

Authorization Guidelines

Alterwood Advantage publishes a comprehensive authorization requirements guide, the Prior Authorization Summary and Code List. This resource is to be referenced for services scheduled to be done outpatient and by a network provider at a network facility.

Authorization requirements are reviewed quarterly and as such, providers are encouraged to re-verify authorization requirements regularly.

Alterwood Advantage does not require prior authorization for these services when performed in network and outpatient.

- Office Visits
- Colonoscopies
- Mammogram Screenings
- Flu Vaccines
- The first 60-day certification period for home health services
- The first 12 visits of outpatient rehabilitation within a rolling 90 days
- Part B Drugs on the Preferred Drug List

Alterwood Advantage does not require prior authorization for these services regardless of network status. These services are outpatient but may occur in a hospital setting:

- Emergency or Urgent Care (i.e.: ER treatment)
- Observation/Outpatient Extended Recovery up to 48 hours, regardless of network status

Alterwood Advantage always requires authorization for these services:

- All inpatient services
- Scheduled Out of Network services

Authorization requests should be directed to the UM department using the contact information below. Be sure to fax a completed UM request form and relevant medical records/justification, with a good contact number for questions and/or follow up.

Method	Authorization for Medical Care
Fax	410-801-5701
Call	667-262-9412 or 1-866-675-3944 toll-free (Option 6) We are available 8 a.m. to 5 p.m. EST Monday through Friday.

Alterwood will respond to every request with a decision letter and/or notifications of “No Authorization Required”, as applicable.

Service Type	Standard Priority Maximum Turnaround	Expedited Priority Maximum Turnaround
Part B Injectable Medications	72 Hours	24 Hours
Inpatient and Outpatient	14 Calendar Days	72 Hours

CPT/HCPCS	FULL DESCRIPTION	AUTH REQUIREMENT	ALTERWOOD SPECIAL INSTRUCTION
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	
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	
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	
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	AUTH REQUIRED	

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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative	AUTH REQUIRED	
0025U	Tenofovir, by liquid chromatography with tandem mass spectrometry (LC-MS/MS), urine, quantitative	AUTH REQUIRED	
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	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	AUTH REQUIRED	
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	
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	AUTH REQUIRED	
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	AUTH REQUIRED	
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	AUTH REQUIRED	

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	
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	
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	AUTH REQUIRED	
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	AUTH REQUIRED	
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	
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	AUTH REQUIRED	
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	AUTH REQUIRED	
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	
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	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	AUTH REQUIRED	
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	
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	
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	AUTH REQUIRED	

0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	AUTH REQUIRED	
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	
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	
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	
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	
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	
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	AUTH REQUIRED	
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	
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	AUTH REQUIRED	
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	
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	AUTH REQUIRED	
0063U	Neurology (autism), 32 amines by LC-MS/MS, using plasma, algorithm reported as metabolic signature associated with autism spectrum disorder	AUTH REQUIRED	

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	
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	
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	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	AUTH REQUIRED	
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	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	AUTH REQUIRED	
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	
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	
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	
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	
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	

0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	AUTH REQUIRED	
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	
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	
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	
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	AUTH REQUIRED	
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	
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	
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	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	AUTH REQUIRED	
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	
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	AUTH REQUIRED	

0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected	AUTH REQUIRED	
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	AUTH REQUIRED	
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	
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	
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy	AUTH REQUIRED	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	AUTH REQUIRED	
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis 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	
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	AUTH REQUIRED	
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	
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	

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	
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	AUTH REQUIRED	
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	
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	AUTH REQUIRED	
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	AUTH REQUIRED	
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	
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	AUTH REQUIRED	
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	
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	AUTH REQUIRED	
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	
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	

0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	AUTH REQUIRED	
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	
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	AUTH REQUIRED	
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	
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	
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	
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	
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	AUTH REQUIRED	
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	
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	AUTH REQUIRED	
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	AUTH REQUIRED	

0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	AUTH REQUIRED	
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	
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis 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	
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	
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	
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
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	
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
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	

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	
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	
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	
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	
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	
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	
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	
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	AUTH REQUIRED	
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	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	AUTH REQUIRED	

0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	AUTH REQUIRED	
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	
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	
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	AUTH REQUIRED	
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	
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	
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	
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	AUTH REQUIRED	
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	AUTH REQUIRED	
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	
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	

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	
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	
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	AUTH REQUIRED	
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	AUTH REQUIRED	
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	
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	AUTH REQUIRED	
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	AUTH REQUIRED	
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	AUTH REQUIRED	
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	AUTH REQUIRED	
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	AUTH REQUIRED	
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	AUTH REQUIRED	
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	AUTH REQUIRED	
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	AUTH REQUIRED	
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	AUTH REQUIRED	
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	

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	
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	AUTH REQUIRED	
0195U	KLF1 (Kruppel-like factor 1), targeted sequencing (ie, exon 13)	AUTH REQUIRED	
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	AUTH REQUIRED	
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	
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	AUTH REQUIRED	
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	
01999	Unlisted anesthesia procedure(s)	AUTH REQUIRED	
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	AUTH REQUIRED	
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	
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	AUTH REQUIRED	
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	
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	AUTH REQUIRED	
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	
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	

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	
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	
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylopheroïd treatment by ELISA, cultured skin fibroblasts, each reported as positive or negative for Alzheimer disease	AUTH REQUIRED	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	AUTH REQUIRED	
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	
0208T	Pure tone audiometry (threshold), automated; air only	AUTH REQUIRED	
0209T	Pure tone audiometry (threshold), automated; air and bone	AUTH REQUIRED	
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	AUTH REQUIRED	
0210T	Speech audiometry threshold, automated;	AUTH REQUIRED	
0211T	Speech audiometry threshold, automated; with speech recognition	AUTH REQUIRED	
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	AUTH REQUIRED	
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	AUTH REQUIRED	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	

0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	AUTH REQUIRED	
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	
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	

0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	AUTH REQUIRED	
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	
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	
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	AUTH REQUIRED	
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	
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	AUTH REQUIRED	
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	
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	AUTH REQUIRED	
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	

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	
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	
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	

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	
0248U	Oncology (brain), spheroid cell culture in a 3D microenvironment, 12 drug panel, tumor-response prediction for each drug	AUTH REQUIRED	
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and protein analytes, includes laser capture microdissection, with algorithmic analysis and interpretative report	AUTH REQUIRED	
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	
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	
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	
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	AUTH REQUIRED	
0256U	Trimethylamine/trimethylamine N-oxide (TMA/TMAO) profile, tandem mass spectrometry (MS/MS), urine, with algorithmic analysis and interpretive report	AUTH REQUIRED	
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood	AUTH REQUIRED	
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	
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	

0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	AUTH REQUIRED	
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	
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	
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	
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	
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	
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	AUTH REQUIRED	
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	
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	

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	
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	
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
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	
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
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	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	AUTH REQUIRED	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	

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	
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	
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	
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	
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
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	
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	AUTH REQUIRED	
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	AUTH REQUIRED	
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	AUTH REQUIRED	
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	AUTH REQUIRED	
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	AUTH REQUIRED	

