Village or equal, switch controlled | AUTH REQUIRED | | | | |
| L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | AUTH REQUIRED | | | | |

| CPT/HCPCSs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|------------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L7259 | Electronic wrist rotator, any type | AUTH REQUIRED | | Noridian DME Jurisdiction A, Upper Limb Prostheses - Correct Coding, Dated 3/31/2022; Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| L7360 | Six volt battery, each | no auth | | | | |
| L7362 | Battery charger, six volt, each | no auth | | | | |
| L7364 | Twelve volt battery, each | AUTH REQUIRED | | LCA 52496 | | |
| L7366 | Battery charger, 12 volt, each | AUTH REQUIRED | | LCA 52496 | | |
| L7367 | Lithium ion battery, rechargeable, replacement | no auth | | | | |
| L7368 | Lithium ion battery charger, replacement only | AUTH REQUIRED | | LCD 33787, LCA 52496 | | |
| L7400 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal) | no auth | | | | |
| L7401 | Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal) | no auth | | | | |
| L7402 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal) | no auth | | | | |
| L7403 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material | no auth | | | | |
| L7404 | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L7405 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L7499 | Upper extremity prosthesis, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L7510 | Repair of prosthetic device, repair or replace minor parts | AUTH REQUIRED | | NCD 50.3 (Cochlear Implant), LCD 33787 & LCA 52496 (Lower Limb Prosthesis), | | |
| L7520 | Repair prosthetic device, labor component, per 15 minutes | AUTH REQUIRED | | LCD 33787, LCA 52496 | | |
| L7600 | Prosthetic donning sleeve, any material, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L7700 | Gasket or seal, for use with prosthetic socket insert, any type, each | no auth | | | | |
| L7900 | Male vacuum erection system | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L7902 | Tension ring, for vacuum erection device, any type, replacement only, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L8000 | Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type | no auth | | | | |
| L8001 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type | no auth | | | | |
| L8002 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type | no auth | | | | |
| L8010 | Breast prosthesis, mastectomy sleeve | AUTH REQUIRED | | | | |
| L8015 | External breast prosthesis garment, with mastectomy form, post mastectomy | no auth | | | | |
| L8020 | Breast prosthesis, mastectomy form | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|--|--------------|-------------------------------|
| L8030 | Breast prosthesis, silicone or equal, without integral adhesive | no auth | | | | |
| L8031 | Breast prosthesis, silicone or equal, with integral adhesive | no auth | | | | |
| L8032 | Nipple prosthesis, prefabricated, reusable, any type, each | no auth | | | | |
| L8033 | Nipple prosthesis, custom fabricated, reusable, any material, any type, each | AUTH REQUIRED | | LCD 33317 | | |
| L8035 | Custom breast prosthesis, post mastectomy, molded to patient model | AUTH REQUIRED | | LCD 33317, LCA 52478 | | |
| L8039 | Breast prosthesis, not otherwise specified | AUTH REQUIRED | | LCD 33317 | | |
| L8040 | Nasal prosthesis, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8041 | Midfacial prosthesis, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8042 | Orbital prosthesis, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8043 | Upper facial prosthesis, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8044 | Hemi-facial prosthesis, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8045 | Auricular prosthesis, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8046 | Partial facial prosthesis, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8047 | Nasal septal prosthesis, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8048 | Unspecified maxillofacial prosthesis, by report, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8049 | Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician | AUTH REQUIRED | | LCD 33738, LCA 52463 | | |
| L8300 | Truss, single with standard pad | no auth | | | | |
| L8310 | Truss, double with standard pads | no auth | | | | |
| L8320 | Truss, addition to standard pad, water pad | no auth | | | | |
| L8330 | Truss, addition to standard pad, scrotal pad | no auth | | | | |
| L8400 | Prosthetic sheath, below knee, each | no auth | | | | |
| L8410 | Prosthetic sheath, above knee, each | no auth | | | | |
| L8415 | Prosthetic sheath, upper limb, each | no auth | | | | |
| L8417 | Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each | no auth | | | | |
| L8420 | Prosthetic sock, multiple ply, below knee (BK), each | no auth | | | | |
| L8430 | Prosthetic sock, multiple ply, above knee (AK), each | no auth | | | | |
| L8435 | Prosthetic sock, multiple ply, upper limb, each | no auth | | | | |
| L8440 | Prosthetic shrinker, below knee (BK), each | no auth | | | | |
| L8460 | Prosthetic shrinker, above knee (AK), each | no auth | | | | |
| L8465 | Prosthetic shrinker, upper limb, each | no auth | | | | |
| L8470 | Prosthetic sock, single ply, fitting, below knee (BK), each | no auth | | | | |
| L8480 | Prosthetic sock, single ply, fitting, above knee (AK), each | no auth | | | | |
| L8485 | Prosthetic sock, single ply, fitting, upper limb, each | no auth | | | | |
| L8499 | Unlisted procedure for miscellaneous prosthetic services | AUTH REQUIRED | | NCD 280.12 (SYKES HERNIA CONTROL), NCD 230.15 (ELECTRICAL CONTINENCE AID) | | |
| L8500 | Artificial larynx, any type | AUTH REQUIRED | | NCD 50.2 | | |
| L8501 | Tracheostomy speaking valve | no auth | | | | |
| L8505 | Artificial larynx replacement battery/accessory, any type | AUTH REQUIRED | | NCD 50.2 | | |
| L8507 | Tracheo-esophageal voice prosthesis, patient inserted, any type, each | no auth | NCD 50.2 imposes QL 1/mo. | NCD 50.2 | | |
| L8509 | Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type | no auth | NCD 50.2 imposes QL 1/mo. | NCD 50.2 | | |
| L8510 | Voice amplifier | no auth | | | | |
| L8511 | Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each | no auth | NCD 50.2 imposes QL 1/mo. | NCD 50.2 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------------|---|--------------|--|
| L8512 | Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10 | no auth | NCD 50.2 imposes QL 30/mo. | NCD 50.2 | | |
| L8513 | Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each | no auth | NCD 50.2 imposes QL 6 pcs per 3 mo. | NCD 50.2 | | |
| L8514 | Tracheo-esophageal puncture dilator, replacement only, each | no auth | NCD 50.2 imposes QL 1/mo. | NCD 50.2 | | |
| L8515 | Gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each | no auth | | | | |
| L8600 | Implantable breast prosthesis, silicone or equal | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L8603 | Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies | no auth | | | | |
| L8604 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies | AUTH REQUIRED | | | | |
| L8605 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L8606 | Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies | no auth | | | | |
| L8607 | Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies | no auth | | | | |
| L8608 | Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | Alterwood Policy AHMC.HQ.UM.07 Experimental - Investigational Services and Clinical Trials |
| L8609 | Artificial cornea | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L8610 | Ocular implant | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L8612 | Aqueous shunt | no auth | | | | |
| L8613 | Ossicula implant | no auth | | | | |
| L8614 | Cochlear device, includes all internal and external components | AUTH REQUIRED | | NCD 50.3 | | |
| L8615 | Headset/headpiece for use with cochlear implant device, replacement | no auth | | | | |
| L8616 | Microphone for use with cochlear implant device, replacement | no auth | | | | |
| L8617 | Transmitting coil for use with cochlear implant device, replacement | no auth | | | | |
| L8618 | Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement | no auth | | | | |
| L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement | AUTH REQUIRED | | NCD 50.3 | | |
| L8621 | Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each | no auth | | | | |
| L8622 | Alkaline battery for use with cochlear implant device, any size, replacement, each | no auth | | | | |
| L8623 | Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each | no auth | | | | |
| L8624 | Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each | no auth | | | | |
| L8625 | External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------|-------------------------------|---|--------------|-------------------------------|
| L8627 | Cochlear implant, external speech processor, component, replacement | AUTH REQUIRED | | | | |
| L8628 | Cochlear implant, external controller component, replacement | AUTH REQUIRED | | | | |
| L8629 | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement | no auth | | | | |
| L8630 | Metacarpophalangeal joint implant | no auth | | | | |
| L8631 | Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L8641 | Metatarsal joint implant | no auth | | | | |
| L8642 | Hallux implant | no auth | | | | |
| L8658 | Interphalangeal joint spacer, silicone or equal, each | no auth | | | | |
| L8659 | Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L8670 | Vascular graft material, synthetic, implant | no auth | | | | |
| L8678 | Electrical stimulator supplies (external) for use with implantable neurostimulator, per month | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L8679 | Implantable neurostimulator, pulse generator, any type | AUTH REQUIRED | | NCD 160.7, NCD 160.19, NCD 230.16 | | |
| L8680 | Implantable neurostimulator electrode, each | NOT PAYABLE BY MEDICARE | | | | |
| L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only | AUTH REQUIRED | | NCD 160.7, NCD 160.19, NCD 230.16 | | |
| L8682 | Implantable neurostimulator radiofrequency receiver | AUTH REQUIRED | | NCD 160.7, NCD 160.19 | | |
| L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver | AUTH REQUIRED | | NCD 160.7, NCD 160.19 | | |
| L8684 | Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement | AUTH REQUIRED | | | | |
| L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension | NOT PAYABLE BY MEDICARE | | | | |
| L8686 | Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension | NOT PAYABLE BY MEDICARE | | | | |
| L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | NOT PAYABLE BY MEDICARE | | | | |
| L8688 | Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension | NOT PAYABLE BY MEDICARE | | | | |
| L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only | AUTH REQUIRED | | NCD 160.7, NCD 160.19 | | |
| L8690 | Auditory osseointegrated device, includes all internal and external components | AUTH REQUIRED | | | | |
| L8691 | Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each | AUTH REQUIRED | | | | |
| L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L8693 | Auditory osseointegrated device abutment, any length, replacement only | AUTH REQUIRED | | | | |
| L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each | AUTH REQUIRED | | | | |
| L8695 | External recharging system for battery (external) for use with implantable neurostimulator, replacement only | no auth | | | | |

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|-----------|--|------------------|-------------------------------------|--|--------------|-------------------------------|
| L8696 | Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each | no auth | | | | |
| L8698 | Miscellaneous component, supply or accessory for use with total artificial heart system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L8699 | Prosthetic implant, not otherwise specified | AUTH REQUIRED | | | | |
| L8701 | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | AUTH REQUIRED | | | | |
| L8702 | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | AUTH REQUIRED | | | | |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code | AUTH REQUIRED | | NCD 80.5, LCD 33318, LCD 33737, Evaluated based on Medicare Reasonable and Necessary Standard. | | |
| M0001 | Advancing Cancer Care MIPS Value Pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M0002 | Optimal Care for Kidney Health MIPS Value Pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M0003 | Optimal Care for Patients with Episodic Neurological Conditions MIPS Value Pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M0004 | Supportive Care for Neurodegenerative Conditions MIPS Value Pathways | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M0005 | Value in primary care MIPS value pathway | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M0010 | Enhancing oncology model (EOM) monthly enhanced oncology services (MEOS) payment for EOM enhanced services | NOT COVERED | | | | |
| M0075 | Cellular therapy | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| M0076 | Prolotherapy | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| M0100 | Intragastric hypothermia using gastric freezing | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| M0201 | Administration of pneumococcal, influenza, hepatitis B, and/or COVID-19 vaccine inside a patient's home; reported only once per individual home per date of service when such vaccine administration(s) are performed at the patient's home | no auth | | | | |
| M0220 | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring | no auth | | | | |