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	
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	
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
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	
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	
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	

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	
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	
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	
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	AUTH REQUIRED	
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement	AUTH REQUIRED	
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	
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	
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	
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	
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	
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis	AUTH REQUIRED	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
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	
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	AUTH REQUIRED	
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	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	AUTH REQUIRED	
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab	AUTH REQUIRED	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	AUTH REQUIRED	

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	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	AUTH REQUIRED	
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	
0333T	Visual evoked potential, screening of visual acuity, automated, with report	AUTH REQUIRED	
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	
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	
0335T	Insertion of sinus tarsi implant	AUTH REQUIRED	
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	
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	

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	
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	
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	
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	
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	
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	
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	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	AUTH REQUIRED	
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	AUTH REQUIRED	

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	
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	
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	AUTH REQUIRED	
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	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	AUTH REQUIRED	
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	
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)	AUTH REQUIRED	
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	
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)	AUTH REQUIRED	
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	
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)	AUTH REQUIRED	
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	
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative	AUTH REQUIRED	

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	
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred	AUTH REQUIRED	
0353T	Optical coherence tomography of breast, surgical cavity; real-time intraoperative	AUTH REQUIRED	
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred	AUTH REQUIRED	
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	AUTH REQUIRED	
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	
0358T	Bioelectrical impedance analysis whole body composition assessment, with interpretation and report	AUTH REQUIRED	
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	
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	
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	
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	AUTH REQUIRED	
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	
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	

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	
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	
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	
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	
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	
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	
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	
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	AUTH REQUIRED	
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	
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	

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	
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	
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	
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	
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	AUTH REQUIRED	
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	
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	
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	
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	
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	

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	
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	
0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (AMBRA1) and loricrin (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
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	
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	
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	

0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	AUTH REQUIRED	
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	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	AUTH REQUIRED	
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	
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
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	
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	
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	
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	AUTH REQUIRED	
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	

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	
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	AUTH REQUIRED	
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	
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	
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	
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	

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	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	AUTH REQUIRED	
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	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	AUTH REQUIRED	
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	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	AUTH REQUIRED	
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	
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	AUTH REQUIRED	
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	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	AUTH REQUIRED	
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	
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	

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	
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	AUTH REQUIRED	
0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	AUTH REQUIRED	
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	
0420T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas	AUTH REQUIRED	
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	
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	
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	
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	AUTH REQUIRED	
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	
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	

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	
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	AUTH REQUIRED	
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	AUTH REQUIRED	
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	AUTH REQUIRED	
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	AUTH REQUIRED	
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	AUTH REQUIRED	
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	AUTH REQUIRED	
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	AUTH REQUIRED	
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	
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	
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	AUTH REQUIRED	
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	

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	
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	AUTH REQUIRED	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	AUTH REQUIRED	
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	AUTH REQUIRED	
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	
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	AUTH REQUIRED	
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	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	AUTH REQUIRED	
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	AUTH REQUIRED	
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	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	AUTH REQUIRED	
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	
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	AUTH REQUIRED	
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	AUTH REQUIRED	Payable on Institutional Claim Only
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	

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	
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	AUTH REQUIRED	
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	
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	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	AUTH REQUIRED	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	AUTH REQUIRED	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	AUTH REQUIRED	
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	AUTH REQUIRED	
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	AUTH REQUIRED	
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	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	AUTH REQUIRED	
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	

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	
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	
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	
0506T	Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report	AUTH REQUIRED	
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report	AUTH REQUIRED	
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	AUTH REQUIRED	
0510T	Removal of sinus tarsi implant	AUTH REQUIRED	
0511T	Removal and reinsertion of sinus tarsi implant	AUTH REQUIRED	
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	AUTH REQUIRED	
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	

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	
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	
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	
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	AUTH REQUIRED	
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	
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	
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	
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	
0523T	Intra-procedural 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	
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	
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	

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	
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	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	AUTH REQUIRED	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	AUTH REQUIRED	
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	AUTH REQUIRED	
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	AUTH REQUIRED	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	AUTH REQUIRED	
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	
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	
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	AUTH REQUIRED	
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	AUTH REQUIRED	
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	AUTH REQUIRED	
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	AUTH REQUIRED	
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	AUTH REQUIRED	

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	
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	
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	
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	
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	AUTH REQUIRED	
0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure	AUTH REQUIRED	
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	
0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide	AUTH REQUIRED	
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	
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	AUTH REQUIRED	
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	AUTH REQUIRED	
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	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	AUTH REQUIRED	
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	AUTH REQUIRED	

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	
0572T	Insertion of substernal implantable defibrillator electrode	AUTH REQUIRED	
0573T	Removal of substernal implantable defibrillator electrode	AUTH REQUIRED	
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	AUTH REQUIRED	
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	
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	
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	
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	
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	
0580T	Removal of substernal implantable defibrillator pulse generator only	AUTH REQUIRED	
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	AUTH REQUIRED	
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	AUTH REQUIRED	

0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	
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	
0591T	Health and well-being coaching face-to-face; individual, initial assessment	AUTH REQUIRED	

0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	AUTH REQUIRED	
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	AUTH REQUIRED	
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	
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	AUTH REQUIRED	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	AUTH REQUIRED	
0598T	Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)	AUTH REQUIRED	
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	
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	AUTH REQUIRED	
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	AUTH REQUIRED	
0602T	Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent	AUTH REQUIRED	
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	
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	
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	

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	
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	
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	
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	
0610T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis	AUTH REQUIRED	
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	
0612T	Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report	AUTH REQUIRED	
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	
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	AUTH REQUIRED	
0615T	Eye-movement analysis without spatial calibration, with interpretation and report	AUTH REQUIRED	
0619T	Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed	AUTH REQUIRED	

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	
0621T	Trabeculostomy ab interno by laser	AUTH REQUIRED	
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	
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	
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	

0631T	Transcutaneous visible light hyperspectral imaging measurement of oxyhemoglobin, deoxyhemoglobin, and tissue oxygenation, with interpretation and report, per extremity	AUTH REQUIRED	
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	AUTH REQUIRED	
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	AUTH REQUIRED	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	AUTH REQUIRED	
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	AUTH REQUIRED	
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	AUTH REQUIRED	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	AUTH REQUIRED	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	AUTH REQUIRED	
0639T	Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed	AUTH REQUIRED	
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	
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	AUTH REQUIRED	
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	
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	

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	
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	AUTH REQUIRED	
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	
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	
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	
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	AUTH REQUIRED	
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	AUTH REQUIRED	
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	AUTH REQUIRED	
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	AUTH REQUIRED	
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	AUTH REQUIRED	
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	AUTH REQUIRED	
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	AUTH REQUIRED	

0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	AUTH REQUIRED	
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	
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	AUTH REQUIRED	
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	AUTH REQUIRED	
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	AUTH REQUIRED	
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	AUTH REQUIRED	Payable on Institutional Claim Only
0665T	Donor hysterectomy (including cold preservation); open, from living donor	AUTH REQUIRED	Payable on Institutional Claim Only
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	AUTH REQUIRED	Payable on Institutional Claim Only
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	AUTH REQUIRED	Payable on Institutional Claim Only
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	
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	AUTH REQUIRED	
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	AUTH REQUIRED	
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	
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	AUTH REQUIRED	
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	AUTH REQUIRED	
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	

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	
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	
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	
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	
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	
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	
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	
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function	AUTH REQUIRED	
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	

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	
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	
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	AUTH REQUIRED	
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	AUTH REQUIRED	
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	
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	
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	
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	
0692T	Therapeutic ultrafiltration	AUTH REQUIRED	
0693T	Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report	AUTH REQUIRED	
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	
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	

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	
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	
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	
0699T	Injection, posterior chamber of eye, medication	AUTH REQUIRED	
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	AUTH REQUIRED	
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
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	
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	
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	
0708T	Intradermal cancer immunotherapy; preparation and initial injection	AUTH REQUIRED	
0709T	Intradermal cancer immunotherapy; each additional injection (List separately in addition to code for primary procedure)	AUTH REQUIRED	

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	
0711T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission	AUTH REQUIRED	
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	
0713T	Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report	AUTH REQUIRED	
0714T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance	AUTH REQUIRED	
0716T	Cardiac acoustic waveform recording with automated analysis and generation of coronary artery disease risk score	AUTH REQUIRED	
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	
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral	AUTH REQUIRED	
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment	AUTH REQUIRED	
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	AUTH REQUIRED	
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	
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	

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	
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	
0725T	Vestibular device implantation, unilateral	AUTH REQUIRED	
0726T	Removal of implanted vestibular device, unilateral	AUTH REQUIRED	
0727T	Removal and replacement of implanted vestibular device, unilateral	AUTH REQUIRED	
0728T	Diagnostic analysis of vestibular implant, unilateral; with initial programming	AUTH REQUIRED	
0729T	Diagnostic analysis of vestibular implant, unilateral; with subsequent programming	AUTH REQUIRED	
0730T	Trabeculectomy by laser, including optical coherence tomography (OCT) guidance	AUTH REQUIRED	
0731T	Augmentative AI-based facial phenotype analysis with report	AUTH REQUIRED	
0732T	Immunotherapy administration with electroporation, intramuscular	AUTH REQUIRED	
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	
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	
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	
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	AUTH REQUIRED	
0737T	Xenograft implantation into the articular surface	AUTH REQUIRED	
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	AUTH REQUIRED	

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	
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	AUTH REQUIRED	
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	
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	
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	AUTH REQUIRED	
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	
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	
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	
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	AUTH REQUIRED	
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	

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;	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
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	
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	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	
0777T	Real-time pressure-sensing epidural guidance system (List separately in addition to code for primary procedure)	AUTH REQUIRED	

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	
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	AUTH REQUIRED	
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	AUTH REQUIRED	
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	
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	
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	AUTH REQUIRED	
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	AUTH REQUIRED	
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	AUTH REQUIRED	
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	AUTH REQUIRED	
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	AUTH REQUIRED	
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	
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	

0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	AUTH REQUIRED	
0791T	Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional	AUTH REQUIRED	Payable on Institutional Claim Only
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	AUTH REQUIRED	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
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	
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); percutaneous femoral vein approach	AUTH REQUIRED	
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [CAVI]); open femoral vein approach	AUTH REQUIRED	

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	
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	
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	AUTH REQUIRED	
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	AUTH REQUIRED	
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	AUTH REQUIRED	
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	AUTH REQUIRED	
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	AUTH REQUIRED	
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	
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	
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	
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	AUTH REQUIRED	
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	AUTH REQUIRED	

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	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report	AUTH REQUIRED	
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	
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	AUTH REQUIRED	Payable on Institutional Claim Only
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	AUTH REQUIRED	

0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	AUTH REQUIRED	
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	AUTH REQUIRED	
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	AUTH REQUIRED	
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	
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	
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	AUTH REQUIRED	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	AUTH REQUIRED	
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	
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	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	AUTH REQUIRED	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	AUTH REQUIRED	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	AUTH REQUIRED	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	AUTH REQUIRED	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	AUTH REQUIRED	

15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	AUTH REQUIRED	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	AUTH REQUIRED	
15770	Graft; derma-fat-fascia	AUTH REQUIRED	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	AUTH REQUIRED	
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	
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	
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	
15775	Punch graft for hair transplant; 1 to 15 punch grafts	AUTH REQUIRED	
15776	Punch graft for hair transplant; more than 15 punch grafts	AUTH REQUIRED	
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	
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	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	AUTH REQUIRED	
15781	Dermabrasion; segmental, face	AUTH REQUIRED	
15782	Dermabrasion; regional, other than face	AUTH REQUIRED	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	AUTH REQUIRED	
15786	Abrasion; single lesion (eg, keratosis, scar)	AUTH REQUIRED	
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	AUTH REQUIRED	
15788	Chemical peel, facial; epidermal	AUTH REQUIRED	
15789	Chemical peel, facial; dermal	AUTH REQUIRED	
15792	Chemical peel, nonfacial; epidermal	AUTH REQUIRED	
15793	Chemical peel, nonfacial; dermal	AUTH REQUIRED	
15820	Blepharoplasty, lower eyelid;	AUTH REQUIRED	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	AUTH REQUIRED	
15822	Blepharoplasty, upper eyelid;	AUTH REQUIRED	

15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	AUTH REQUIRED	
15824	Rhytidectomy; forehead	AUTH REQUIRED	
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	AUTH REQUIRED	
15826	Rhytidectomy; glabellar frown lines	AUTH REQUIRED	
15828	Rhytidectomy; cheek, chin, and neck	AUTH REQUIRED	
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	AUTH REQUIRED	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	AUTH REQUIRED	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	AUTH REQUIRED	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	AUTH REQUIRED	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	AUTH REQUIRED	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	AUTH REQUIRED	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	AUTH REQUIRED	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	AUTH REQUIRED	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	AUTH REQUIRED	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	AUTH REQUIRED	
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	
15876	Suction assisted lipectomy; head and neck	AUTH REQUIRED	
15877	Suction assisted lipectomy; trunk	AUTH REQUIRED	
15878	Suction assisted lipectomy; upper extremity	AUTH REQUIRED	
15879	Suction assisted lipectomy; lower extremity	AUTH REQUIRED	
15999	Unlisted procedure, excision pressure ulcer	AUTH REQUIRED	
17340	Cryotherapy (CO2 slush, liquid N2) for acne	AUTH REQUIRED	
17360	Chemical exfoliation for acne (eg, acne paste, acid)	AUTH REQUIRED	
17380	Electrolysis epilation, each 30 minutes	AUTH REQUIRED	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	AUTH REQUIRED	