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|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| M0221 | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency | no auth | | | | |
| M0222 | Intravenous injection, bebtelovimab, includes injection and post administration monitoring | no auth | | | | |
| M0223 | Intravenous injection, bebtelovimab, includes injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency | no auth | | | | |
| M0240 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring, subsequent repeat doses | no auth | | | | |
| M0241 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring in the home or residence. This includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, subsequent repeat doses | no auth | | | | |
| M0243 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection, and post administration monitoring | no auth | | | | |
| M0244 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab, includes infusion or injection and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency | no auth | | | | |
| M0245 | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring | no auth | | | | |
| M0246 | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency | no auth | | | | |
| M0247 | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring | no auth | | | | |
| M0248 | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency | no auth | | | | |
| M0249 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------------|-------------------------|--------------|-------------------------------|
| M0250 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose | no auth | | | | |
| M0300 | IV chelation therapy (chemical endarterectomy) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| M0301 | Fabric wrapping of abdominal aneurysm | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| M1003 | TB screening performed and results interpreted within 12 months prior to initiation of first-time biologic and/or immune response modifier therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1004 | Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1005 | TB screening not performed or results not interpreted, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1006 | Disease activity not assessed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1007 | >=50% of total number of a patient's outpatient RA encounters assessed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1008 | <50% of total number of a patient's outpatient RA encounters assessed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1009 | Discharge/discontinuation of the episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1010 | Discharge/discontinuation of the episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1011 | Discharge/discontinuation of the episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1012 | Discharge/discontinuation of the episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1013 | Discharge/discontinuation of the episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1014 | Discharge/discontinuation of the episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1016 | Female patients unable to bear children | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1018 | Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1019 | Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1020 | Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1021 | Patient had only urgent care visits during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1027 | Imaging of the head (CT or MRI) was obtained | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1028 | Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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|-----------|--|------------------|-------------------------------------|-------------------|--------------|-------------------------------|
| M1029 | Imaging of the head (CT or MRI) was not obtained, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1032 | Adults currently taking pharmacotherapy for OUD | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1035 | Adults who are deliberately phased out of medication assisted treatment (MAT) prior to 180 days of continuous treatment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1037 | Patients with a diagnosis of lumbar spine region cancer at the time of the procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1038 | Patients with a diagnosis of lumbar spine region fracture at the time of the procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1039 | Patients with a diagnosis of lumbar spine region infection at the time of the procedure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1040 | Patients with a diagnosis of lumbar idiopathic or congenital scoliosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1041 | Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1043 | Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1045 | Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was greater than or equal to 37 or knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was greater than or equal to 71 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1046 | Functional status measured by the Oxford Knee Score (OKS) at one year (9 to 15 months) postoperatively was less than 37 or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) was less than 71 postoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1049 | Functional status was not measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1051 | Patient had cancer, acute fracture or infection related to the lumbar spine or patient had neuromuscular, idiopathic or congenital lumbar scoliosis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1052 | Leg pain was not measured by the visual analog scale (VAS) or numeric pain scale at one year (9 to 15 months) postoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1054 | Patient had only urgent care visits during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1055 | Aspirin or another antiplatelet therapy used | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1056 | Prescribed anticoagulant medication during the performance period, history of GI bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or antiplatelets, use of nonsteroidal antiinflammatory agents, drug-drug interaction, uncontrolled hypertension > 180/110 mm Hg or gastroesophageal reflux disease | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1057 | Aspirin or another antiplatelet therapy not used, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1058 | Patient was a permanent nursing home resident at any time during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1059 | Patient was in hospice or receiving palliative care at any time during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1060 | Patient died prior to the end of the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1067 | Hospice services for patient provided any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1068 | Adults who are not ambulatory | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1069 | Patient screened for future fall risk | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1070 | Patient not screened for future fall risk, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1106 | The start of an episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1107 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1108 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1109 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1110 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1111 | The start of an episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1112 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1113 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1114 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1115 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1116 | The start of an episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1117 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1118 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1119 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1120 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1121 | The start of an episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1122 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1123 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1124 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1125 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1126 | The start of an episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1127 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1128 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1129 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1130 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1131 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1132 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1133 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1134 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1135 | The start of an episode of care documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1141 | Functional status was not measured by the Oxford Knee Score (OKS) or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) at one year (9 to 15 months) postoperatively | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1142 | Emergent cases | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1143 | Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1146 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1147 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1148 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1149 | Patient unable to complete the neck FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1150 | Left ventricular ejection fraction (LVEF) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1151 | Patients with a history of heart transplant or with a left ventricular assist device (LVAD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1152 | Patients with a history of heart transplant or with a left ventricular assist device (LVAD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1153 | Patient with diagnosis of osteoporosis on date of encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1154 | Hospice services provided to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1155 | Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1159 | Hospice services provided to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1160 | Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1161 | Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1162 | Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1163 | Patient had anaphylaxis due to the HPV vaccine any time on or before the patient's 13th birthday | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1164 | Patients with dementia any time during the patient's history through the end of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1165 | Patients who use hospice services any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1166 | Pathology report for tissue specimens produced from wide local excisions or re-excisions | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1167 | In hospice or using hospice services during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1169 | Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1171 | Patient received at least 1 TD vaccine or 1 Tdap vaccine between 9 years prior to the encounter and the end of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 7 days after a previous dose of a TD-containing vaccine) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1173 | Patient did not receive at least 1 TD vaccine or 1 Tdap vaccine between 9 years prior to the encounter and the end of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1174 | Patient received at least 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1175 | Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1176 | Patient did not receive at least 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1177 | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1178 | Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1179 | Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1180 | Patients on immune checkpoint inhibitor therapy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1181 | Grade 2 or above diarrhea and/or Grade 2 or above colitis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1182 | Patients not eligible due to pre-existing inflammatory bowel disease (IBD) (e.g., ulcerative colitis, Crohn's disease) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1183 | Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1185 | Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1186 | Patients who have an order for or are receiving hospice or palliative care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1187 | Patients with a diagnosis of end stage renal disease (ESRD) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1188 | Patients with a diagnosis of chronic kidney disease (CKD) Stage 5 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1189 | Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (EGFR) and urine albumin-creatinine ratio (UACR) performed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1191 | Hospice services provided to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1192 | Patients with an existing diagnosis of squamous cell carcinoma of the esophagus | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1196 | Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1197 | Itch severity assessment score is reduced by three or more points from the initial (index) assessment score to the follow-up visit score | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1198 | Itch severity assessment score was not reduced by at least three points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1199 | Patients receiving RRT | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1200 | Ace inhibitor (ACE-I) or ARB therapy prescribed during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1203 | Ace inhibitor or ARB therapy not prescribed during the measurement period, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1204 | Initial (index visit) numeric rating scale (NRS), visual rating scale (VRS), or ItchyQuant assessment score of greater than or equal to 4 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1205 | Itch severity assessment score is reduced by three or more points from the initial (index) assessment score to the follow-up visit score | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1206 | Itch severity assessment score was not reduced by at least three points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1207 | Patient is screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1208 | Patient is not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1209 | At least two orders for high-risk medications from the same drug class, (Table 4), without appropriate diagnoses | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1210 | At least two orders for high-risk medications from the same drug class, (Table 4), not ordered | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1211 | Most recent hemoglobin A1c level > 9.0% | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1212 | Hemoglobin A1c level is missing, or was not performed during the measurement period (12 months) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1213 | No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is >= 70% | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1214 | Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and reviewed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1215 | Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1216 | No spirometry results with confirmed airflow obstruction FEV1/FVC < 70%) documented and/or no spirometry performed with results documented during the encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1218 | Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1219 | Anaphylaxis due to the vaccine on or before the date of the encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1220 | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1221 | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1222 | Glaucoma plan of care not documented, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1223 | Glaucoma plan of care documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1224 | Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1225 | Intraocular pressure (IOP) reduced by a value of greater than or equal to 20% from the pre-intervention level | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1226 | IOP measurement not documented, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1227 | Evidence-based therapy was prescribed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1231 | Patient receives HCV antibody test with nonreactive result | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1232 | Patient receives HCV antibody test with reactive result | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1233 | Patient does not receive HCV antibody test or patient does receive HCV antibody test but results not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1234 | Patient has a reactive HCV antibody test, and has a follow-up HCV viral test that does not detect HCV viremia | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1235 | Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1236 | Baseline MRS > 2 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1238 | Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2 to 6 month interval between doses (i.e, first dose received after October 31) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1239 | Patient did not respond to the question of "Patient felt heard and understood by this provider and team" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1242 | Patient did not respond to the question of "Patient felt this provider and team understood what is important to me in my life" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1243 | Patient provided a response other than "completely true" for the question of "Patient felt heard and understood by this provider and team" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| 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" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1249 | Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1250 | Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team" | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1251 | Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1254 | Patients who were deceased when the HU survey reached them | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1256 | Prior history of known CVD | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1257 | CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1258 | CVD risk assessment performed, have a documented calculated risk score | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1259 | Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1261 | Patients who were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1262 | Patients who had a transplant prior to initiation of dialysis | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1263 | Patients in hospice on their initiation of dialysis date or during the month of evaluation | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1264 | Patients age 75 or older on their initiation of dialysis date | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1265 | CMS Medical Evidence Form 2728 for dialysis patients: initial form completed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1266 | Patients admitted to a skilled nursing facility (SNF) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1269 | Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1270 | Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1271 | Patients with dementia at any time prior to or during the month | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1272 | Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1273 | Patients who were admitted to a skilled nursing facility (SNF) within 1 year of dialysis initiation according to the CMS-2728 Form | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1274 | Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1275 | Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1276 | BMI documented outside normal parameters, no follow-up plan documented, no reason given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1277 | Colorectal cancer screening results documented and reviewed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1278 | Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1279 | Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1281 | Blood pressure reading not documented, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1282 | Patient screened for tobacco use and identified as a tobacco non-user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1283 | Patient screened for tobacco use and identified as a tobacco user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1285 | Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1286 | BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1287 | BMI is documented below normal parameters and a follow-up plan is documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1288 | Documented reason for not screening or recommending a follow-up for high blood pressure | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1289 | Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1290 | Patient not eligible due to active diagnosis of hypertension | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1293 | BMI is documented above normal parameters and a follow-up plan is documented | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1294 | Normal blood pressure reading documented, follow-up not required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1295 | Patients with a diagnosis or past history of total colectomy or colorectal cancer | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1296 | BMI is documented within normal parameters and no follow-up plan is required | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1297 | BMI not documented due to medical reason or patient refusal of height or weight measurement | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1298 | Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1299 | Influenza immunization administered or previously received | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1301 | Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1302 | Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results documented and reviewed | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1303 | Hospice services provided to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1305 | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1306 | Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1307 | Documentation stating the patient has received or is currently receiving palliative or hospice care | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1308 | Influenza immunization was not administered, reason not given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1309 | Palliative care services provided to patient any time during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1310 | Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1311 | Anaphylaxis due to the vaccine on or before the date of the encounter | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1312 | Patient not screened for tobacco use | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1313 | Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1314 | BMI not documented and no reason is given | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1315 | Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1316 | Current tobacco non-user | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1317 | Patients who are counseled on connection with a CSP and explicitly opt out | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1319 | Patients who had documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1320 | Patients who screened positive for at least 1 of the 5 HRSNS | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1324 | Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 6 months and had a subsequent IOP evaluation with IOP <25mm Hg within 7 weeks of treatment) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1326 | Patients with a diagnosis of hypotony | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1327 | Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1328 | Patients with a diagnosis of acute vitreous hemorrhage | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1330 | Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1331 | Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1332 | Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1333 | Acute vitreous hemorrhage | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1335 | Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1336 | Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1337 | Acute PVD | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1340 | Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1342 | Patients who died during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1343 | Patients who are at PAM level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1344 | Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1345 | Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1346 | Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1347 | Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1348 | Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1349 | Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |

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| M1352 | Suicidal ideation and/or behavior symptoms based on the C-SSRS or equivalent assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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) | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1355 | Suicide risk based on their clinician's evaluation or a clinician-rated tool | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1356 | Patients who died during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1357 | Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1358 | Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| 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 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1360 | Suicidal ideation and/or behavior symptoms based on the C-SSRS | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1361 | Suicide risk based on their clinician's evaluation or a clinician-rated tool | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1362 | Patients who died during the measurement period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1363 | Patients who did not have a follow-up assessment within 120 days of the index assessment | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1364 | Calculated 10-year ASCVD risk score of >=20 percent during the performance period | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1365 | Patient encounter during the performance period with hospice and palliative care specialty code 17 | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1366 | Focusing on women's health MIPS value pathway | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1367 | Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1368 | Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value pathway | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1369 | Quality care in mental health and substance use disorders MIPS value pathway | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| M1370 | Rehabilitative support for musculoskeletal care MIPS value pathway | no auth | MEASUREMENT CODE - NO REIMBURSEMENT | | | |
| P2028 | Cephalin flocculation, blood | no auth | | | | |
| P2029 | Congo red, blood | no auth | | | | |
| P2031 | Hair analysis (excluding arsenic) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| P2033 | Thymol turbidity, blood | no auth | | | | |
| P2038 | Mucoprotein, blood (seromuroid) (medical necessity procedure) | no auth | | | | |
| P3000 | Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision | no auth | | | | |
| P3001 | Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician | no auth | | | | |

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| P7001 | Culture, bacterial, urine; quantitative, sensitivity study | NOT PAYABLE BY MEDICARE | | | | |
| P9010 | Blood (whole), for transfusion, per unit | no auth | | | | |
| P9011 | Blood, split unit | no auth | | | | |
| P9012 | Cryoprecipitate, each unit | no auth | | | | |
| P9016 | Red blood cells, leukocytes reduced, each unit | no auth | | | | |
| P9017 | Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit | no auth | | | | |
| P9019 | Platelets, each unit | no auth | | | | |
| P9020 | Platelet rich plasma, each unit | no auth | | | | |
| P9021 | Red blood cells, each unit | no auth | | | | |
| P9022 | Red blood cells, washed, each unit | no auth | | | | |
| P9023 | Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit | no auth | | | | |
| P9025 | Plasma, cryoprecipitate reduced, pathogen reduced, each unit | no auth | | | | |
| P9026 | Cryoprecipitated fibrinogen complex, pathogen reduced, each unit | no auth | | | | |
| P9031 | Platelets, leukocytes reduced, each unit | no auth | | | | |
| P9032 | Platelets, irradiated, each unit | no auth | | | | |
| P9033 | Platelets, leukocytes reduced, irradiated, each unit | no auth | | | | |
| P9034 | Platelets, pheresis, each unit | no auth | | | | |
| P9035 | Platelets, pheresis, leukocytes reduced, each unit | no auth | | | | |
| P9036 | Platelets, pheresis, irradiated, each unit | no auth | | | | |
| P9037 | Platelets, pheresis, leukocytes reduced, irradiated, each unit | no auth | | | | |
| P9038 | Red blood cells, irradiated, each unit | no auth | | | | |
| P9039 | Red blood cells, deglycerolized, each unit | no auth | | | | |
| P9040 | Red blood cells, leukocytes reduced, irradiated, each unit | no auth | | | | |
| P9041 | Infusion, albumin (human), 5%, 50 ml | no auth | | | | |
| P9043 | Infusion, plasma protein fraction (human), 5%, 50 ml | no auth | | | | |
| P9044 | Plasma, cryoprecipitate reduced, each unit | no auth | | | | |
| P9045 | Infusion, albumin (human), 5%, 250 ml | no auth | | | | |
| P9046 | Infusion, albumin (human), 25%, 20 ml | no auth | | | | |
| P9047 | Infusion, albumin (human), 25%, 50 ml | no auth | | | | |
| P9048 | Infusion, plasma protein fraction (human), 5%, 250 ml | no auth | | | | |
| P9050 | Granulocytes, pheresis, each unit | no auth | | | | |
| P9051 | Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit | no auth | | | | |
| P9052 | Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit | no auth | | | | |
| P9053 | Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit | no auth | | | | |
| P9054 | Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit | no auth | | | | |
| P9055 | Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit | no auth | | | | |
| P9056 | Whole blood, leukocytes reduced, irradiated, each unit | no auth | | | | |
| P9057 | Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit | no auth | | | | |
| P9058 | Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit | no auth | | | | |
| P9059 | Fresh frozen plasma between 8-24 hours of collection, each unit | no auth | | | | |
| P9060 | Fresh frozen plasma, donor retested, each unit | no auth | | | | |
| P9070 | Plasma, pooled multiple donor, pathogen reduced, frozen, each unit | no auth | | | | |

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| P9071 | Plasma (single donor), pathogen reduced, frozen, each unit | no auth | | | | |
| P9073 | Platelets, pheresis, pathogen-reduced, each unit | no auth | | | | |
| P9099 | Blood component or product not otherwise classified | AUTH REQUIRED | | | | |
| P9100 | Pathogen(s) test for platelets | no auth | | | | |
| P9603 | Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated miles actually travelled | no auth | | | | |
| P9604 | Travel allowance, one way in connection with medically necessary laboratory specimen collection drawn from homebound or nursing homebound patient; prorated trip charge | no auth | | | | |
| P9612 | Catheterization for collection of specimen, single patient, all places of service | no auth | | | | |
| P9615 | Catheterization for collection of specimen(s) (multiple patients) | no auth | | | | |
| Q0035 | Cardiokymography | no auth | | | | |
| Q0081 | Infusion therapy, using other than chemotherapeutic drugs, per visit | no auth | | | | |
| Q0083 | Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit | no auth | | | | |
| Q0084 | Chemotherapy administration by infusion technique only, per visit | no auth | | | | |
| Q0085 | Chemotherapy administration by both infusion technique and other technique(s) (e.g. subcutaneous, intramuscular, push), per visit | no auth | | | | |
| Q0091 | Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory | no auth | | | | |
| Q0092 | Set-up portable x-ray equipment | no auth | | | | |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | no auth | | | | |
| Q0112 | All potassium hydroxide (KOH) preparations | no auth | | | | |
| Q0113 | Pinworm examinations | no auth | | | | |
| Q0114 | Fern test | no auth | | | | |
| Q0115 | Postcoital direct, qualitative examinations of vaginal or cervical mucous | no auth | | | | |
| Q0138 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) | AUTH REQUIRED | NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q0139 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis) | AUTH REQUIRED | NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q0144 | Azithromycin dihydrate, oral, capsules/powder, 1 g | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| Q0161 | Chlorpromazine HCl, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0162 | Ondansetron 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|-------------------|--------------|-------------------------------|
| Q0163 | Diphenhydramine HCl, 50 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemotherapy treatment not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0164 | Prochlorperazine maleate, 5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0166 | Granisetron HCl, 1 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen | no auth | | | | |
| Q0167 | Dronabinol, 2.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0169 | Promethazine HCl, 12.5 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0173 | Trimethobenzamide HCl, 250 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0174 | Thiethylperazine maleate, 10 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0175 | Perphenazine, 4 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0177 | Hydroxyzine pamoate, 25 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0180 | Dolasetron mesylate, 100 mg, oral, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 24-hour dosage regimen | no auth | | | | |
| Q0181 | Unspecified oral dosage form, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen | no auth | | | | |
| Q0220 | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 300 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| Q0221 | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known SARS-CoV-2 exposure, who either have moderate to severely compromised immune systems or for whom vaccination with any available COVID-19 vaccine is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s), 600 mg | no auth | | | | |
| Q0222 | Injection, bebtelovimab, 175 mg | no auth | | | | |
| Q0240 | Injection, casirivimab and imdevimab, 600 mg | no auth | | | | |
| Q0243 | Injection, casirivimab and imdevimab, 2400 mg | no auth | | | | |
| Q0244 | Injection, casirivimab and imdevimab, 1200 mg | no auth | | | | |
| Q0245 | Injection, bamlanivimab and etesevimab, 2100 mg | no auth | | | | |
| Q0247 | Injection, sotrovimab, 500 mg | no auth | | | | |
| Q0249 | Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg | no auth | | | | |
| Q0477 | Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q0478 | Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type | no auth | | | | |
| Q0479 | Power module for use with electric or electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q0480 | Driver for use with pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0481 | Microprocessor control unit for use with electric ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0482 | Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0483 | Monitor/display module for use with electric ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0484 | Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0485 | Monitor control cable for use with electric ventricular assist device, replacement only | no auth | | | | |
| Q0486 | Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only | no auth | | | | |
| Q0487 | Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only | no auth | | | | |
| Q0488 | Power pack base for use with electric ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0489 | Power pack base for use with electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0490 | Emergency power source for use with electric ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0491 | Emergency power source for use with electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0492 | Emergency power supply cable for use with electric ventricular assist device, replacement only | no auth | | | | |
| Q0493 | Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only | no auth | | | | |
| Q0494 | Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| Q0495 | Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0496 | Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0497 | Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only | no auth | | | | |
| Q0498 | Holster for use with electric or electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0499 | Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only | no auth | | | | |
| Q0500 | Filters for use with electric or electric/pneumatic ventricular assist device, replacement only | no auth | | | | |
| Q0501 | Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0502 | Mobility cart for pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0503 | Battery for pneumatic ventricular assist device, replacement only, each | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0504 | Power adapter for pneumatic ventricular assist device, replacement only, vehicle type | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0506 | Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0507 | Miscellaneous supply or accessory for use with an external ventricular assist device | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0508 | Miscellaneous supply or accessory for use with an implanted ventricular assist device | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0509 | Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A | AUTH REQUIRED | | NCD 20.9.1 | | |
| Q0510 | Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant | no auth | | | | |
| Q0511 | Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for the first prescription in a 30-day period | no auth | | | | |
| Q0512 | Pharmacy supply fee for oral anticancer, oral antiemetic, or immunosuppressive drug(s); for a subsequent prescription in a 30-day period | no auth | | | | |
| Q0513 | Pharmacy dispensing fee for inhalation drug(s); per 30 days | no auth | | | | |
| Q0514 | Pharmacy dispensing fee for inhalation drug(s); per 90 days | no auth | | | | |
| Q0515 | Injection, semorelin acetate, 1 mcg | NOT COVERED | | | | |
| Q0516 | Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 30-days | NOT COVERED | | | | |
| Q0517 | Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 60-days | NOT COVERED | | | | |
| Q0518 | Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 90-days | NOT COVERED | | | | |
| Q1004 | New technology, intraocular lens, category 4 as defined in Federal Register notice | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q1005 | New technology, intraocular lens, category 5 as defined in Federal Register notice | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q2004 | Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml | no auth | | | | |
| Q2009 | Injection, fosphenytoin, 50 mg phenytoin equivalent | no auth | | | | |
| Q2017 | Injection, teniposide, 50 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---|--------------|---|
| Q2026 | Injection, Radiesse, 0.1 ml | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | | |
| Q2028 | Injection, sculptra, 0.5 mg | AUTH REQUIRED | | Medicare Benefit Policy Manual, Chapter 16: Section 120 | | |
| Q2034 | Influenza virus vaccine, split virus, for intramuscular use (Agriflu) | no auth | | | | |
| Q2035 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (AFLURIA) | no auth | | | | |
| Q2036 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLULAVAL) | no auth | | | | |
| Q2037 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FLUVIRIN) | no auth | | | | |
| Q2038 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) | no auth | | | | |
| Q2039 | Influenza virus vaccine, not otherwise specified | no auth | | | | |
| Q2041 | Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | AUTH REQUIRED | | NCA CAG-00451N, NCD 110.24 | | |
| Q2042 | Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | AUTH REQUIRED | | NCA CAG-00451N, NCD 110.24 | | |
| Q2043 | Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion | AUTH REQUIRED | | NCA CAG-00451N, NCD 110.24 | | |
| Q2049 | Injection, doxorubicin HCl, liposomal, imported Lipodox, 10 mg | no auth | | | | |
| Q2050 | Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg | no auth | | | | |
| Q2052 | Services, supplies and accessories used in the home for the administration of intravenous immune globulin (IVIG) | NOT COVERED | | MEDICARE DEMO/MODEL, NA TO ALTERWOOD | | |
| Q2053 | Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | AUTH REQUIRED | | NCA CAG-00451N, NCD 110.24 | | |
| Q2054 | Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | AUTH REQUIRED | | NCA CAG-00451N, NCD 110.24 | | |
| Q2055 | Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | AUTH REQUIRED | | NCA CAG-00451N, NCD 110.24 | | |
| Q2056 | Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose | AUTH REQUIRED | | NCD 110.24 | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q3001 | Radioelements for brachytherapy, any type, each | AUTH REQUIRED | | | | NCCN Guidelines |
| Q3014 | Telehealth originating site facility fee | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------|---------------------------------|--|--------------|---|
| Q3027 | Injection, interferon beta-1a, 1 mcg for intramuscular use | AUTH REQUIRED | | LCA 53127 - SHOULD PAY UNDER PART A OR D ONLY DUE TO SELF ADMINISTERED EXCLUSION- NOT A PART B DRUG; Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q3028 | Injection, interferon beta-1a, 1 mcg for subcutaneous use | NOT PAYABLE BY MEDICARE | | | | |
| Q3031 | Collagen skin test | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| Q4001 | Casting supplies, body cast adult, with or without head, plaster | no auth | | | | |
| Q4002 | Cast supplies, body cast adult, with or without head, fiberglass | no auth | | | | |
| Q4003 | Cast supplies, shoulder cast, adult (11 years +), plaster | no auth | | | | |
| Q4004 | Cast supplies, shoulder cast, adult (11 years +), fiberglass | no auth | | | | |
| Q4005 | Cast supplies, long arm cast, adult (11 years +), plaster | no auth | | | | |
| Q4006 | Cast supplies, long arm cast, adult (11 years +), fiberglass | no auth | | | | |
| Q4007 | Cast supplies, long arm cast, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4008 | Cast supplies, long arm cast, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4009 | Cast supplies, short arm cast, adult (11 years +), plaster | no auth | | | | |
| Q4010 | Cast supplies, short arm cast, adult (11 years +), fiberglass | no auth | | | | |
| Q4011 | Cast supplies, short arm cast, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4012 | Cast supplies, short arm cast, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4013 | Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster | no auth | | | | |
| Q4014 | Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass | no auth | | | | |
| Q4015 | Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4016 | Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4017 | Cast supplies, long arm splint, adult (11 years +), plaster | no auth | | | | |
| Q4018 | Cast supplies, long arm splint, adult (11 years +), fiberglass | no auth | | | | |
| Q4019 | Cast supplies, long arm splint, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4020 | Cast supplies, long arm splint, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4021 | Cast supplies, short arm splint, adult (11 years +), plaster | no auth | | | | |
| Q4022 | Cast supplies, short arm splint, adult (11 years +), fiberglass | no auth | | | | |
| Q4023 | Cast supplies, short arm splint, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4024 | Cast supplies, short arm splint, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4025 | Cast supplies, hip spica (one or both legs), adult (11 years +), plaster | no auth | | | | |
| Q4026 | Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass | no auth | | | | |
| Q4027 | Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4028 | Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4029 | Cast supplies, long leg cast, adult (11 years +), plaster | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|---|---|--------------|---|
| Q4030 | Cast supplies, long leg cast, adult (11 years +), fiberglass | no auth | | | | |
| Q4031 | Cast supplies, long leg cast, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4032 | Cast supplies, long leg cast, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4033 | Cast supplies, long leg cylinder cast, adult (11 years +), plaster | no auth | | | | |
| Q4034 | Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass | no auth | | | | |
| Q4035 | Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4036 | Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4037 | Cast supplies, short leg cast, adult (11 years +), plaster | no auth | | | | |
| Q4038 | Cast supplies, short leg cast, adult (11 years +), fiberglass | no auth | | | | |
| Q4039 | Cast supplies, short leg cast, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4040 | Cast supplies, short leg cast, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4041 | Cast supplies, long leg splint, adult (11 years +), plaster | no auth | | | | |
| Q4042 | Cast supplies, long leg splint, adult (11 years +), fiberglass | no auth | | | | |
| Q4043 | Cast supplies, long leg splint, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4044 | Cast supplies, long leg splint, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4045 | Cast supplies, short leg splint, adult (11 years +), plaster | no auth | | | | |
| Q4046 | Cast supplies, short leg splint, adult (11 years +), fiberglass | no auth | | | | |
| Q4047 | Cast supplies, short leg splint, pediatric (0-10 years), plaster | AUTH REQUIRED | | | | |
| Q4048 | Cast supplies, short leg splint, pediatric (0-10 years), fiberglass | AUTH REQUIRED | | | | |
| Q4049 | Finger splint, static | no auth | | | | |
| Q4050 | Cast supplies, for unlisted types and materials of casts | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4051 | Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4074 | Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg | AUTH REQUIRED | | LCD 33370 | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q4081 | Injection, epoetin alfa, 100 units (for ESRD on dialysis) | AUTH REQUIRED | NON-PREFERRED Preferred = Aranesp / Retacrit | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q4082 | Drug or biological, not otherwise classified, Part B drug competitive acquisition program (CAP) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q4100 | Skin substitute, not otherwise specified | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---------------------------------|---|-------------------------------|
| Q4101 | Apligraf, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | MCG:Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) | |
| Q4102 | Oasis wound matrix, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4103 | Oasis burn matrix, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4104 | Integra bilayer matrix wound dressing (BMWD), per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4105 | Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4106 | Dermagraft, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | MCG:Skin Substitute, Tissue-Engineered (Human Cellular), for Diabetic Foot Ulcer and Venous Ulcer ACG: A-0326 (AC) | |
| Q4107 | GRAFTJACKET, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4108 | Integra matrix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4110 | PriMatrix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4111 | GammaGraft, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4112 | Cymetra, injectable, 1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4113 | GRAFTJACKET XPRESS, injectable, 1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4114 | Integra flowable wound matrix, injectable, 1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4115 | AlloSkin, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4116 | AlloDerm, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4117 | HYALOMATRIX, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4118 | MatriStem micromatrix, 1 mg | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4121 | TheraSkin, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4122 | DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4123 | AlloSkin RT, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4124 | OASIS ultra tri-layer wound matrix, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4125 | ArthroFlex, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4126 | MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4127 | Talymed, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4128 | FlexHD, or AllopatchHD, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4130 | Strattice TM, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4132 | Grafix Core and GrafixPL Core, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4133 | Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4134 | HMatrix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|---------------------------------|--------------|-------------------------------|
| Q4135 | Mediskin, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4136 | E-Z Derm, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4137 | AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4138 | BioDFence DryFlex, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4139 | AmnioMatrix or BioDMatrix, injectable, 1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4140 | BioDFence, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4141 | AlloSkin AC, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4142 | XCM biologic tissue matrix, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4143 | Repriza, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4145 | EpiFix, injectable, 1 mg | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4146 | Tensix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4147 | Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4148 | Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4149 | Excellagen, 0.1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4150 | AlloWrap DS or dry, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4151 | AmnioBand or Guardian, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4152 | DermaPure, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4153 | Dermavest and Plurivest, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4154 | Biovance, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4155 | Neox Flo or Clarix Flo 1 mg | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4156 | Neox 100 or Clarix 100, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4157 | Revitalon, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4158 | Kerecis Omega3, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4159 | Affinity, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4160 | Nushield, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4161 | bio-ConneKt wound matrix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4162 | WoundEx Flow, BioSkin Flow, 0.5 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4163 | WoundEx, BioSkin, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4164 | Helicoll, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4165 | Keramatrix or Kerasorb, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4166 | Cytal, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4167 | Truskin, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4168 | AmnioBand, 1 mg | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4169 | Artacent wound, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4170 | Cygnus, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4171 | Interfyl, 1 mg | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4173 | PalinGen or PalinGen XPlus, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4174 | PalinGen or ProMatrX, 0.36 mg per 0.25 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4175 | Miroderm, per sq cm | AUTH REQUIRED | | NCD 270.5, LCA 54117, LCD 35041 | | |
| Q4176 | Neopatch or therion, per square centimeter | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4177 | FlowerAmnioFlo, 0.1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4178 | FlowerAmnioPatch, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4179 | FlowerDerm, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4180 | Revita, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4181 | Amnio Wound, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4182 | Transcyte, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4183 | Surgigraft, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|------------------|-------------------------------|----------------------|--------------|-------------------------------|
| Q4184 | Cellesta or Cellesta Duo, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4185 | Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4186 | Epifix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4187 | Epicord, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4188 | AmnioArmor, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4189 | Artacent AC, 1 mg | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4190 | Artacent AC, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4191 | Restorigin, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4192 | Restorigin, 1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4193 | Coll-e-Derm, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4194 | Novachor, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4195 | PuraPly, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4196 | PuraPly AM, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4197 | PuraPly XT, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4198 | Genesis Amniotic Membrane, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4199 | Cygnus matrix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4200 | SkinTE, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4201 | Matrion, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4202 | Keroxx (2.5 g/cc), 1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4203 | Derma-Gide, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4204 | XWRAP, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4205 | Membrane Graft or Membrane Wrap, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4206 | Fluid Flow or Fluid GF, 1 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4208 | Novafix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4209 | SurGraft, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4210 | Axolotl Graft or Axolotl DualGraft, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4211 | Amnion Bio or AxoBioMembrane, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4212 | AlloGen, per cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4213 | Ascent, 0.5 mg | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4214 | Cellesta Cord, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4215 | Axolotl Ambient or Axolotl Cryo, 0.1 mg | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4216 | Artacent Cord, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4217 | WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4218 | SurgiCORD, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4219 | SurgiGRAFT-DUAL, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4220 | BellaCell HD or Surederm, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4221 | Amnio Wrap2, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4222 | ProgenaMatrix, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4224 | Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4225 | AmnioBind or DermaBind TL, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4226 | MyOwn Skin, includes harvesting and preparation procedures, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4227 | AmnioCore TM, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4229 | Cogenex Amniotic Membrane, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4230 | Cogenex Flowable Amnion, per 0.5 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4231 | Corplex P, per cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4232 | Corplex, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4233 | SurFactor or NuDyn, per 0.5 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4234 | XCellerate, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4235 | AMNIOREPAIR or AltiPly, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|--|--------------|---|
| Q4236 | carePATCH, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q4237 | Cryo-Cord, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4238 | Derm-Maxx, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4239 | Amnio-Maxx or Amnio-Maxx Lite, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4240 | CoreCyte, for topical use only, per 0.5 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4241 | PolyCyte, for topical use only, per 0.5 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4242 | AmnioCyte Plus, per 0.5 cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4245 | AmnioText, per cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4246 | CoreText or ProText, per cc | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4247 | Amniotext patch, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4248 | Dermacyte Amniotic Membrane Allograft, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4249 | AMNIPLY, for topical use only, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4250 | AmnioAmp-MP, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4251 | Vim, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4252 | Vendaje, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4253 | Zenith Amniotic Membrane, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4254 | Novafix DL, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4255 | REGUaRD, for topical use only, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4256 | MLG-Complete, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4257 | Relese, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4258 | Enverse, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4259 | Celera Dual Layer or Celera Dual Membrane, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4260 | Signature APatch, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4261 | TAG, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4262 | Dual Layer Impax Membrane, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4263 | SurGraft TL, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4264 | Cocoon Membrane, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4265 | NeoStim TL, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4266 | NeoStim Membrane, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4267 | NeoStim DL, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4268 | SurGraft FT, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4269 | SurGraft XT, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4270 | Complete SL, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4271 | Complete FT, per sq cm | AUTH REQUIRED | | LCA 54117, LCD 35041 | | |
| Q4272 | Esano A, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4273 | Esano AAA, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4274 | Esano AC, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4275 | Esano ACA, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4276 | ORION, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4277 | WoundPlus membrane or E-Graft, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|------------------|-------------------------------|---|--------------|-------------------------------|
| Q4278 | EPIEFFECT, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4279 | Vendaje AC, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4280 | Xcell Amnio Matrix, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4281 | Barrera SL or Barrera DL, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4282 | Cygnus Dual, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4283 | Biovance Tri-Layer or Biovance 3L, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4284 | DermaBind SL, per sq cm | AUTH REQUIRED | | Medicare Reasonable and Necessary Guidelines | | |
| Q4285 | NuDYN DL or NuDYN DL MESH, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4286 | NuDYN SL or NuDYN SLW, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4287 | DermaBind DL, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4288 | DermaBind CH, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4289 | RevoShield+ Amniotic Barrier, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4290 | Membrane Wrap-Hydro(TM), per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4291 | Lamellas XT, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4292 | Lamellas, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4293 | Acesso DL, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4294 | Amnio Quad-Core, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4295 | Amnio Tri-Core Amniotic, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4296 | Rebound Matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4297 | Emerge Matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|---------------------------------------|---|---|--------------|-------------------------------|
| Q4298 | AmniCore Pro, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4299 | AmniCore Pro+, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4300 | Acesso TL, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4301 | Activate Matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4302 | Complete ACA, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4303 | Complete AA, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4304 | GRAFIX PLUS, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q5001 | Hospice or home health care provided in patient's home/residence | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5002 | Hospice or home health care provided in assisted living facility | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5003 | Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF) | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5004 | Hospice care provided in skilled nursing facility (SNF) | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5005 | Hospice care provided in inpatient hospital | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5006 | Hospice care provided in inpatient hospice facility | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5007 | Hospice care provided in long-term care facility | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5008 | Hospice care provided in inpatient psychiatric facility | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5009 | Hospice or home health care provided in place not otherwise specified (NOS) | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5010 | Hospice home care provided in a hospice facility | HOSPICE PAID FOR BY ORIGINAL MEDICARE | | | | |
| Q5101 | Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg | no auth | PREFERRED STATUS Brand = Zarxio | | | |
| Q5103 | Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg | no auth | PREFERRED STATUS Brand = Inflectra | | | |
| Q5104 | Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avsola / Inflectra | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q5105 | Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units | no auth | PREFERRED STATUS Brand = Retacrit | | | |
| Q5106 | Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units | no auth | PREFERRED STATUS Brand = Retacrit | | | |
| Q5107 | Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg | no auth | PREFERRED STATUS Brand = Mvasi | | | |
| Q5108 | Injection, pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg | no auth | PREFERRED STATUS Brand = Fulphila | | | |