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
19300	Mastectomy for gynecomastia	AUTH REQUIRED	
19316	Mastopexy	AUTH REQUIRED	
19318	Breast reduction	AUTH REQUIRED	
19325	Breast augmentation with implant	AUTH REQUIRED	
19328	Removal of intact breast implant	AUTH REQUIRED	
19350	Nipple/areola reconstruction	AUTH REQUIRED	
19355	Correction of inverted nipples	AUTH REQUIRED	
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	AUTH REQUIRED	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	AUTH REQUIRED	
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	
19396	Preparation of moulage for custom breast implant	AUTH REQUIRED	
19499	Unlisted procedure, breast	AUTH REQUIRED	
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	AUTH REQUIRED	Dry needling is covered only for chronic low back pain
20561	Needle insertion(s) without injection(s); 3 or more muscles	AUTH REQUIRED	Dry needling is covered only for chronic low back pain
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	AUTH REQUIRED	
20975	Electrical stimulation to aid bone healing; invasive (operative)	AUTH REQUIRED	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	AUTH REQUIRED	
20999	Unlisted procedure, musculoskeletal system, general	AUTH REQUIRED	
21089	Unlisted maxillofacial prosthetic procedure	AUTH REQUIRED	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	AUTH REQUIRED	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	AUTH REQUIRED	
21121	Genioplasty; sliding osteotomy, single piece	AUTH REQUIRED	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	AUTH REQUIRED	
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	AUTH REQUIRED	
21125	Augmentation, mandibular body or angle; prosthetic material	AUTH REQUIRED	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	AUTH REQUIRED	

21137	Reduction forehead; contouring only	AUTH REQUIRED	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	AUTH REQUIRED	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	AUTH REQUIRED	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	AUTH REQUIRED	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	AUTH REQUIRED	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	AUTH REQUIRED	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	AUTH REQUIRED	
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	
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	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	AUTH REQUIRED	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	AUTH REQUIRED	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	AUTH REQUIRED	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	AUTH REQUIRED	
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	
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	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	AUTH REQUIRED	
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	

21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	AUTH REQUIRED	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	AUTH REQUIRED	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	AUTH REQUIRED	
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	
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	
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	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	AUTH REQUIRED	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	AUTH REQUIRED	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	AUTH REQUIRED	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	AUTH REQUIRED	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	AUTH REQUIRED	
21198	Osteotomy, mandible, segmental;	AUTH REQUIRED	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	AUTH REQUIRED	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	AUTH REQUIRED	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	AUTH REQUIRED	
21209	Osteoplasty, facial bones; reduction	AUTH REQUIRED	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	AUTH REQUIRED	
21215	Graft, bone; mandible (includes obtaining graft)	AUTH REQUIRED	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	AUTH REQUIRED	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	AUTH REQUIRED	

21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	AUTH REQUIRED	
21242	Arthroplasty, temporomandibular joint, with allograft	AUTH REQUIRED	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	AUTH REQUIRED	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	AUTH REQUIRED	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	AUTH REQUIRED	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	AUTH REQUIRED	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	AUTH REQUIRED	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	AUTH REQUIRED	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	AUTH REQUIRED	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	AUTH REQUIRED	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	AUTH REQUIRED	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	AUTH REQUIRED	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	AUTH REQUIRED	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	AUTH REQUIRED	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	AUTH REQUIRED	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	AUTH REQUIRED	
21270	Malar augmentation, prosthetic material	AUTH REQUIRED	
21275	Secondary revision of orbitocraniofacial reconstruction	AUTH REQUIRED	
21280	Medial canthopexy (separate procedure)	AUTH REQUIRED	
21282	Lateral canthopexy	AUTH REQUIRED	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	AUTH REQUIRED	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	AUTH REQUIRED	
21299	Unlisted craniofacial and maxillofacial procedure	AUTH REQUIRED	
21497	Interdental wiring, for condition other than fracture	AUTH REQUIRED	
21499	Unlisted musculoskeletal procedure, head	AUTH REQUIRED	

21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	AUTH REQUIRED	
21899	Unlisted procedure, neck or thorax	AUTH REQUIRED	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	AUTH REQUIRED	
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	AUTH REQUIRED	
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	AUTH REQUIRED	
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	
22899	Unlisted procedure, spine	AUTH REQUIRED	
22999	Unlisted procedure, abdomen, musculoskeletal system	AUTH REQUIRED	
23929	Unlisted procedure, shoulder	AUTH REQUIRED	
24940	Cineplasty, upper extremity, complete procedure	AUTH REQUIRED	
24999	Unlisted procedure, humerus or elbow	AUTH REQUIRED	
25390	Osteoplasty, radius OR ulna; shortening	AUTH REQUIRED	
25391	Osteoplasty, radius OR ulna; lengthening with autograft	AUTH REQUIRED	
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	AUTH REQUIRED	
25393	Osteoplasty, radius AND ulna; lengthening with autograft	AUTH REQUIRED	
25394	Osteoplasty, carpal bone, shortening	AUTH REQUIRED	
25999	Unlisted procedure, forearm or wrist	AUTH REQUIRED	
26989	Unlisted procedure, hands or fingers	AUTH REQUIRED	
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	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only

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)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
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	
27299	Unlisted procedure, pelvis or hip joint	AUTH REQUIRED	
27412	Autologous chondrocyte implantation, knee	AUTH REQUIRED	
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	
27599	Unlisted procedure, femur or knee	AUTH REQUIRED	
27899	Unlisted procedure, leg or ankle	AUTH REQUIRED	
28899	Unlisted procedure, foot or toes	AUTH REQUIRED	
29799	Unlisted procedure, casting or strapping	AUTH REQUIRED	
29999	Unlisted procedure, arthroscopy	AUTH REQUIRED	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	AUTH REQUIRED	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	AUTH REQUIRED	
30420	Rhinoplasty, primary; including major septal repair	AUTH REQUIRED	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	AUTH REQUIRED	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	AUTH REQUIRED	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	AUTH REQUIRED	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	AUTH REQUIRED	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	AUTH REQUIRED	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	AUTH REQUIRED	

30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	AUTH REQUIRED	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	AUTH REQUIRED	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	AUTH REQUIRED	
30540	Repair choanal atresia; intranasal	AUTH REQUIRED	
30545	Repair choanal atresia; transpalatine	AUTH REQUIRED	
30999	Unlisted procedure, nose	AUTH REQUIRED	
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	AUTH REQUIRED	
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	AUTH REQUIRED	
31299	Unlisted procedure, accessory sinuses	AUTH REQUIRED	
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	AUTH REQUIRED	
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	AUTH REQUIRED	
31599	Unlisted procedure, larynx	AUTH REQUIRED	
31899	Unlisted procedure, trachea, bronchi	AUTH REQUIRED	
32851	Lung transplant, single; without cardiopulmonary bypass	AUTH REQUIRED	
32852	Lung transplant, single; with cardiopulmonary bypass	AUTH REQUIRED	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	AUTH REQUIRED	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	AUTH REQUIRED	
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	
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	
32999	Unlisted procedure, lungs and pleura	AUTH REQUIRED	
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	AUTH REQUIRED	

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	
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	AUTH REQUIRED	
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	
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
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	
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	AUTH REQUIRED	
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	AUTH REQUIRED	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	AUTH REQUIRED	
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	AUTH REQUIRED	
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	
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	AUTH REQUIRED	
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	AUTH REQUIRED	
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	AUTH REQUIRED	
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	AUTH REQUIRED	