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|-----------|---|------------------|--|---|--------------|---|
| Q5109 | Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q5110 | Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg | AUTH REQUIRED | NON-PREFERRED Preferred = Zarxio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q5111 | Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fulphila / Ziextenzo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q5112 | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg | no auth | PREFERRED STATUS Brand = Ogivri | | | |
| Q5115 | Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg | no auth | PREFERRED STATUS Brand = Truxima | | | |
| Q5116 | Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg | no auth | PREFERRED STATUS Brand = Trazimera | | | |
| Q5117 | Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg | no auth | PREFERRED STATUS Brand = Kanjinti | | | |
| Q5118 | Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg | no auth | PREFERRED STATUS Brand = Zirabev | | | |
| Q5119 | Injection, rituximab-pwvr, biosimilar, (RUXIENCE), 10 mg | no auth | PREFERRED STATUS Brand = Ruxience | | | |
| Q5120 | Injection, pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg | no auth | PREFERRED STATUS Brand = Ziextenzo | | | |
| Q5121 | Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg | no auth | PREFERRED STATUS Brand = Avsola | | | |
| Q5122 | Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fulphila / Ziextenzo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q5123 | Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Ruxience / Truxima | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q5124 | Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg | no auth | PREFERRED STATUS Brand = Byooviz | | | |
| Q5125 | Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg | AUTH REQUIRED | NON-PREFERRED Preferred = Zarxio | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |

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|-----------|---|------------------|---|---|--------------------------------------|---|
| Q5126 | Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Mvasi / Zirabev | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q5127 | Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fulphila / Ziextenzo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q5128 | Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avastin / Byooviz PA for medical necessity and Exceptions Criteria available | A52451 | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q5129 | Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Mvasi / Zirabev | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q5130 | Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Fulphila / Ziextenzo | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q5131 | Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg | no auth | | | | |
| Q5132 | Injection, adalimumab-afzb (Abridada), biosimilar, 10 mg | AUTH REQUIRED | | A53127 | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q9001 | Assessment by chaplain services | NOT COVERED | | NA TO ALTERWOOD | | |
| Q9002 | Counseling, individual, by chaplain services | NOT COVERED | | NA TO ALTERWOOD | | |
| Q9003 | Counseling, group, by chaplain services | NOT COVERED | | NA TO ALTERWOOD | | |
| Q9004 | Department of Veterans Affairs Whole Health Partner Services | NOT COVERED | | NA TO ALTERWOOD | | |
| Q9950 | Injection, sulfur hexafluoride lipid microspheres, per ml | no auth | | | | |
| Q9951 | Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml | no auth | | | | |
| Q9953 | Injection, iron-based magnetic resonance contrast agent, per ml | no auth | | | | |
| Q9954 | Oral magnetic resonance contrast agent, per 100 ml | no auth | | | | |
| Q9955 | Injection, perflaxane lipid microspheres, per ml | no auth | | | | |
| Q9956 | Injection, octafluoropropane microspheres, per ml | no auth | | | | |
| Q9957 | Injection, perflutren lipid microspheres, per ml | no auth | | | | |
| Q9958 | High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9959 | High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9960 | High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9961 | High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9962 | High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9963 | High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9964 | High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml | no auth | | | | |

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|-----------|--|-------------------------|---------------------------------|---|--------------|-------------------------------|
| Q9965 | Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9966 | Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9967 | Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml | no auth | | | | |
| Q9968 | Injection, nonradioactive, noncontrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg | no auth | | | | |
| Q9969 | Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | NCCN Guidelines |
| Q9982 | Flutemetamol F18, diagnostic, per study dose, up to 5 mCi | no auth | | | | |
| Q9983 | Florbetaben F18, diagnostic, per study dose, up to 8.1 mCi | no auth | | | | |
| Q9991 | Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg | no auth | | | | |
| Q9992 | Injection, buprenorphine extended-release (Sublocade), greater than 100 mg | no auth | | | | |
| R0070 | Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen | no auth | | | | |
| R0075 | Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen | no auth | | | | |
| R0076 | Transportation of portable EKG to facility or location, per patient | no auth | BUNDLED CODE - NO REIMBURSEMENT | | | |
| S0012 | Butorphanol tartrate, nasal spray, 25 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0013 | Esketamine, nasal spray, 1 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0014 | Tacrine HCl, 10 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0017 | Injection, aminocaproic acid, 5 g | NOT PAYABLE BY MEDICARE | | | | |
| S0021 | Injection, cefoperazone sodium, 1 g | NOT PAYABLE BY MEDICARE | | | | |
| S0023 | Injection, cimetidine HCl, 300 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0028 | Injection, famotidine, 20 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0032 | Injection, nafcillin sodium, 2 g | NOT PAYABLE BY MEDICARE | | | | |
| S0034 | Injection, ofloxacin, 400 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0039 | Injection, sulfamethoxazole and trimethoprim, 10 ml | NOT PAYABLE BY MEDICARE | | | | |
| S0040 | Injection, ticarcillin disodium and clavulanate potassium, 3.1 g | NOT PAYABLE BY MEDICARE | | | | |
| S0074 | Injection, cefotetan disodium, 500 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0078 | Injection, fosphenytoin sodium, 750 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0080 | Injection, pentamidine isethionate, 300 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0081 | Injection, piperacillin sodium, 500 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0088 | Imatinib, 100 mg | NOT PAYABLE BY MEDICARE | | | | |

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|-----------|--|-------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| S0090 | Sildenafil citrate, 25 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0091 | Granisetron HCl, 1 mg (for circumstances falling under the Medicare statute, use Q0166) | NOT PAYABLE BY MEDICARE | | | | |
| S0092 | Injection, hydromorphone HCl, 250 mg (loading dose for infusion pump) | NOT PAYABLE BY MEDICARE | | | | |
| S0093 | Injection, morphine sulfate, 500 mg (loading dose for infusion pump) | NOT PAYABLE BY MEDICARE | | | | |
| S0104 | Zidovudine, oral, 100 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0106 | Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets | NOT PAYABLE BY MEDICARE | | | | |
| S0108 | Mercaptopurine, oral, 50 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0109 | Methadone, oral, 5 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0117 | Tretinoin, topical, 5 g | NOT PAYABLE BY MEDICARE | | | | |
| S0119 | Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code) | NOT PAYABLE BY MEDICARE | | | | |
| S0122 | Injection, menotropins, 75 IU | NOT PAYABLE BY MEDICARE | | | | |
| S0126 | Injection, follitropin alfa, 75 IU | NOT PAYABLE BY MEDICARE | | | | |
| S0128 | Injection, follitropin beta, 75 IU | NOT PAYABLE BY MEDICARE | | | | |
| S0132 | Injection, ganirelix acetate, 250 mcg | NOT PAYABLE BY MEDICARE | | | | |
| S0136 | Clozapine, 25 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0137 | Didanosine (ddl), 25 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0138 | Finasteride, 5 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0139 | Minoxidil, 10 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0140 | Saquinavir, 200 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0142 | Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg | NOT PAYABLE BY MEDICARE | | | | |
| S0145 | Injection, PEGylated interferon alfa-2A, 180 mcg per ml | NOT PAYABLE BY MEDICARE | | | | |
| S0148 | Injection, PEGylated interferon alfa-2B, 10 mcg | NOT PAYABLE BY MEDICARE | | | | |
| S0155 | Sterile dilutant for epoprostenol, 50 ml | NOT PAYABLE BY MEDICARE | | | | |
| S0156 | Exemestane, 25 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0157 | Becaplermin gel 0.01%, 0.5 gm | NOT PAYABLE BY MEDICARE | | | | |
| S0160 | Dextroamphetamine sulfate, 5 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0164 | Injection, pantoprazole sodium, 40 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0169 | Calcitriol, 0.25 mcg | NOT PAYABLE BY MEDICARE | | | | |
| S0170 | Anastrozole, oral, 1 mg | NOT PAYABLE BY MEDICARE | | | | |

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|-----------|---|-------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| S0172 | Chlorambucil, oral, 2 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0174 | Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180) | NOT PAYABLE BY MEDICARE | | | | |
| S0175 | Flutamide, oral, 125 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0176 | Hydroxyurea, oral, 500 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0177 | Levamisole HCl, oral, 50 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0178 | Lomustine, oral, 10 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0179 | Megestrol acetate, oral, 20 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0182 | Procarbazine HCl, oral, 50 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0183 | Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164) | NOT PAYABLE BY MEDICARE | | | | |
| S0187 | Tamoxifen citrate, oral, 10 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0189 | Testosterone pellet, 75 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0190 | Mifepristone, oral, 200 mg | NOT PAYABLE BY MEDICARE | | | | |
| S0191 | Misoprostol, oral, 200 mcg | NOT PAYABLE BY MEDICARE | | | | |
| S0194 | Dialysis/stress vitamin supplement, oral, 100 capsules | NOT PAYABLE BY MEDICARE | | | | |
| S0197 | Prenatal vitamins, 30-day supply | NOT PAYABLE BY MEDICARE | | | | |
| S0199 | Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs | NOT PAYABLE BY MEDICARE | | | | |
| S0201 | Partial hospitalization services, less than 24 hours, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S0207 | Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport | NOT PAYABLE BY MEDICARE | | | | |
| S0208 | Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport | NOT PAYABLE BY MEDICARE | | | | |
| S0209 | Wheelchair van, mileage, per mile | NOT PAYABLE BY MEDICARE | | | | |
| S0215 | Nonemergency transportation; mileage, per mile | NOT PAYABLE BY MEDICARE | | | | |
| S0220 | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S0221 | Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S0250 | Comprehensive geriatric assessment and treatment planning performed by assessment team | NOT PAYABLE BY MEDICARE | | | | |
| S0255 | Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff | NOT PAYABLE BY MEDICARE | | | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|-------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| S0257 | Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service) | NOT PAYABLE BY MEDICARE | | | | |
| S0260 | History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service) | NOT PAYABLE BY MEDICARE | | | | |
| S0265 | Genetic counseling, under physician supervision, each 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S0270 | Physician management of patient home care, standard monthly case rate (per 30 days) | NOT PAYABLE BY MEDICARE | | | | |
| S0271 | Physician management of patient home care, hospice monthly case rate (per 30 days) | NOT PAYABLE BY MEDICARE | | | | |
| S0272 | Physician management of patient home care, episodic care monthly case rate (per 30 days) | NOT PAYABLE BY MEDICARE | | | | |
| S0273 | Physician visit at member's home, outside of a capitation arrangement | NOT PAYABLE BY MEDICARE | | | | |
| S0274 | Nurse practitioner visit at member's home, outside of a capitation arrangement | NOT PAYABLE BY MEDICARE | | | | |
| S0280 | Medical home program, comprehensive care coordination and planning, initial plan | NOT PAYABLE BY MEDICARE | | | | |
| S0281 | Medical home program, comprehensive care coordination and planning, maintenance of plan | NOT PAYABLE BY MEDICARE | | | | |
| S0285 | Colonoscopy consultation performed prior to a screening colonoscopy procedure | NOT PAYABLE BY MEDICARE | | | | |
| S0302 | Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service) | NOT PAYABLE BY MEDICARE | | | | |
| S0310 | Hospitalist services (list separately in addition to code for appropriate evaluation and management service) | NOT PAYABLE BY MEDICARE | | | | |
| S0311 | Comprehensive management and care coordination for advanced illness, per calendar month | NOT PAYABLE BY MEDICARE | | | | |
| S0315 | Disease management program; initial assessment and initiation of the program | NOT PAYABLE BY MEDICARE | | | | |
| S0316 | Disease management program, follow-up/reassessment | NOT PAYABLE BY MEDICARE | | | | |
| S0317 | Disease management program; per diem | NOT PAYABLE BY MEDICARE | | | | |
| S0320 | Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month | NOT PAYABLE BY MEDICARE | | | | |
| S0340 | Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage | NOT PAYABLE BY MEDICARE | | | | |
| S0341 | Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage | NOT PAYABLE BY MEDICARE | | | | |
| S0342 | Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage | NOT PAYABLE BY MEDICARE | | | | |
| S0353 | Treatment planning and care coordination management for cancer initial treatment | NOT PAYABLE BY MEDICARE | | | | |
| S0354 | Treatment planning and care coordination management for cancer established patient with a change of regimen | NOT PAYABLE BY MEDICARE | | | | |
| S0390 | Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit | NOT PAYABLE BY MEDICARE | | | | |

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|-----------|--|--------------------------|---|-------------------|--------------|-------------------------------|
| S0395 | Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic | NOT PAYABLE BY MEDICARE | | | | |
| S0400 | Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s) | NOT PAYABLE BY MEDICARE | | | | |
| S0500 | Disposable contact lens, per lens | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| S0504 | Single vision prescription lens (safety, athletic, or sunglass), per lens | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| S0506 | Bifocal vision prescription lens (safety, athletic, or sunglass), per lens | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| S0508 | Trifocal vision prescription lens (safety, athletic, or sunglass), per lens | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| S0510 | Nonprescription lens (safety, athletic, or sunglass), per lens | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| S0512 | Daily wear specialty contact lens, per lens | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| S0514 | Color contact lens, per lens | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |
| S0515 | Scleral lens, liquid bandage device, per lens | NOT PAYABLE BY MEDICARE | | | | |
| S0516 | Safety eyeglass frames | NOT PAYABLE BY MEDICARE | | | | |
| S0518 | Sunglasses frames | NOT PAYABLE BY MEDICARE | | | | |
| S0580 | Polycarbonate lens (list this code in addition to the basic code for the lens) | NOT PAYABLE BY MEDICARE | | | | |
| S0581 | Nonstandard lens (list this code in addition to the basic code for the lens) | NOT PAYABLE BY MEDICARE | | | | |
| S0590 | Integral lens service, miscellaneous services reported separately | NOT PAYABLE BY MEDICARE | | | | |
| S0592 | Comprehensive contact lens evaluation | NOT PAYABLE BY MEDICARE | | | | |
| S0595 | Dispensing new spectacle lenses for patient supplied frame | NOT PAYABLE BY MEDICARE | | | | |
| S0596 | Phakic intraocular lens for correction of refractive error | NOT PAYABLE BY MEDICARE | | | | |
| S0601 | Screening proctoscopy | NOT PAYABLE BY MEDICARE | | | | |
| S0610 | Annual gynecological examination, new patient | NOT PAYABLE BY MEDICARE | | | | |
| S0612 | Annual gynecological examination, established patient | NOT PAYABLE BY MEDICARE | | | | |
| S0613 | Annual gynecological examination; clinical breast examination without pelvic evaluation | NOT PAYABLE BY MEDICARE | | | | |
| S0618 | Audiometry for hearing aid evaluation to determine the level and degree of hearing loss | NOT PAYABLE BY MEDICARE | | | | |
| S0620 | Routine ophthalmological examination including refraction; new patient | NOT PAYABLE BY MEDICARE | | | | |
| S0621 | Routine ophthalmological examination including refraction; established patient | NOT PAYABLE BY MEDICARE | | | | |

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| S0622 | Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code) | NOT PAYABLE BY MEDICARE | | | | |
| S0630 | Removal of sutures; by a physician other than the physician who originally closed the wound | NOT PAYABLE BY MEDICARE | | | | |
| S0800 | Laser in situ keratomileusis (LASIK) | NOT PAYABLE BY MEDICARE | | | | |
| S0810 | Photorefractive keratectomy (PRK) | NOT PAYABLE BY MEDICARE | | | | |
| S0812 | Phototherapeutic keratectomy (PTK) | NOT PAYABLE BY MEDICARE | | | | |
| S1001 | Deluxe item, patient aware (list in addition to code for basic item) | NOT PAYABLE BY MEDICARE | | | | |
| S1002 | Customized item (list in addition to code for basic item) | NOT PAYABLE BY MEDICARE | | | | |
| S1015 | IV tubing extension set | NOT PAYABLE BY MEDICARE | | | | |
| S1016 | Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., Paclitaxel | NOT PAYABLE BY MEDICARE | | | | |
| S1030 | Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code) | NOT PAYABLE BY MEDICARE | | | | |
| S1031 | Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code) | NOT PAYABLE BY MEDICARE | | | | |
| S1034 | Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices | NOT PAYABLE BY MEDICARE | | | | |
| S1035 | Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system | NOT PAYABLE BY MEDICARE | | | | |
| S1036 | Transmitter; external, for use with artificial pancreas device system | NOT PAYABLE BY MEDICARE | | | | |
| S1037 | Receiver (monitor); external, for use with artificial pancreas device system | NOT PAYABLE BY MEDICARE | | | | |
| S1040 | Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s) | NOT PAYABLE BY MEDICARE | | | | |
| S1091 | Stent, noncoronary, temporary, with delivery system (Propel) | NOT PAYABLE BY MEDICARE | | | | |
| S2053 | Transplantation of small intestine and liver allografts | NOT PAYABLE BY MEDICARE | | | | |
| S2054 | Transplantation of multivisceral organs | NOT PAYABLE BY MEDICARE | | | | |
| S2055 | Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor | NOT PAYABLE BY MEDICARE | | | | |
| S2060 | Lobar lung transplantation | NOT PAYABLE BY MEDICARE | | | | |
| S2061 | Donor lobectomy (lung) for transplantation, living donor | NOT PAYABLE BY MEDICARE | | | | |
| S2065 | Simultaneous pancreas kidney transplantation | NOT PAYABLE BY MEDICARE | | | | |
| S2066 | Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral | NOT PAYABLE BY MEDICARE | | | | |
| S2067 | Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral | NOT PAYABLE BY MEDICARE | | | | |

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| S2068 | Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral | NOT PAYABLE BY MEDICARE | | | | |
| S2070 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization) | NOT PAYABLE BY MEDICARE | | | | |
| S2079 | Laparoscopic esophagomyotomy (Heller type) | NOT PAYABLE BY MEDICARE | | | | |
| S2080 | Laser-assisted uvulopalatoplasty (LAUP) | NOT PAYABLE BY MEDICARE | | | | |
| S2083 | Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline | NOT PAYABLE BY MEDICARE | | | | |
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres | NOT PAYABLE BY MEDICARE | | | | |
| S2102 | Islet cell tissue transplant from pancreas; allogeneic | NOT PAYABLE BY MEDICARE | | | | |
| S2103 | Adrenal tissue transplant to brain | NOT PAYABLE BY MEDICARE | | | | |
| S2107 | Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment | NOT PAYABLE BY MEDICARE | | | | |
| S2112 | Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells) | NOT PAYABLE BY MEDICARE | | | | |
| S2115 | Osteotomy, periacetabular, with internal fixation | NOT PAYABLE BY MEDICARE | | | | |
| S2117 | Arthroereisis, subtalar | NOT PAYABLE BY MEDICARE | | | | |
| S2118 | Metal-on-metal total hip resurfacing, including acetabular and femoral components | NOT PAYABLE BY MEDICARE | | | | |
| S2120 | Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation | NOT PAYABLE BY MEDICARE | | | | |
| S2140 | Cord blood harvesting for transplantation, allogeneic | NOT PAYABLE BY MEDICARE | | | | |
| S2142 | Cord blood-derived stem-cell transplantation, allogeneic | NOT PAYABLE BY MEDICARE | | | | |
| S2150 | Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition | NOT PAYABLE BY MEDICARE | | | | |
| S2152 | Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition | NOT PAYABLE BY MEDICARE | | | | |
| S2202 | Echosclerotherapy | NOT PAYABLE BY MEDICARE | | | | |
| S2205 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft | NOT PAYABLE BY MEDICARE | | | | |

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| S2206 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts | NOT PAYABLE BY MEDICARE | | | | |
| S2207 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft | NOT PAYABLE BY MEDICARE | | | | |
| S2208 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft | NOT PAYABLE BY MEDICARE | | | | |
| S2209 | Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft | NOT PAYABLE BY MEDICARE | | | | |
| S2225 | Myringotomy, laser-assisted | NOT PAYABLE BY MEDICARE | | | | |
| S2230 | Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear | NOT PAYABLE BY MEDICARE | | | | |
| S2235 | Implantation of auditory brain stem implant | NOT PAYABLE BY MEDICARE | | | | |
| S2260 | Induced abortion, 17 to 24 weeks | NOT PAYABLE BY MEDICARE | | | | |
| S2265 | Induced abortion, 25 to 28 weeks | NOT PAYABLE BY MEDICARE | | | | |
| S2266 | Induced abortion, 29 to 31 weeks | NOT PAYABLE BY MEDICARE | | | | |
| S2267 | Induced abortion, 32 weeks or greater | NOT PAYABLE BY MEDICARE | | | | |
| S2300 | Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy | NOT PAYABLE BY MEDICARE | | | | |
| S2325 | Hip core decompression | NOT PAYABLE BY MEDICARE | | | | |
| S2340 | Chemodenervation of abductor muscle(s) of vocal cord | NOT PAYABLE BY MEDICARE | | | | |
| S2341 | Chemodenervation of adductor muscle(s) of vocal cord | NOT PAYABLE BY MEDICARE | | | | |
| S2342 | Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral | NOT PAYABLE BY MEDICARE | | | | |
| S2348 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar | NOT PAYABLE BY MEDICARE | | | | |
| S2350 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace | NOT PAYABLE BY MEDICARE | | | | |
| S2351 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure) | NOT PAYABLE BY MEDICARE | | | | |
| S2400 | Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero | NOT PAYABLE BY MEDICARE | | | | |
| S2401 | Repair, urinary tract obstruction in the fetus, procedure performed in utero | NOT PAYABLE BY MEDICARE | | | | |
| S2402 | Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero | NOT PAYABLE BY MEDICARE | | | | |

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| S2403 | Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero | NOT PAYABLE BY MEDICARE | | | | |
| S2404 | Repair, myelomeningocele in the fetus, procedure performed in utero | NOT PAYABLE BY MEDICARE | | | | |
| S2405 | Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero | NOT PAYABLE BY MEDICARE | | | | |
| S2409 | Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified | NOT PAYABLE BY MEDICARE | | | | |
| S2411 | Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome | NOT PAYABLE BY MEDICARE | | | | |
| S2900 | Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure) | NOT PAYABLE BY MEDICARE | | | | |
| S3000 | Diabetic indicator; retinal eye exam, dilated, bilateral | NOT PAYABLE BY MEDICARE | | | | |
| S3005 | Performance measurement, evaluation of patient self assessment, depression | NOT PAYABLE BY MEDICARE | | | | |
| S3600 | STAT laboratory request (situations other than S3601) | NOT PAYABLE BY MEDICARE | | | | |
| S3601 | Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility | NOT PAYABLE BY MEDICARE | | | | |
| S3620 | Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total) | AUTH REQUIRED | | | | |
| S3630 | Eosinophil count, blood, direct | NOT PAYABLE BY MEDICARE | | | | |
| S3645 | HIV-1 antibody testing of oral mucosal transudate | NOT PAYABLE BY MEDICARE | | | | |
| S3650 | Saliva test, hormone level; during menopause | NOT PAYABLE BY MEDICARE | | | | |
| S3652 | Saliva test, hormone level; to assess preterm labor risk | NOT PAYABLE BY MEDICARE | | | | |
| S3655 | Antisperm antibodies test (immunobead) | NOT PAYABLE BY MEDICARE | | | | |
| S3708 | Gastrointestinal fat absorption study | NOT PAYABLE BY MEDICARE | | | | |
| S3722 | Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil | NOT PAYABLE BY MEDICARE | | | | |
| S3800 | Genetic testing for amyotrophic lateral sclerosis (ALS) | NOT PAYABLE BY MEDICARE | | | | |
| S3840 | DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2 | NOT PAYABLE BY MEDICARE | | | | |
| S3841 | Genetic testing for retinoblastoma | NOT PAYABLE BY MEDICARE | | | | |
| S3842 | Genetic testing for Von Hippel-Lindau disease | NOT PAYABLE BY MEDICARE | | | | |
| S3844 | DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness | NOT PAYABLE BY MEDICARE | | | | |
| S3845 | Genetic testing for alpha-thalassemia | NOT PAYABLE BY MEDICARE | | | | |
| S3846 | Genetic testing for hemoglobin E beta-thalassemia | NOT PAYABLE BY MEDICARE | | | | |
| S3849 | Genetic testing for Niemann-Pick disease | NOT PAYABLE BY MEDICARE | | | | |
| S3850 | Genetic testing for sickle cell anemia | NOT PAYABLE BY MEDICARE | | | | |

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| S3852 | DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease | NOT PAYABLE BY MEDICARE | | | | |
| S3853 | Genetic testing for myotonic muscular dystrophy | NOT PAYABLE BY MEDICARE | | | | |
| S3854 | Gene expression profiling panel for use in the management of breast cancer treatment | NOT PAYABLE BY MEDICARE | | | | |
| S3861 | Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome | NOT PAYABLE BY MEDICARE | | | | |
| S3865 | Comprehensive gene sequence analysis for hypertrophic cardiomyopathy | NOT PAYABLE BY MEDICARE | | | | |
| S3866 | Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family | NOT PAYABLE BY MEDICARE | | | | |
| S3870 | Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability | NOT PAYABLE BY MEDICARE | | | | |
| S3900 | Surface electromyography (EMG) | NOT PAYABLE BY MEDICARE | | | | |
| S3902 | Ballistocardiogram | NOT PAYABLE BY MEDICARE | | | | |
| S3904 | Masters two step | NOT PAYABLE BY MEDICARE | | | | |
| S4005 | Interim labor facility global (labor occurring but not resulting in delivery) | NOT PAYABLE BY MEDICARE | | | | |
| S4011 | In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development | NOT PAYABLE BY MEDICARE | | | | |
| S4013 | Complete cycle, gamete intrafallopian transfer (GIFT), case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4014 | Complete cycle, zygote intrafallopian transfer (ZIFT), case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4015 | Complete in vitro fertilization cycle, not otherwise specified, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4016 | Frozen in vitro fertilization cycle, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4017 | Incomplete cycle, treatment cancelled prior to stimulation, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4018 | Frozen embryo transfer procedure cancelled before transfer, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4020 | In vitro fertilization procedure cancelled before aspiration, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4021 | In vitro fertilization procedure cancelled after aspiration, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4022 | Assisted oocyte fertilization, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4023 | Donor egg cycle, incomplete, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4025 | Donor services for in vitro fertilization (sperm or embryo), case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4026 | Procurement of donor sperm from sperm bank | NOT PAYABLE BY MEDICARE | | | | |
| S4027 | Storage of previously frozen embryos | NOT PAYABLE BY MEDICARE | | | | |
| S4028 | Microsurgical epididymal sperm aspiration (MESA) | NOT PAYABLE BY MEDICARE | | | | |

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| S4030 | Sperm procurement and cryopreservation services; initial visit | NOT PAYABLE BY MEDICARE | | | | |
| S4031 | Sperm procurement and cryopreservation services; subsequent visit | NOT PAYABLE BY MEDICARE | | | | |
| S4035 | Stimulated intrauterine insemination (IUI), case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4037 | Cryopreserved embryo transfer, case rate | NOT PAYABLE BY MEDICARE | | | | |
| S4040 | Monitoring and storage of cryopreserved embryos, per 30 days | NOT PAYABLE BY MEDICARE | | | | |
| S4042 | Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle | NOT PAYABLE BY MEDICARE | | | | |
| S4981 | Insertion of levonorgestrel-releasing intrauterine system | NOT PAYABLE BY MEDICARE | | | | |
| S4989 | Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies | NOT PAYABLE BY MEDICARE | | | | |
| S4990 | Nicotine patches, legend | NOT PAYABLE BY MEDICARE | | | | |
| S4991 | Nicotine patches, nonlegend | NOT PAYABLE BY MEDICARE | | | | |
| S4993 | Contraceptive pills for birth control | NOT PAYABLE BY MEDICARE | | | | |
| S4995 | Smoking cessation gum | NOT PAYABLE BY MEDICARE | | | | |
| S5000 | Prescription drug, generic | NOT PAYABLE BY MEDICARE | | | | |
| S5001 | Prescription drug, brand name | NOT PAYABLE BY MEDICARE | | | | |
| S5010 | 5% dextrose and 0.45% normal saline, 1000 ml | NOT PAYABLE BY MEDICARE | | | | |
| S5012 | 5% dextrose with potassium chloride, 1000 ml | NOT PAYABLE BY MEDICARE | | | | |
| S5013 | 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml | NOT PAYABLE BY MEDICARE | | | | |
| S5014 | 5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml | NOT PAYABLE BY MEDICARE | | | | |
| S5035 | Home infusion therapy, routine service of infusion device (e.g., pump maintenance) | NOT PAYABLE BY MEDICARE | | | | |
| S5036 | Home infusion therapy, repair of infusion device (e.g., pump repair) | NOT PAYABLE BY MEDICARE | | | | |
| S5100 | Day care services, adult; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5101 | Day care services, adult; per half day | NOT PAYABLE BY MEDICARE | | | | |
| S5102 | Day care services, adult; per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5105 | Day care services, center-based; services not included in program fee, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5108 | Home care training to home care client, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5109 | Home care training to home care client, per session | NOT PAYABLE BY MEDICARE | | | | |
| S5110 | Home care training, family; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5111 | Home care training, family; per session | NOT PAYABLE BY MEDICARE | | | | |