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	
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	AUTH REQUIRED	
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	
33945	Heart transplant, with or without recipient cardiectomy	AUTH REQUIRED	
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	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	AUTH REQUIRED	
33976	Insertion of ventricular assist device; extracorporeal, biventricular	AUTH REQUIRED	
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	AUTH REQUIRED	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	AUTH REQUIRED	
33999	Unlisted procedure, cardiac surgery	AUTH REQUIRED	
36299	Unlisted procedure, vascular injection	AUTH REQUIRED	
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	
36420	Venipuncture, cutdown; younger than age 1 year	AUTH REQUIRED	

36425	Venipuncture, cutdown; age 1 or over	AUTH REQUIRED	
36440	Push transfusion, blood, 2 years or younger	AUTH REQUIRED	
36450	Exchange transfusion, blood; newborn	AUTH REQUIRED	
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	
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	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	AUTH REQUIRED	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	AUTH REQUIRED	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	AUTH REQUIRED	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	AUTH REQUIRED	
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	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	AUTH REQUIRED	
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	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	AUTH REQUIRED	
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	

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	
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	
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	AUTH REQUIRED	
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	AUTH REQUIRED	
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	AUTH REQUIRED	
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	AUTH REQUIRED	
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	
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	AUTH REQUIRED	
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	AUTH REQUIRED	
36680	Placement of needle for intraosseous infusion	AUTH REQUIRED	
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	
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	
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	AUTH REQUIRED	Payable on Institutional Claim Only

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	
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	AUTH REQUIRED	
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
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	
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	
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	AUTH REQUIRED	
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	AUTH REQUIRED	
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	
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	
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	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	AUTH REQUIRED	
37501	Unlisted vascular endoscopy procedure	AUTH REQUIRED	
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	AUTH REQUIRED	
37718	Ligation, division, and stripping, short saphenous vein	AUTH REQUIRED	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	AUTH REQUIRED	

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	
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	AUTH REQUIRED	
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	AUTH REQUIRED	
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	AUTH REQUIRED	
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	AUTH REQUIRED	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	AUTH REQUIRED	
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	AUTH REQUIRED	
37799	Unlisted procedure, vascular surgery	AUTH REQUIRED	
38129	Unlisted laparoscopy procedure, spleen	AUTH REQUIRED	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	AUTH REQUIRED	Payable on Institutional Claim Only
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	AUTH REQUIRED	Payable on Institutional Claim Only
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	AUTH REQUIRED	Payable on Institutional Claim Only
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	AUTH REQUIRED	Payable on Institutional Claim Only
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	AUTH REQUIRED	Payable on Institutional Claim Only
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	AUTH REQUIRED	Payable on Institutional Claim Only
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	AUTH REQUIRED	Payable on Institutional Claim Only
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	AUTH REQUIRED	Payable on Institutional Claim Only
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	AUTH REQUIRED	Payable on Institutional Claim Only
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	AUTH REQUIRED	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	AUTH REQUIRED	
38589	Unlisted laparoscopy procedure, lymphatic system	AUTH REQUIRED	
38999	Unlisted procedure, hemic or lymphatic system	AUTH REQUIRED	
39499	Unlisted procedure, mediastinum	AUTH REQUIRED	

39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	AUTH REQUIRED	
39599	Unlisted procedure, diaphragm	AUTH REQUIRED	
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	
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	AUTH REQUIRED	
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	AUTH REQUIRED	
40799	Unlisted procedure, lips	AUTH REQUIRED	
40806	Incision of labial frenum (frenotomy)	AUTH REQUIRED	
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	AUTH REQUIRED	
40899	Unlisted procedure, vestibule of mouth	AUTH REQUIRED	
41010	Incision of lingual frenum (frenotomy)	AUTH REQUIRED	
41599	Unlisted procedure, tongue, floor of mouth	AUTH REQUIRED	
41820	Gingivectomy, excision gingiva, each quadrant	AUTH REQUIRED	
41821	Operculectomy, excision pericoronal tissues	AUTH REQUIRED	
41870	Periodontal mucosal grafting	AUTH REQUIRED	
41872	Gingivoplasty, each quadrant (specify)	AUTH REQUIRED	
41874	Alveoloplasty, each quadrant (specify)	AUTH REQUIRED	
41899	Unlisted procedure, dentoalveolar structures	AUTH REQUIRED	
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	
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	
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	
42699	Unlisted procedure, salivary glands or ducts	AUTH REQUIRED	
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	
42825	Tonsillectomy, primary or secondary; younger than age 12	AUTH REQUIRED	
42830	Adenoidectomy, primary; younger than age 12	AUTH REQUIRED	
42835	Adenoidectomy, secondary; younger than age 12	AUTH REQUIRED	
42999	Unlisted procedure, pharynx, adenoids, or tonsils	AUTH REQUIRED	
43289	Unlisted laparoscopy procedure, esophagus	AUTH REQUIRED	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	AUTH REQUIRED	
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	AUTH REQUIRED	
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	AUTH REQUIRED	
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	AUTH REQUIRED	
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	
43499	Unlisted procedure, esophagus	AUTH REQUIRED	
43621	Gastrectomy, total; with Roux-en-Y reconstruction	AUTH REQUIRED	
43622	Gastrectomy, total; with formation of intestinal pouch, any type	AUTH REQUIRED	
43631	Gastrectomy, partial, distal; with gastroduodenostomy	AUTH REQUIRED	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	AUTH REQUIRED	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	AUTH REQUIRED	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	AUTH REQUIRED	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	AUTH REQUIRED	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	AUTH REQUIRED	
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	AUTH REQUIRED	

43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	AUTH REQUIRED	
43659	Unlisted laparoscopy procedure, stomach	AUTH REQUIRED	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	AUTH REQUIRED	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	AUTH REQUIRED	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	AUTH REQUIRED	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	AUTH REQUIRED	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	AUTH REQUIRED	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	AUTH REQUIRED	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	AUTH REQUIRED	Payable on Institutional Claim Only
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	AUTH REQUIRED	
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	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	AUTH REQUIRED	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	AUTH REQUIRED	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	AUTH REQUIRED	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	AUTH REQUIRED	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	AUTH REQUIRED	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	AUTH REQUIRED	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	AUTH REQUIRED	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	AUTH REQUIRED	
43999	Unlisted procedure, stomach	AUTH REQUIRED	