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| S5115 | Home care training, nonfamily; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5116 | Home care training, nonfamily; per session | NOT PAYABLE BY MEDICARE | | | | |
| S5120 | Chore services; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5121 | Chore services; per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5125 | Attendant care services; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5126 | Attendant care services; per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5130 | Homemaker service, NOS; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5131 | Homemaker service, NOS; per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5135 | Companion care, adult (e.g., IADL/ADL); per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5136 | Companion care, adult (e.g., IADL/ADL); per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5140 | Foster care, adult; per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5141 | Foster care, adult; per month | NOT PAYABLE BY MEDICARE | | | | |
| S5145 | Foster care, therapeutic, child; per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5146 | Foster care, therapeutic, child; per month | NOT PAYABLE BY MEDICARE | | | | |
| S5150 | Unskilled respite care, not hospice; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S5151 | Unskilled respite care, not hospice; per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5160 | Emergency response system; installation and testing | NOT PAYABLE BY MEDICARE | | | | |
| S5161 | Emergency response system; service fee, per month (excludes installation and testing) | NOT PAYABLE BY MEDICARE | | | | |
| S5162 | Emergency response system; purchase only | NOT PAYABLE BY MEDICARE | | | | |
| S5165 | Home modifications; per service | NOT PAYABLE BY MEDICARE | | | | |
| S5170 | Home delivered meals, including preparation; per meal | NOT PAYABLE BY MEDICARE | | | | |
| S5175 | Laundry service, external, professional; per order | NOT PAYABLE BY MEDICARE | | | | |
| S5180 | Home health respiratory therapy, initial evaluation | NOT PAYABLE BY MEDICARE | | | | |
| S5181 | Home health respiratory therapy, NOS, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5185 | Medication reminder service, nonface-to-face; per month | NOT PAYABLE BY MEDICARE | | | | |
| S5190 | Wellness assessment, performed by nonphysician | NOT PAYABLE BY MEDICARE | | | | |
| S5199 | Personal care item, NOS, each | NOT PAYABLE BY MEDICARE | | | | |

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| S5497 | Home infusion therapy, catheter care/maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5498 | Home infusion therapy, catheter care/maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5501 | Home infusion therapy, catheter care/maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S5502 | Home infusion therapy, catheter care/maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use) | NOT PAYABLE BY MEDICARE | | | | |
| S5517 | Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting | NOT PAYABLE BY MEDICARE | | | | |
| S5518 | Home infusion therapy, all supplies necessary for catheter repair | NOT PAYABLE BY MEDICARE | | | | |
| S5520 | Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion | NOT PAYABLE BY MEDICARE | | | | |
| S5521 | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion | NOT PAYABLE BY MEDICARE | | | | |
| S5522 | Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included) | NOT PAYABLE BY MEDICARE | | | | |
| S5523 | Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included) | NOT PAYABLE BY MEDICARE | | | | |
| S5550 | Insulin, rapid onset, 5 units | NOT PAYABLE BY MEDICARE | | | | |
| S5551 | Insulin, most rapid onset (Lispro or Aspart); 5 units | NOT PAYABLE BY MEDICARE | | | | |
| S5552 | Insulin, intermediate acting (NPH or LENTE); 5 units | NOT PAYABLE BY MEDICARE | | | | |
| S5553 | Insulin, long acting; 5 units | NOT PAYABLE BY MEDICARE | | | | |
| S5560 | Insulin delivery device, reusable pen; 1.5 ml size | NOT PAYABLE BY MEDICARE | | | | |
| S5561 | Insulin delivery device, reusable pen; 3 ml size | NOT PAYABLE BY MEDICARE | | | | |
| S5565 | Insulin cartridge for use in insulin delivery device other than pump; 150 units | NOT PAYABLE BY MEDICARE | | | | |
| S5566 | Insulin cartridge for use in insulin delivery device other than pump; 300 units | NOT PAYABLE BY MEDICARE | | | | |
| S5570 | Insulin delivery device, disposable pen (including insulin); 1.5 ml size | NOT PAYABLE BY MEDICARE | | | | |
| S5571 | Insulin delivery device, disposable pen (including insulin); 3 ml size | NOT PAYABLE BY MEDICARE | | | | |
| S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy | NOT PAYABLE BY MEDICARE | | | | |

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| S8035 | Magnetic source imaging | NOT PAYABLE BY MEDICARE | | | | |
| S8037 | Magnetic resonance cholangiopancreatography (MRCP) | NOT PAYABLE BY MEDICARE | | | | |
| S8040 | Topographic brain mapping | NOT PAYABLE BY MEDICARE | | | | |
| S8042 | Magnetic resonance imaging (MRI), low-field | NOT PAYABLE BY MEDICARE | | | | |
| S8055 | Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction (59866)) | NOT PAYABLE BY MEDICARE | | | | |
| S8080 | Scintimammography (radioimmunoscinigraphy of the breast), unilateral, including supply of radiopharmaceutical | NOT PAYABLE BY MEDICARE | | | | |
| S8085 | Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan) | NOT PAYABLE BY MEDICARE | | | | |
| S8092 | Electron beam computed tomography (also known as ultrafast CT, cine CT) | NOT PAYABLE BY MEDICARE | | | | |
| S8096 | Portable peak flow meter | NOT PAYABLE BY MEDICARE | | | | |
| S8097 | Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer) | NOT PAYABLE BY MEDICARE | | | | |
| S8100 | Holding chamber or spacer for use with an inhaler or nebulizer; without mask | NOT PAYABLE BY MEDICARE | | | | |
| S8101 | Holding chamber or spacer for use with an inhaler or nebulizer; with mask | NOT PAYABLE BY MEDICARE | | | | |
| S8110 | Peak expiratory flow rate (physician services) | NOT PAYABLE BY MEDICARE | | | | |
| S8120 | Oxygen contents, gaseous, 1 unit equals 1 cubic foot | NOT PAYABLE BY MEDICARE | | | | |
| S8121 | Oxygen contents, liquid, 1 unit equals 1 pound | NOT PAYABLE BY MEDICARE | | | | |
| S8130 | Interferential current stimulator, 2 channel | NOT PAYABLE BY MEDICARE | | | | |
| S8131 | Interferential current stimulator, 4 channel | NOT PAYABLE BY MEDICARE | | | | |
| S8185 | Flutter device | NOT PAYABLE BY MEDICARE | | | | |
| S8186 | Swivel adaptor | NOT PAYABLE BY MEDICARE | | | | |
| S8189 | Tracheostomy supply, not otherwise classified | NOT PAYABLE BY MEDICARE | | | | |
| S8210 | Mucus trap | NOT PAYABLE BY MEDICARE | | | | |
| S8265 | Haberman feeder for cleft lip/palate | NOT PAYABLE BY MEDICARE | | | | |
| S8270 | Enuresis alarm, using auditory buzzer and/or vibration device | NOT PAYABLE BY MEDICARE | | | | |
| S8301 | Infection control supplies, not otherwise specified | NOT PAYABLE BY MEDICARE | | | | |
| S8415 | Supplies for home delivery of infant | NOT PAYABLE BY MEDICARE | | | | |
| S8420 | Gradient pressure aid (sleeve and glove combination), custom made | NOT PAYABLE BY MEDICARE | | | | |
| S8421 | Gradient pressure aid (sleeve and glove combination), ready made | NOT PAYABLE BY MEDICARE | | | | |

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| S8422 | Gradient pressure aid (sleeve), custom made, medium weight | NOT PAYABLE BY MEDICARE | | | | |
| S8423 | Gradient pressure aid (sleeve), custom made, heavy weight | NOT PAYABLE BY MEDICARE | | | | |
| S8424 | Gradient pressure aid (sleeve), ready made | NOT PAYABLE BY MEDICARE | | | | |
| S8425 | Gradient pressure aid (glove), custom made, medium weight | NOT PAYABLE BY MEDICARE | | | | |
| S8426 | Gradient pressure aid (glove), custom made, heavy weight | NOT PAYABLE BY MEDICARE | | | | |
| S8427 | Gradient pressure aid (glove), ready made | NOT PAYABLE BY MEDICARE | | | | |
| S8428 | Gradient pressure aid (gauntlet), ready made | NOT PAYABLE BY MEDICARE | | | | |
| S8429 | Gradient pressure exterior wrap | NOT PAYABLE BY MEDICARE | | | | |
| S8430 | Padding for compression bandage, roll | NOT PAYABLE BY MEDICARE | | | | |
| S8431 | Compression bandage, roll | NOT PAYABLE BY MEDICARE | | | | |
| S8450 | Splint, prefabricated, digit (specify digit by use of modifier) | NOT PAYABLE BY MEDICARE | | | | |
| S8451 | Splint, prefabricated, wrist or ankle | NOT PAYABLE BY MEDICARE | | | | |
| S8452 | Splint, prefabricated, elbow | NOT PAYABLE BY MEDICARE | | | | |
| S8460 | Camisole, postmastectomy | NOT PAYABLE BY MEDICARE | | | | |
| S8490 | Insulin syringes (100 syringes, any size) | NOT PAYABLE BY MEDICARE | | | | |
| S8930 | Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient | NOT PAYABLE BY MEDICARE | | | | |
| S8940 | Equestrian/hippotherapy, per session | NOT PAYABLE BY MEDICARE | | | | |
| S8948 | Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S8950 | Complex lymphedema therapy, each 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S8990 | Physical or manipulative therapy performed for maintenance rather than restoration | NOT PAYABLE BY MEDICARE | | | | |
| S8999 | Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event) | NOT PAYABLE BY MEDICARE | | | | |
| S9001 | Home uterine monitor with or without associated nursing services | NOT PAYABLE BY MEDICARE | | | | |
| S9007 | Ultrafiltration monitor | NOT PAYABLE BY MEDICARE | | | | |
| S9024 | Paranasal sinus ultrasound | NOT PAYABLE BY MEDICARE | | | | |
| S9025 | Omnicardiogram/cardiointegram | NOT PAYABLE BY MEDICARE | | | | |
| S9034 | Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265) | NOT PAYABLE BY MEDICARE | | | | |
| S9055 | Procuren or other growth factor preparation to promote wound healing | NOT PAYABLE BY MEDICARE | | | | |
| S9056 | Coma stimulation per diem | NOT PAYABLE BY MEDICARE | | | | |

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| S9061 | Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9083 | Global fee urgent care centers | NOT PAYABLE BY MEDICARE | | | | |
| S9088 | Services provided in an urgent care center (list in addition to code for service) | NOT PAYABLE BY MEDICARE | | | | |
| S9090 | Vertebral axial decompression, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9097 | Home visit for wound care | NOT PAYABLE BY MEDICARE | | | | |
| S9098 | Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9110 | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month | NOT PAYABLE BY MEDICARE | | | | |
| S9117 | Back school, per visit | NOT PAYABLE BY MEDICARE | | | | |
| S9122 | Home health aide or certified nurse assistant, providing care in the home; per hour | NOT PAYABLE BY MEDICARE | | | | |
| S9123 | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) | NOT PAYABLE BY MEDICARE | | | | |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour | NOT PAYABLE BY MEDICARE | | | | |
| S9125 | Respite care, in the home, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9126 | Hospice care, in the home, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9127 | Social work visit, in the home, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9128 | Speech therapy, in the home, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9129 | Occupational therapy, in the home, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9131 | Physical therapy; in the home, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9140 | Diabetic management program, follow-up visit to non-MD provider | NOT PAYABLE BY MEDICARE | | | | |
| S9141 | Diabetic management program, follow-up visit to MD provider | NOT PAYABLE BY MEDICARE | | | | |
| S9145 | Insulin pump initiation, instruction in initial use of pump (pump not included) | NOT PAYABLE BY MEDICARE | | | | |
| S9150 | Evaluation by ophthalmologist | NOT PAYABLE BY MEDICARE | | | | |
| S9152 | Speech therapy, re-evaluation | NOT PAYABLE BY MEDICARE | | | | |
| S9208 | Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | NOT PAYABLE BY MEDICARE | | | | |

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| S9209 | Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | NOT PAYABLE BY MEDICARE | | | | |
| S9211 | Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code) | NOT PAYABLE BY MEDICARE | | | | |
| S9212 | Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code) | NOT PAYABLE BY MEDICARE | | | | |
| S9213 | Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code) | NOT PAYABLE BY MEDICARE | | | | |
| S9214 | Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code) | NOT PAYABLE BY MEDICARE | | | | |
| S9325 | Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328) | NOT PAYABLE BY MEDICARE | | | | |
| S9326 | Home infusion therapy, continuous (24 hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9327 | Home infusion therapy, intermittent (less than 24 hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9328 | Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9329 | Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331) | NOT PAYABLE BY MEDICARE | | | | |
| S9330 | Home infusion therapy, continuous (24 hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |

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| S9331 | Home infusion therapy, intermittent (less than 24 hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9335 | Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9336 | Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9338 | Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9339 | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9340 | Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9341 | Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9342 | Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9343 | Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9345 | Home infusion therapy, antihemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9346 | Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9347 | Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |

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| S9348 | Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9349 | Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9351 | Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9353 | Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9355 | Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9357 | Home infusion therapy, enzyme replacement intravenous therapy; (e.g., Imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9359 | Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9361 | Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9363 | Home infusion therapy, antispasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9364 | Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales) | NOT PAYABLE BY MEDICARE | | | | |
| S9365 | Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |

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| S9366 | Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9367 | Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9368 | Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9370 | Home therapy, intermittent antiemetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9372 | Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency) | NOT PAYABLE BY MEDICARE | | | | |
| S9373 | Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales) | NOT PAYABLE BY MEDICARE | | | | |
| S9374 | Home infusion therapy, hydration therapy; 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9375 | Home infusion therapy, hydration therapy; more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9376 | Home infusion therapy, hydration therapy; more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9377 | Home infusion therapy, hydration therapy; more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |

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| S9379 | Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9381 | Delivery or service to high risk areas requiring escort or extra protection, per visit | NOT PAYABLE BY MEDICARE | | | | |
| S9401 | Anticoagulation clinic, inclusive of all services except laboratory tests, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9430 | Pharmacy compounding and dispensing services | NOT PAYABLE BY MEDICARE | | | | |
| S9432 | Medical foods for noninborn errors of metabolism | NOT PAYABLE BY MEDICARE | | | | |
| S9433 | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake | NOT PAYABLE BY MEDICARE | | | | |
| S9434 | Modified solid food supplements for inborn errors of metabolism | NOT PAYABLE BY MEDICARE | | | | |
| S9435 | Medical foods for inborn errors of metabolism | NOT PAYABLE BY MEDICARE | | | | |
| S9436 | Childbirth preparation/Lamazze classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9437 | Childbirth refresher classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9438 | Cesarean birth classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9439 | VBAC (vaginal birth after cesarean) classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9441 | Asthma education, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9442 | Birthing classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9443 | Lactation classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9444 | Parenting classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9445 | Patient education, not otherwise classified, nonphysician provider, individual, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9446 | Patient education, not otherwise classified, nonphysician provider, group, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9447 | Infant safety (including CPR) classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9449 | Weight management classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9451 | Exercise classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9452 | Nutrition classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9453 | Smoking cessation classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9454 | Stress management classes, nonphysician provider, per session | NOT PAYABLE BY MEDICARE | | | | |
| S9455 | Diabetic management program, group session | NOT PAYABLE BY MEDICARE | | | | |
| S9460 | Diabetic management program, nurse visit | NOT PAYABLE BY MEDICARE | | | | |
| S9465 | Diabetic management program, dietitian visit | NOT PAYABLE BY MEDICARE | | | | |

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| S9470 | Nutritional counseling, dietitian visit | NOT PAYABLE BY MEDICARE | | | | |
| S9472 | Cardiac rehabilitation program, nonphysician provider, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9473 | Pulmonary rehabilitation program, nonphysician provider, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9474 | Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9475 | Ambulatory setting substance abuse treatment or detoxification services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9476 | Vestibular rehabilitation program, nonphysician provider, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9480 | Intensive outpatient psychiatric services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9482 | Family stabilization services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| S9484 | Crisis intervention mental health services, per hour | NOT PAYABLE BY MEDICARE | | | | |
| S9485 | Crisis intervention mental health services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9490 | Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9494 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504) | NOT PAYABLE BY MEDICARE | | | | |
| S9497 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9500 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9501 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9502 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9503 | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |

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| S9504 | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9529 | Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient | NOT PAYABLE BY MEDICARE | | | | |
| S9537 | Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9538 | Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9542 | Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9558 | Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9559 | Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9560 | Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9562 | Home injectable therapy, palivizumab or other monoclonal antibody for RSV, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| 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 | NOT PAYABLE BY MEDICARE | | | | |
| S9590 | Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9810 | Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code) | NOT PAYABLE BY MEDICARE | | | | |
| S9900 | Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9901 | Services by a Journal-listed Christian Science nurse, per hour | NOT PAYABLE BY MEDICARE | | | | |
| S9960 | Ambulance service, conventional air services, nonemergency transport, one way (fixed wing) | NOT PAYABLE BY MEDICARE | | | | |

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| S9961 | Ambulance service, conventional air service, nonemergency transport, one way (rotary wing) | NOT PAYABLE BY MEDICARE | | | | |
| S9970 | Health club membership, annual | NOT PAYABLE BY MEDICARE | | | | |
| S9975 | Transplant related lodging, meals and transportation, per diem | NOT PAYABLE BY MEDICARE | | | | |
| S9976 | Lodging, per diem, not otherwise classified | NOT PAYABLE BY MEDICARE | | | | |
| S9977 | Meals, per diem, not otherwise specified | NOT PAYABLE BY MEDICARE | | | | |
| S9981 | Medical records copying fee, administrative | NOT PAYABLE BY MEDICARE | | | | |
| S9982 | Medical records copying fee, per page | NOT PAYABLE BY MEDICARE | | | | |
| S9986 | Not medically necessary service (patient is aware that service not medically necessary) | NOT PAYABLE BY MEDICARE | | | | |
| S9988 | Services provided as part of a Phase I clinical trial | NOT PAYABLE BY MEDICARE | | | | |
| S9989 | Services provided outside of the United States of America (list in addition to code(s) for services(s)) | NOT PAYABLE BY MEDICARE | | | | |
| S9990 | Services provided as part of a Phase II clinical trial | NOT PAYABLE BY MEDICARE | | | | |
| S9991 | Services provided as part of a Phase III clinical trial | NOT PAYABLE BY MEDICARE | | | | |
| S9992 | Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion | NOT PAYABLE BY MEDICARE | | | | |
| S9994 | Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion | NOT PAYABLE BY MEDICARE | | | | |
| S9996 | Meals for clinical trial participant and one caregiver/companion | NOT PAYABLE BY MEDICARE | | | | |
| S9999 | Sales tax | NOT PAYABLE BY MEDICARE | | | | |
| T1000 | Private duty/independent nursing service(s), licensed, up to 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1001 | Nursing assessment/evaluation | NOT PAYABLE BY MEDICARE | | | | |
| T1002 | RN services, up to 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1003 | LPN/LVN services, up to 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1004 | Services of a qualified nursing aide, up to 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1005 | Respite care services, up to 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1006 | Alcohol and/or substance abuse services, family/couple counseling | NOT PAYABLE BY MEDICARE | | | | |
| T1007 | Alcohol and/or substance abuse services, treatment plan development and/or modification | NOT PAYABLE BY MEDICARE | | | | |
| T1009 | Child sitting services for children of the individual receiving alcohol and/or substance abuse services | NOT PAYABLE BY MEDICARE | | | | |
| T1010 | Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) | NOT PAYABLE BY MEDICARE | | | | |
| T1012 | Alcohol and/or substance abuse services, skills development | NOT PAYABLE BY MEDICARE | | | | |
| T1013 | Sign language or oral interpretive services, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |

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| T1014 | Telehealth transmission, per minute, professional services bill separately | NOT PAYABLE BY MEDICARE | | | | |
| T1015 | Clinic visit/encounter, all-inclusive | NOT PAYABLE BY MEDICARE | | | | |
| T1016 | Case management, each 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1017 | Targeted case management, each 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1018 | School-based individualized education program (IEP) services, bundled | NOT PAYABLE BY MEDICARE | | | | |
| T1019 | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | NOT PAYABLE BY MEDICARE | | | | |
| T1020 | Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) | NOT PAYABLE BY MEDICARE | | | | |
| T1021 | Home health aide or certified nurse assistant, per visit | NOT PAYABLE BY MEDICARE | | | | |
| T1022 | Contracted home health agency services, all services provided under contract, per day | NOT PAYABLE BY MEDICARE | | | | |
| T1023 | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter | NOT PAYABLE BY MEDICARE | | | | |
| T1024 | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter | NOT PAYABLE BY MEDICARE | | | | |
| T1025 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem | NOT PAYABLE BY MEDICARE | | | | |
| T1026 | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour | NOT PAYABLE BY MEDICARE | | | | |
| T1027 | Family training and counseling for child development, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1028 | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs | NOT PAYABLE BY MEDICARE | | | | |
| T1029 | Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling | NOT PAYABLE BY MEDICARE | | | | |
| T1030 | Nursing care, in the home, by registered nurse, per diem | NOT PAYABLE BY MEDICARE | | | | |
| T1031 | Nursing care, in the home, by licensed practical nurse, per diem | NOT PAYABLE BY MEDICARE | | | | |
| T1032 | Services performed by a doula birth worker, per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T1033 | Services performed by a doula birth worker, per diem | NOT PAYABLE BY MEDICARE | | | | |
| T1040 | Medicaid certified community behavioral health clinic services, per diem | NOT PAYABLE BY MEDICARE | | | | |
| T1041 | Medicaid certified community behavioral health clinic services, per month | NOT PAYABLE BY MEDICARE | | | | |
| T1502 | Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit | NOT PAYABLE BY MEDICARE | | | | |
| T1503 | Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit | NOT PAYABLE BY MEDICARE | | | | |

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| T1505 | Electronic medication compliance management device, includes all components and accessories, not otherwise classified | NOT PAYABLE BY MEDICARE | | | | |
| T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks" | NOT PAYABLE BY MEDICARE | | | | |
| T2001 | Nonemergency transportation; patient attendant/escort | NOT PAYABLE BY MEDICARE | | | | |
| T2002 | Nonemergency transportation; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2003 | Nonemergency transportation; encounter/trip | NOT PAYABLE BY MEDICARE | | | | |
| T2004 | Nonemergency transport; commercial carrier, multipass | NOT PAYABLE BY MEDICARE | | | | |
| T2005 | Nonemergency transportation; stretcher van | NOT PAYABLE BY MEDICARE | | | | |
| T2007 | Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments | NOT PAYABLE BY MEDICARE | | | | |
| T2010 | Preadmission screening and resident review (PASRR) Level I identification screening, per screen | NOT PAYABLE BY MEDICARE | | | | |
| T2011 | Preadmission screening and resident review (PASRR) Level II evaluation, per evaluation | NOT PAYABLE BY MEDICARE | | | | |
| T2012 | Habilitation, educational; waiver, per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2013 | Habilitation, educational, waiver; per hour | NOT PAYABLE BY MEDICARE | | | | |
| T2014 | Habilitation, prevocational, waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2015 | Habilitation, prevocational, waiver; per hour | NOT PAYABLE BY MEDICARE | | | | |
| T2016 | Habilitation, residential, waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2017 | Habilitation, residential, waiver; 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T2018 | Habilitation, supported employment, waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2019 | Habilitation, supported employment, waiver; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T2020 | Day habilitation, waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2021 | Day habilitation, waiver; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T2022 | Case management, per month | NOT PAYABLE BY MEDICARE | | | | |
| T2023 | Targeted case management; per month | NOT PAYABLE BY MEDICARE | | | | |
| T2024 | Service assessment/plan of care development, waiver | NOT PAYABLE BY MEDICARE | | | | |
| T2025 | Waiver services; not otherwise specified (NOS) | NOT PAYABLE BY MEDICARE | | | | |
| T2026 | Specialized childcare, waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2027 | Specialized childcare, waiver; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T2028 | Specialized supply, not otherwise specified, waiver | NOT PAYABLE BY MEDICARE | | | | |
| T2029 | Specialized medical equipment, not otherwise specified, waiver | NOT PAYABLE BY MEDICARE | | | | |

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| T2030 | Assisted living, waiver; per month | NOT PAYABLE BY MEDICARE | | | | |
| T2031 | Assisted living; waiver, per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2032 | Residential care, not otherwise specified (NOS), waiver; per month | NOT PAYABLE BY MEDICARE | | | | |
| T2033 | Residential care, not otherwise specified (NOS), waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2034 | Crisis intervention, waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2035 | Utility services to support medical equipment and assistive technology/devices, waiver | NOT PAYABLE BY MEDICARE | | | | |
| T2036 | Therapeutic camping, overnight, waiver; each session | NOT PAYABLE BY MEDICARE | | | | |
| T2037 | Therapeutic camping, day, waiver; each session | NOT PAYABLE BY MEDICARE | | | | |
| T2038 | Community transition, waiver; per service | NOT PAYABLE BY MEDICARE | | | | |
| T2039 | Vehicle modifications, waiver; per service | NOT PAYABLE BY MEDICARE | | | | |
| T2040 | Financial management, self-directed, waiver; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T2041 | Supports brokerage, self-directed, waiver; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T2042 | Hospice routine home care; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2043 | Hospice continuous home care; per hour | NOT PAYABLE BY MEDICARE | | | | |
| T2044 | Hospice inpatient respite care; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2045 | Hospice general inpatient care; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2046 | Hospice long-term care, room and board only; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2047 | Habilitation, prevocational, waiver; per 15 minutes | NOT PAYABLE BY MEDICARE | | | | |
| T2048 | Behavioral health; long-term care residential (nonacute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2049 | Nonemergency transportation; stretcher van, mileage; per mile | NOT PAYABLE BY MEDICARE | | | | |
| T2050 | Financial management, self-directed, waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2051 | Supports brokerage, self-directed, waiver; per diem | NOT PAYABLE BY MEDICARE | | | | |
| T2101 | Human breast milk processing, storage and distribution only | NOT PAYABLE BY MEDICARE | | | | |
| T4521 | Adult sized disposable incontinence product, brief/diaper, small, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4522 | Adult sized disposable incontinence product, brief/diaper, medium, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4523 | Adult sized disposable incontinence product, brief/diaper, large, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4524 | Adult sized disposable incontinence product, brief/diaper, extra large, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4525 | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |

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| T4526 | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4527 | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4528 | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4529 | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4530 | Pediatric sized disposable incontinence product, brief/diaper, large size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4531 | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4532 | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4533 | Youth sized disposable incontinence product, brief/diaper, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4534 | Youth sized disposable incontinence product, protective underwear/pull-on, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4535 | Disposable liner/shield/guard/pad/undergarment, for incontinence, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4536 | Incontinence product, protective underwear/pull-on, reusable, any size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4537 | Incontinence product, protective underpad, reusable, bed size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4538 | Diaper service, reusable diaper, each diaper | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4539 | Incontinence product, diaper/brief, reusable, any size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4540 | Incontinence product, protective underpad, reusable, chair size, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4541 | Incontinence product, disposable underpad, large, each | NOT PAYABLE BY MEDICARE | | | | |
| T4542 | Incontinence product, disposable underpad, small size, each | NOT PAYABLE BY MEDICARE | | | | |
| T4543 | Adult sized disposable incontinence product, protective brief/diaper, above extra large, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4544 | Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T4545 | Incontinence product, disposable, penile wrap, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| T5001 | Positioning seat for persons with special orthopedic needs | NOT PAYABLE BY MEDICARE | | | | |
| T5999 | Supply, not otherwise specified | NOT PAYABLE BY MEDICARE | | | | |
| U0001 | CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel | no auth | | | | |
| U0002 | 2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC | no auth | | | | |
| V2020 | Frames, purchases | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2025 | Deluxe frame | SEND TO DELEGATED VENDOR | EYE MED (Phone: 866-340-0753) COVERS for ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01 | | | |

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| V2100 | Sphere, single vision, plano to plus or minus 4.00, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2101 | Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2102 | Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2103 | Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2104 | Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2105 | Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2106 | Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2107 | Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2108 | Sphero-cylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2109 | Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2110 | Sphero-cylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |

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| V2111 | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2112 | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2113 | Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2114 | Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2115 | Lenticular (myodisc), per lens, single vision | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2118 | Aniseikonic lens, single vision | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2121 | Lenticular lens, per lens, single | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2199 | Not otherwise classified, single vision lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2200 | Sphere, bifocal, plano to plus or minus 4.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2201 | Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2202 | Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |

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| V2203 | Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2204 | Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2205 | Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2206 | Sphero-cylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2207 | Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2208 | Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2209 | Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2210 | Sphero-cylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2211 | Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2212 | Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2213 | Sphero-cylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|---|---|----------------------|--------------|-------------------------------|
| V2214 | Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2215 | Lenticular (myodisc), per lens, bifocal | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2218 | Aniseikonic, per lens, bifocal | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2219 | Bifocal seg width over 28mm | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2220 | Bifocal add over 3.25d | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2221 | Lenticular lens, per lens, bifocal | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2299 | Specialty bifocal (by report) | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2300 | Sphere, trifocal, plano to plus or minus 4.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2301 | Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2302 | Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2303 | Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|---|---|----------------------|--------------|-------------------------------|
| V2304 | Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2305 | Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2306 | Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2307 | Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2308 | Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2309 | Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2310 | Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2311 | Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2312 | Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2313 | Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2314 | Sphero-cylinder, trifocal, sphere over plus or minus 12.00d, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|---|---|----------------------|--------------|-------------------------------|
| V2315 | Lenticular, (myodisc), per lens, trifocal | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2318 | Aniseikonic lens, trifocal | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2319 | Trifocal seg width over 28 mm | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2320 | Trifocal add over 3.25d | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2321 | Lenticular lens, per lens, trifocal | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2399 | Specialty trifocal (by report) | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2410 | Variable asphericity lens, single vision, full field, glass or plastic, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2430 | Variable asphericity lens, bifocal, full field, glass or plastic, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2499 | Variable sphericity lens, other type | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2500 | Contact lens, PMMA, spherical, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2501 | Contact lens, PMMA, toric or prism ballast, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2502 | Contact lens PMMA, bifocal, per lens | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2503 | Contact lens, PMMA, color vision deficiency, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |

| CPT/HCPCs | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|---|--|--|--------------|-------------------------------|
| V2510 | Contact lens, gas permeable, spherical, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2511 | Contact lens, gas permeable, toric, prism ballast, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2512 | Contact lens, gas permeable, bifocal, per lens | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2513 | Contact lens, gas permeable, extended wear, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2520 | Contact lens, hydrophilic, spherical, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia or as corneal bandage | NCD 80.1, NCD 80.4, LCD 33793, LCA 52499 | | |
| V2521 | Contact lens, hydrophilic, toric, or prism ballast, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia or as corneal bandage | NCD 80.1, NCD 80.4, LCD 33793, LCA 52499 | | |
| V2522 | Contact lens, hydrophilic, bifocal, per lens | AUTH REQUIRED | | NCD 80.1, NCD 80.4, LCD 33793, LCA 52499 | | |
| V2523 | Contact lens, hydrophilic, extended wear, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia or as corneal bandage | NCD 80.1, NCD 80.4, LCD 33793, LCA 52499 | | |
| V2524 | Contact lens, hydrophilic, spherical, photochromic additive, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2525 | Contact lens, hydrophilic, dual focus, per lens | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| V2526 | Contact lens, hydrophilic, with blue-violet filter, per lens | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| V2530 | Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325) | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia and as a scleral shell | NCD 80.5, LCD 33793, LCA 52499 | | |
| V2531 | Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325) | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia/pseudophakia and as a scleral shell | NCD 80.5, LCD 33793, LCA 52499 | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|---|--|-------------------------|--------------|-------------------------------|
| V2599 | Contact lens, other type | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2600 | Hand held low vision aids and other nonspectacle mounted aids | AUTH REQUIRED | | | | |
| V2610 | Single lens spectacle mounted low vision aids | AUTH REQUIRED | | | | |
| V2615 | Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system | AUTH REQUIRED | | | | |
| V2623 | Prosthetic eye, plastic, custom | AUTH REQUIRED | | LCD 33737, LCD 33738 | | |
| V2624 | Polishing/resurfacing of ocular prosthesis | no auth | LCD 33737 imposes QL of 2X/YEAR | LCD 33737 | | |
| V2625 | Enlargement of ocular prosthesis | no auth | | | | |
| V2626 | Reduction of ocular prosthesis | no auth | | | | |
| V2627 | Scleral cover shell | AUTH REQUIRED | | NCD 80.5, LCD 33737 | | |
| V2628 | Fabrication and fitting of ocular conformer | no auth | | | | |
| V2629 | Prosthetic eye, other type | AUTH REQUIRED | | LCD 33737; LCD 33738 | | |
| V2630 | Anterior chamber intraocular lens | no auth | | | | |
| V2631 | Iris supported intraocular lens | no auth | | | | |
| V2632 | Posterior chamber intraocular lens | no auth | | | | |
| V2700 | Balance lens, per lens | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2702 | Deluxe lens feature | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| V2710 | Slab off prism, glass or plastic, per lens | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2715 | Prism, per lens | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2718 | Press-on lens, Fresnel prism, per lens | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2730 | Special base curve, glass or plastic, per lens | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2744 | Tint, photochromatic, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2745 | Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2750 | Antireflective coating, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2755 | U-V lens, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2756 | Eye glass case | AUTH REQUIRED | | | | |
| V2760 | Scratch resistant coating, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2761 | Mirror coating, any type, solid, gradient or equal, any lens material, per lens | AUTH REQUIRED | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|--|---|---|---|--------------|-------------------------------|
| V2762 | Polarization, any lens material, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2770 | Occluder lens, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2780 | Oversize lens, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2781 | Progressive lens, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2782 | Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2783 | Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2784 | Lens, polycarbonate or equal, any index, per lens | AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC | EYE MED (Phone: 866-340-0753) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia | LCD 33793, LCA 52499 | | |
| V2785 | Processing, preserving and transporting corneal tissue | no auth | | | | |
| V2786 | Specialty occupational multifocal lens, per lens | NOT COVERED | | | | |
| V2787 | Astigmatism correcting function of intraocular lens | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| V2788 | Presbyopia correcting function of intraocular lens | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| V2790 | Amniotic membrane for surgical reconstruction, per procedure | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| V2797 | Vision supply, accessory and/or service component of another HCPCS vision code | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V2799 | Vision item or service, miscellaneous | AUTH REQUIRED | | LCD 33793, LCA 52499 | | |
| V5008 | Hearing screening | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5010 | Assessment for hearing aid | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5011 | Fitting/orientation/checking of hearing aid | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5014 | Repair/modification of a hearing aid | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5020 | Conformity evaluation | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5030 | Hearing aid, monaural, body worn, air conduction | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|--------------------------|-------------------------------|-------------------------|--------------|-------------------------------|
| V5040 | Hearing aid, monaural, body worn, bone conduction | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5050 | Hearing aid, monaural, in the ear | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5060 | Hearing aid, monaural, behind the ear | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5070 | Glasses, air conduction | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5080 | Glasses, bone conduction | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5090 | Dispensing fee, unspecified hearing aid | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5095 | Semi-implantable middle ear hearing prosthesis | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| V5100 | Hearing aid, bilateral, body worn | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5110 | Dispensing fee, bilateral | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5120 | Binaural, body | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5130 | Binaural, in the ear | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5140 | Binaural, behind the ear | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5150 | Binaural, glasses | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5160 | Dispensing fee, binaural | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5171 | Hearing aid, contralateral routing device, monaural, in the ear (ITE) | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5172 | Hearing aid, contralateral routing device, monaural, in the canal (ITC) | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5181 | Hearing aid, contralateral routing device, monaural, behind the ear (BTE) | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5190 | Hearing aid, contralateral routing, monaural, glasses | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| V5200 | Dispensing fee, contralateral, monaural | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5211 | Hearing aid, contralateral routing system, binaural, ITE/ITE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5212 | Hearing aid, contralateral routing system, binaural, ITE/ITC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5213 | Hearing aid, contralateral routing system, binaural, ITE/BTE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5214 | Hearing aid, contralateral routing system, binaural, ITC/ITC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5215 | Hearing aid, contralateral routing system, binaural, ITC/BTE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5221 | Hearing aid, contralateral routing system, binaural, BTE/BTE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5230 | Hearing aid, contralateral routing system, binaural, glasses | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5240 | Dispensing fee, contralateral routing system, binaural | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5241 | Dispensing fee, monaural hearing aid, any type | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5242 | Hearing aid, analog, monaural, CIC (completely in the ear canal) | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |

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|-----------|---|--------------------------|-------------------------------|-------------------|--------------|-------------------------------|
| V5243 | Hearing aid, analog, monaural, ITC (in the canal) | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5244 | Hearing aid, digitally programmable analog, monaural, CIC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5245 | Hearing aid, digitally programmable, analog, monaural, ITC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5246 | Hearing aid, digitally programmable analog, monaural, ITE (in the ear) | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5247 | Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5248 | Hearing aid, analog, binaural, CIC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5249 | Hearing aid, analog, binaural, ITC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5250 | Hearing aid, digitally programmable analog, binaural, CIC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5251 | Hearing aid, digitally programmable analog, binaural, ITC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5252 | Hearing aid, digitally programmable, binaural, ITE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5253 | Hearing aid, digitally programmable, binaural, BTE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5254 | Hearing aid, digital, monaural, CIC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5255 | Hearing aid, digital, monaural, ITC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5256 | Hearing aid, digital, monaural, ITE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5257 | Hearing aid, digital, monaural, BTE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5258 | Hearing aid, digital, binaural, CIC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5259 | Hearing aid, digital, binaural, ITC | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5260 | Hearing aid, digital, binaural, ITE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5261 | Hearing aid, digital, binaural, BTE | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5262 | Hearing aid, disposable, any type, monaural | NOT COVERED | | | | |
| V5263 | Hearing aid, disposable, any type, binaural | NOT COVERED | | | | |
| V5264 | Ear mold/insert, not disposable, any type | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5265 | Ear mold/insert, disposable, any type | NOT COVERED | | | | |
| V5266 | Battery for use in hearing device | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |
| V5267 | Hearing aid or assistive listening device/supplies/accessories, not otherwise specified | NOT COVERED | | | | |
| V5268 | Assistive listening device, telephone amplifier, any type | NOT COVERED | | | | |
| V5269 | Assistive listening device, alerting, any type | NOT COVERED | | | | |
| V5270 | Assistive listening device, television amplifier, any type | NOT COVERED | | | | |
| V5271 | Assistive listening device, television caption decoder | NOT COVERED | | | | |
| V5272 | Assistive listening device, TDD | NOT COVERED | | | | |
| V5273 | Assistive listening device, for use with cochlear implant | NOT COVERED | | | | |
| V5274 | Assistive listening device, not otherwise specified | NOT COVERED | | | | |
| V5275 | Ear impression, each | SEND TO DELEGATED VENDOR | NATIONS (Phone: 866-340-0492) | | | |

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|-----------|---|------------------|-------------------------------------|---|--------------|-------------------------------|
| V5281 | Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type | NOT COVERED | | | | |
| V5282 | Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type | NOT COVERED | | | | |
| V5283 | Assistive listening device, personal FM/DM neck, loop induction receiver | NOT COVERED | | | | |
| V5284 | Assistive listening device, personal FM/DM, ear level receiver | NOT COVERED | | | | |
| V5285 | Assistive listening device, personal FM/DM, direct audio input receiver | NOT COVERED | | | | |
| V5286 | Assistive listening device, personal blue tooth FM/DM receiver | NOT COVERED | | | | |
| V5287 | Assistive listening device, personal FM/DM receiver, not otherwise specified | NOT COVERED | | | | |
| V5288 | Assistive listening device, personal FM/DM transmitter assistive listening device | NOT COVERED | | | | |
| V5289 | Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type | NOT COVERED | | | | |
| V5290 | Assistive listening device, transmitter microphone, any type | NOT COVERED | | | | |
| V5298 | Hearing aid, not otherwise classified | NOT COVERED | | | | |
| V5299 | Hearing service, miscellaneous | AUTH REQUIRED | HEARING CODE NOT COVERED BY NATIONS | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| V5336 | Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid) | NOT COVERED | | | | |
| V5362 | Speech screening | NOT COVERED | | | | |
| V5363 | Language screening | NOT COVERED | | | | |
| V5364 | Dysphagia screening | NOT COVERED | | | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0440U | Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1], cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0443U | Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |

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|-----------|---|------------------|-------------------------------|---|--------------|-------------------------------|
| 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) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0445U | B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 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 | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0448U | Oncology (lung and colon cancer), DNA, qualitative, next-generation sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffin-embedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| 0449U | Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2) | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A2026 | Restrata MiniMatrix, 5 mg | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A4438 | Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| A4564 | Pessary, disposable, any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| A4593 | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A4594 | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| A9293 | Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer) | NOT COVERED | | NOT COVERED BY MEDICARE | | |

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|-----------|--|-------------------------|-------------------------------|--|--------------------------------------|---|
| C9166 | Injection, secukinumab, IV, 1 mg | AUTH REQUIRED | | A53032 (Self-Administered Drug Exclusion List) - NOT PART B DRUG (when self-administered); PA required when infused by Provider (PART B) | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9167 | Injection, apadantase alfa, 10 units | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9168 | Injection, mirikizumab-mrkz, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| C9796 | Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS]) | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| C9797 | Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0152 | Walker, battery powered, wheeled, folding, adjustable or fixed height | NOT PAYABLE BY MEDICARE | | | | |
| E0468 | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| E0736 | Transcutaneous tibial nerve stimulator | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0738 | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E0739 | Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| E2298 | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| G0138 | IV infusion of cipaglugosidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of cipaglugosidase alfa-atga | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| H0051 | Traditional healing service | NOT PAYABLE BY MEDICARE | | | | |

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|-----------|---|--------------------------|---|--------------------------------------|---|---|
| J0177 | Injection, aflibercept HD, 1 mg | AUTH REQUIRED | NON-PREFERRED Preferred = Avastin / Byoviz | A53387; A52451 No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0209 | Injection, sodium thiosulfate (Hope), 100 mg | no auth | | | | |
| J0577 | Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| J0578 | Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy | SEND TO DELEGATED VENDOR | OPTUM (Phone: 866-340-0639) | | | |
| J0589 | Injection, daxibotulinumtoxina-lanm, 1 unit | AUTH REQUIRED | | A58423 | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J0650 | Injection, levothyroxine sodium, not otherwise specified, 10 mcg | no auth | | | | |
| J0651 | Injection, levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg | no auth | | | | |
| J0652 | Injection, levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg | no auth | | | | |
| J1010 | Injection, methylprednisolone acetate, 1 mg | no auth | | | | |
| J1202 | Miglustat, oral, 65 mg | NOT PAYABLE BY MEDICARE | May be covered under Part D, check formulary | | | |
| J1203 | Injection, cipaglucosidase alfa-atga, 5 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1323 | Injection, elranatamab-bcmm, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J1434 | Injection, fosaprepitant (Focinvez), 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2277 | Injection, motixafortide, 0.25 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2782 | Injection, avacincaptad pegol, 0.1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J2801 | Injection, risperidone (Rykindo), 0.5 mg | no auth | | | | |
| J2919 | Injection, methylprednisolone sodium succinate, 5 mg | no auth | | | | |
| J3055 | Injection, talquetamab-tgvs, 0.25 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J3424 | Injection, hydroxocobalamin, IV, 25 mg | no auth | | | | |
| J7165 | Injection, prothrombin complex concentrate, human-lans, per IU of Factor IX activity | no auth | | | | |
| J7354 | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9073 | Injection, cyclophosphamide (Ingenus), 5 mg | no auth | | | | |
| J9074 | Injection, cyclophosphamide (Sandoz), 5 mg | no auth | | | | |

| CPT/HCPCS | FULL DESCRIPTION | AUTH REQUIREMENT | ALTERWOOD SPECIAL INSTRUCTION | MEDICARE GUIDANCE | MCG CRITERIA | ALTERWOOD GUIDANCE AND POLICY |
|-----------|---|-------------------------|-------------------------------|---|--------------------------------------|---|
| J9075 | Injection, cyclophosphamide, not otherwise specified, 5 mg | no auth | | | | |
| J9248 | Injection, melphalan (Hepzato), 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9249 | Injection, melphalan (Apotex), 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| J9376 | Injection, pozelimab-bbfg, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| K1037 | Docking station for use with oral device/appliance used to reduce upper airway collapsibility | NOT COVERED | | NOT COVERED BY MEDICARE | | |
| L1320 | Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| L5783 | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| L5841 | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard, FDA Approved Prescribing Information | | |
| Q4305 | American Amnion AC Tri-Layer, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4306 | American Amnion AC, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4307 | American Amnion, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4308 | Sanopellis, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4309 | VIA Matrix, per sq cm | AUTH REQUIRED | | Evaluated based on Medicare Reasonable and Necessary Standard | | |
| Q4310 | Procenta, per 100 mg | AUTH REQUIRED | | A59434 | | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q5133 | Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| Q5134 | Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg | AUTH REQUIRED | | No NCD/LCD/NCA/LCA | N/A unless linked to NCD/LCD/NCA/LCA | Compendiums: (Lexicomp for all, NCCN for cancer therapeutics) |
| S4988 | Penile contracture device, manual, greater than 3 lbs traction force | NOT PAYABLE BY MEDICARE | | | | |
| S9002 | Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device | NOT PAYABLE BY MEDICARE | | | | |