44132	Donor enterectomy (including cold preservation), open; from cadaver donor	AUTH REQUIRED	Paid for by recipient's plan.
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	AUTH REQUIRED	Paid for by recipient's plan.
44135	Intestinal allotransplantation; from cadaver donor	AUTH REQUIRED	Paid for by recipient's plan.
44136	Intestinal allotransplantation; from living donor	AUTH REQUIRED	Paid for by recipient's plan.
44137	Removal of transplanted intestinal allograft, complete	AUTH REQUIRED	
44238	Unlisted laparoscopy procedure, intestine (except rectum)	AUTH REQUIRED	
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	
44799	Unlisted procedure, small intestine	AUTH REQUIRED	
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	AUTH REQUIRED	
44979	Unlisted laparoscopy procedure, appendix	AUTH REQUIRED	
45399	Unlisted procedure, colon	AUTH REQUIRED	
45499	Unlisted laparoscopy procedure, rectum	AUTH REQUIRED	
45999	Unlisted procedure, rectum	AUTH REQUIRED	
46070	Incision, anal septum (infant)	AUTH REQUIRED	
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	
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	
46999	Unlisted procedure, anus	AUTH REQUIRED	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	AUTH REQUIRED	Payable on Institutional Claim Only
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	AUTH REQUIRED	
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	AUTH REQUIRED	
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	AUTH REQUIRED	
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	AUTH REQUIRED	
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	
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	
47379	Unlisted laparoscopic procedure, liver	AUTH REQUIRED	
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	AUTH REQUIRED	
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	AUTH REQUIRED	

47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	AUTH REQUIRED	
47399	Unlisted procedure, liver	AUTH REQUIRED	
47579	Unlisted laparoscopy procedure, biliary tract	AUTH REQUIRED	
47999	Unlisted procedure, biliary tract	AUTH REQUIRED	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	AUTH REQUIRED	Payable on Institutional Claim Only
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	AUTH REQUIRED	Paid for by recipient's plan. --- Payable on Institutional Claim Only
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	
48556	Removal of transplanted pancreatic allograft	AUTH REQUIRED	
48999	Unlisted procedure, pancreas	AUTH REQUIRED	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	AUTH REQUIRED	
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	
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	AUTH REQUIRED	

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	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
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	
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	
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	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	AUTH REQUIRED	
49999	Unlisted procedure, abdomen, peritoneum and omentum	AUTH REQUIRED	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	AUTH REQUIRED	Paid for by recipient's plan. --- Payable on Institutional Claim Only
50320	Donor nephrectomy (including cold preservation); open, from living donor	AUTH REQUIRED	Paid for by recipient's plan.

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	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	AUTH REQUIRED	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	AUTH REQUIRED	
50549	Unlisted laparoscopy procedure, renal	AUTH REQUIRED	
50949	Unlisted laparoscopy procedure, ureter	AUTH REQUIRED	
51999	Unlisted laparoscopy procedure, bladder	AUTH REQUIRED	
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	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	AUTH REQUIRED	
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	
53025	Meatotomy, cutting of meatus (separate procedure); infant	AUTH REQUIRED	
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	AUTH REQUIRED	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	AUTH REQUIRED	
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	AUTH REQUIRED	

53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	AUTH REQUIRED	
53899	Unlisted procedure, urinary system	AUTH REQUIRED	
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	
54120	Amputation of penis; partial	AUTH REQUIRED	
54125	Amputation of penis; complete	AUTH REQUIRED	
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	
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	
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	
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	
54401	Insertion of penile prosthesis; inflatable (self-contained)	AUTH REQUIRED	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	AUTH REQUIRED	
54660	Insertion of testicular prosthesis (separate procedure)	AUTH REQUIRED	
54699	Unlisted laparoscopy procedure, testis	AUTH REQUIRED	
55559	Unlisted laparoscopy procedure, spermatic cord	AUTH REQUIRED	
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	
55870	Electroejaculation	AUTH REQUIRED	
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	AUTH REQUIRED	
55899	Unlisted procedure, male genital system	AUTH REQUIRED	
55970	Intersex surgery; male to female	AUTH REQUIRED	
55980	Intersex surgery; female to male	AUTH REQUIRED	
56805	Clitoroplasty for intersex state	AUTH REQUIRED	
57335	Vaginoplasty for intersex state	AUTH REQUIRED	

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	
58321	Artificial insemination; intra-cervical	AUTH REQUIRED	
58322	Artificial insemination; intra-uterine	AUTH REQUIRED	
58323	Sperm washing for artificial insemination	AUTH REQUIRED	
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	AUTH REQUIRED	
58350	Chromotubation of oviduct, including materials	AUTH REQUIRED	
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	AUTH REQUIRED	
58578	Unlisted laparoscopy procedure, uterus	AUTH REQUIRED	
58579	Unlisted hysteroscopy procedure, uterus	AUTH REQUIRED	
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	AUTH REQUIRED	
58672	Laparoscopy, surgical; with fimbrioplasty	AUTH REQUIRED	
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	AUTH REQUIRED	
58679	Unlisted laparoscopy procedure, oviduct, ovary	AUTH REQUIRED	
58750	Tubotubal anastomosis	AUTH REQUIRED	
58752	Tubouterine implantation	AUTH REQUIRED	
58760	Fimbrioplasty	AUTH REQUIRED	
58770	Salpingostomy (salpingoneostomy)	AUTH REQUIRED	
58825	Transposition, ovary(s)	AUTH REQUIRED	
58970	Follicle puncture for oocyte retrieval, any method	AUTH REQUIRED	
58974	Embryo transfer, intrauterine	AUTH REQUIRED	
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	AUTH REQUIRED	
58999	Unlisted procedure, female genital system (nonobstetrical)	AUTH REQUIRED	
59070	Transabdominal amniocentesis, including ultrasound guidance	AUTH REQUIRED	
59072	Fetal umbilical cord occlusion, including ultrasound guidance	AUTH REQUIRED	
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	AUTH REQUIRED	
59076	Fetal shunt placement, including ultrasound guidance	AUTH REQUIRED	
59840	Induced abortion, by dilation and curettage	AUTH REQUIRED	
59841	Induced abortion, by dilation and evacuation	AUTH REQUIRED	

59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	AUTH REQUIRED	
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	
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	
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	
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	
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	
59866	Multifetal pregnancy reduction(s) (MPR)	AUTH REQUIRED	
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	AUTH REQUIRED	
59898	Unlisted laparoscopy procedure, maternity care and delivery	AUTH REQUIRED	
59899	Unlisted procedure, maternity care and delivery	AUTH REQUIRED	
60659	Unlisted laparoscopy procedure, endocrine system	AUTH REQUIRED	
60699	Unlisted procedure, endocrine system	AUTH REQUIRED	
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	
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	AUTH REQUIRED	Payable on Institutional Claim Only
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	AUTH REQUIRED	Payable on Institutional Claim Only
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	AUTH REQUIRED	Payable on Institutional Claim Only
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	AUTH REQUIRED	

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	
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	
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	
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	AUTH REQUIRED	
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	
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	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	AUTH REQUIRED	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	AUTH REQUIRED	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	AUTH REQUIRED	
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	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	AUTH REQUIRED	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	AUTH REQUIRED	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	AUTH REQUIRED	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	AUTH REQUIRED	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	AUTH REQUIRED	

63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	AUTH REQUIRED	
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	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	AUTH REQUIRED	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	AUTH REQUIRED	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	AUTH REQUIRED	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	AUTH REQUIRED	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	AUTH REQUIRED	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	AUTH REQUIRED	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	AUTH REQUIRED	
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	AUTH REQUIRED	
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	AUTH REQUIRED	
64580	Open implantation of neurostimulator electrode array; neuromuscular	AUTH REQUIRED	
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	AUTH REQUIRED	
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	AUTH REQUIRED	
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	
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	AUTH REQUIRED	
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	

64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	AUTH REQUIRED	
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	AUTH REQUIRED	
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	
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	AUTH REQUIRED	
64999	Unlisted procedure, nervous system	AUTH REQUIRED	
65760	Keratomileusis	AUTH REQUIRED	Payable on Institutional Claim Only
65765	Keratophakia	AUTH REQUIRED	Payable on Institutional Claim Only
65767	Epikeratoplasty	AUTH REQUIRED	Payable on Institutional Claim Only
65771	Radial keratotomy	AUTH REQUIRED	Payable on Institutional Claim Only
65772	Corneal relaxing incision for correction of surgically induced astigmatism	AUTH REQUIRED	
65775	Corneal wedge resection for correction of surgically induced astigmatism	AUTH REQUIRED	
66999	Unlisted procedure, anterior segment of eye	AUTH REQUIRED	
67299	Unlisted procedure, posterior segment	AUTH REQUIRED	
67399	Unlisted procedure, extraocular muscle	AUTH REQUIRED	
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	AUTH REQUIRED	
67599	Unlisted procedure, orbit	AUTH REQUIRED	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	AUTH REQUIRED	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	AUTH REQUIRED	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	AUTH REQUIRED	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	AUTH REQUIRED	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	AUTH REQUIRED	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	AUTH REQUIRED	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	AUTH REQUIRED	
67909	Reduction of overcorrection of ptosis	AUTH REQUIRED	
67950	Canthoplasty (reconstruction of canthus)	AUTH REQUIRED	

67999	Unlisted procedure, eyelids	AUTH REQUIRED	
68399	Unlisted procedure, conjunctiva	AUTH REQUIRED	
68899	Unlisted procedure, lacrimal system	AUTH REQUIRED	
69090	Ear piercing	AUTH REQUIRED	Payable on Institutional Claim Only
69399	Unlisted procedure, external ear	AUTH REQUIRED	
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	AUTH REQUIRED	Payable on Institutional Claim Only
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED	
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	
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED	
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	
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	AUTH REQUIRED	
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	
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	
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	
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	
69799	Unlisted procedure, middle ear	AUTH REQUIRED	
69930	Cochlear device implantation, with or without mastoidectomy	AUTH REQUIRED	

69949	Unlisted procedure, inner ear	AUTH REQUIRED	
69979	Unlisted procedure, temporal bone, middle fossa approach	AUTH REQUIRED	
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
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
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
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
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
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	
70355	Orthopantomogram (eg, panoramic x-ray)	AUTH REQUIRED	
70360	Radiologic examination; neck, soft tissue	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
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
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
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	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	AUTH REQUIRED	
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
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
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
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
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
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
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
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
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
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
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
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
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
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
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	AUTH REQUIRED	

74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	AUTH REQUIRED	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	AUTH REQUIRED	
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
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	AUTH REQUIRED	
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	
74740	Hysterosalpingography, radiological supervision and interpretation	AUTH REQUIRED	
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	AUTH REQUIRED	
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	AUTH REQUIRED	
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	
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
76010	Radiologic examination from nose to rectum for foreign body, single view, child	AUTH REQUIRED	
76145	Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report	AUTH REQUIRED	
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
76390	Magnetic resonance spectroscopy	AUTH REQUIRED	
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	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	AUTH REQUIRED	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	AUTH REQUIRED	
76499	Unlisted diagnostic radiographic procedure	AUTH REQUIRED	
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
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
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

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
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
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
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	
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	
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	AUTH REQUIRED	
76981	Ultrasound, elastography; parenchyma (eg, organ)	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	AUTH REQUIRED	
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	
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	AUTH REQUIRED	

76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	AUTH REQUIRED	
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	AUTH REQUIRED	
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
77061	Diagnostic digital breast tomosynthesis; unilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	MAY USE G0279 INSTEAD --- Payable on Institutional Claim Only
77062	Diagnostic digital breast tomosynthesis; bilateral	AUTH MAY BE REQUIRED/ POS DEPENDENT	MAY USE G0279 INSTEAD --- Payable on Institutional Claim Only
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
77072	Bone age studies	AUTH REQUIRED	
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	
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
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
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	AUTH REQUIRED	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	AUTH REQUIRED	Payable on Institutional Claim Only
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	AUTH REQUIRED	Payable on Institutional Claim Only
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	AUTH REQUIRED	

77407	Radiation treatment delivery, => 1 MeV; intermediate	AUTH REQUIRED	MAY USE G6003-G6014 INSTEAD --- Payable on Institutional Claim Only
77499	Unlisted procedure, therapeutic radiology treatment management	AUTH REQUIRED	
77799	Unlisted procedure, clinical brachytherapy	AUTH REQUIRED	
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
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
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
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	AUTH REQUIRED	
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
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
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
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
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	AUTH REQUIRED	
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	AUTH MAY BE REQUIRED/ POS DEPENDENT	Payable on Institutional Claim Only
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	AUTH MAY BE REQUIRED/ POS DEPENDENT	Payable on Institutional Claim Only
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	AUTH REQUIRED	

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	
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	
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	
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	
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	
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	
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
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	
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	
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	AUTH REQUIRED	
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

78599	Unlisted respiratory procedure, diagnostic nuclear medicine	AUTH REQUIRED	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	AUTH REQUIRED	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	AUTH MAY BE REQUIRED/ POS DEPENDENT	Payable on Institutional Claim Only
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	AUTH REQUIRED	
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
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	AUTH REQUIRED	
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
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
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
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	AUTH REQUIRED	
79005	Radiopharmaceutical therapy, by oral administration	AUTH MAY BE REQUIRED/ POS DEPENDENT	No Auth Required at Free-Standing Facility Auth Required at Outpatient Hospital
79999	Radiopharmaceutical therapy, unlisted procedure	AUTH REQUIRED	
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)	AUTH REQUIRED	Payable on Institutional Claim Only
80299	Quantitation of therapeutic drug, not elsewhere specified	AUTH REQUIRED	Payable on Institutional Claim Only
80320	Alcohols	AUTH REQUIRED	Payable on Institutional Claim Only
80321	Alcohol biomarkers; 1 or 2	AUTH REQUIRED	Payable on Institutional Claim Only
80322	Alcohol biomarkers; 3 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80323	Alkaloids, not otherwise specified	AUTH REQUIRED	Payable on Institutional Claim Only
80324	Amphetamines; 1 or 2	AUTH REQUIRED	Payable on Institutional Claim Only
80325	Amphetamines; 3 or 4	AUTH REQUIRED	Payable on Institutional Claim Only
80326	Amphetamines; 5 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80327	Anabolic steroids; 1 or 2	AUTH REQUIRED	Payable on Institutional Claim Only
80328	Anabolic steroids; 3 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80329	Analgesics, non-opioid; 1 or 2	AUTH REQUIRED	Payable on Institutional Claim Only
80330	Analgesics, non-opioid; 3-5	AUTH REQUIRED	Payable on Institutional Claim Only
80331	Analgesics, non-opioid; 6 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80332	Antidepressants, serotonergic class; 1 or 2	AUTH REQUIRED	Payable on Institutional Claim Only
80333	Antidepressants, serotonergic class; 3-5	AUTH REQUIRED	Payable on Institutional Claim Only
80334	Antidepressants, serotonergic class; 6 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	AUTH REQUIRED	Payable on Institutional Claim Only
80336	Antidepressants, tricyclic and other cyclicals; 3-5	AUTH REQUIRED	Payable on Institutional Claim Only
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80338	Antidepressants, not otherwise specified	AUTH REQUIRED	Payable on Institutional Claim Only
80339	Antiepileptics, not otherwise specified; 1-3	AUTH REQUIRED	Payable on Institutional Claim Only
80340	Antiepileptics, not otherwise specified; 4-6	AUTH REQUIRED	Payable on Institutional Claim Only
80341	Antiepileptics, not otherwise specified; 7 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80342	Antipsychotics, not otherwise specified; 1-3	AUTH REQUIRED	Payable on Institutional Claim Only
80343	Antipsychotics, not otherwise specified; 4-6	AUTH REQUIRED	Payable on Institutional Claim Only
80344	Antipsychotics, not otherwise specified; 7 or more	AUTH REQUIRED	Payable on Institutional Claim Only

80345	Barbiturates	AUTH REQUIRED	Payable on Institutional Claim Only
80346	Benzodiazepines; 1-12	AUTH REQUIRED	Payable on Institutional Claim Only
80347	Benzodiazepines; 13 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80348	Buprenorphine	AUTH REQUIRED	Payable on Institutional Claim Only
80349	Cannabinoids, natural	AUTH REQUIRED	Payable on Institutional Claim Only
80350	Cannabinoids, synthetic; 1-3	AUTH REQUIRED	Payable on Institutional Claim Only
80351	Cannabinoids, synthetic; 4-6	AUTH REQUIRED	Payable on Institutional Claim Only
80352	Cannabinoids, synthetic; 7 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80353	Cocaine	AUTH REQUIRED	Payable on Institutional Claim Only
80354	Fentanyl	AUTH REQUIRED	Payable on Institutional Claim Only
80355	Gabapentin, non-blood	AUTH REQUIRED	Payable on Institutional Claim Only
80356	Heroin metabolite	AUTH REQUIRED	Payable on Institutional Claim Only
80357	Ketamine and norketamine	AUTH REQUIRED	Payable on Institutional Claim Only
80358	Methadone	AUTH REQUIRED	Payable on Institutional Claim Only
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	AUTH REQUIRED	Payable on Institutional Claim Only
80360	Methylphenidate	AUTH REQUIRED	Payable on Institutional Claim Only
80361	Opiates, 1 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80362	Opioids and opiate analogs; 1 or 2	AUTH REQUIRED	Payable on Institutional Claim Only
80363	Opioids and opiate analogs; 3 or 4	AUTH REQUIRED	Payable on Institutional Claim Only
80364	Opioids and opiate analogs; 5 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80365	Oxycodone	AUTH REQUIRED	Payable on Institutional Claim Only
80366	Pregabalin	AUTH REQUIRED	Payable on Institutional Claim Only
80367	Propoxyphene	AUTH REQUIRED	Payable on Institutional Claim Only
80368	Sedative hypnotics (non-benzodiazepines)	AUTH REQUIRED	Payable on Institutional Claim Only
80369	Skeletal muscle relaxants; 1 or 2	AUTH REQUIRED	Payable on Institutional Claim Only
80370	Skeletal muscle relaxants; 3 or more	AUTH REQUIRED	Payable on Institutional Claim Only
80371	Stimulants, synthetic	AUTH REQUIRED	Payable on Institutional Claim Only
80372	Tapentadol	AUTH REQUIRED	Payable on Institutional Claim Only
80373	Tramadol	AUTH REQUIRED	Payable on Institutional Claim Only
80374	Stereoisomer (enantiomer) analysis, single drug class	AUTH REQUIRED	Payable on Institutional Claim Only
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	AUTH REQUIRED	Payable on Institutional Claim Only
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	AUTH REQUIRED	Payable on Institutional Claim Only
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	AUTH REQUIRED	Payable on Institutional Claim Only
81099	Unlisted urinalysis procedure	AUTH REQUIRED	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	AUTH REQUIRED	Payable on Institutional Claim Only
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	AUTH REQUIRED	Payable on Institutional Claim Only
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	AUTH REQUIRED	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	AUTH REQUIRED	Payable on Institutional Claim Only
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	AUTH REQUIRED	Payable on Institutional Claim Only

81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	AUTH REQUIRED	Payable on Institutional Claim Only
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	AUTH REQUIRED	Payable on Institutional Claim Only
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	AUTH REQUIRED	Payable on Institutional Claim Only
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	AUTH REQUIRED	Payable on Institutional Claim Only
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	AUTH REQUIRED	Payable on Institutional Claim Only
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	AUTH REQUIRED	Payable on Institutional Claim Only
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	AUTH REQUIRED	Payable on Institutional Claim Only

81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	AUTH REQUIRED	Payable on Institutional Claim Only
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	AUTH REQUIRED	Payable on Institutional Claim Only
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	AUTH REQUIRED	Payable on Institutional Claim Only
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	AUTH REQUIRED	Payable on Institutional Claim Only
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED	Payable on Institutional Claim Only
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	AUTH REQUIRED	Payable on Institutional Claim Only
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	AUTH REQUIRED	Payable on Institutional Claim Only
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	AUTH REQUIRED	Payable on Institutional Claim Only
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	AUTH REQUIRED	Payable on Institutional Claim Only
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	AUTH REQUIRED	Payable on Institutional Claim Only
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	AUTH REQUIRED	Payable on Institutional Claim Only
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	AUTH REQUIRED	Payable on Institutional Claim Only
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only

81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	AUTH REQUIRED	Payable on Institutional Claim Only
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	AUTH REQUIRED	Payable on Institutional Claim Only
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	AUTH REQUIRED	Payable on Institutional Claim Only
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED	Payable on Institutional Claim Only
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	AUTH REQUIRED	Payable on Institutional Claim Only
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	AUTH REQUIRED	Payable on Institutional Claim Only
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	AUTH REQUIRED	Payable on Institutional Claim Only
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	AUTH REQUIRED	Payable on Institutional Claim Only
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only

81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	AUTH REQUIRED	Payable on Institutional Claim Only
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	AUTH REQUIRED	Payable on Institutional Claim Only
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	AUTH REQUIRED	Payable on Institutional Claim Only
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED	Payable on Institutional Claim Only
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	AUTH REQUIRED	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	AUTH REQUIRED	Payable on Institutional Claim Only
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	AUTH REQUIRED	Payable on Institutional Claim Only
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	AUTH REQUIRED	Payable on Institutional Claim Only
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

81317	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81318	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	AUTH REQUIRED	Payable on Institutional Claim Only
81319	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	AUTH REQUIRED	Payable on Institutional Claim Only
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	AUTH REQUIRED	Payable on Institutional Claim Only
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	AUTH REQUIRED	Payable on Institutional Claim Only
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	AUTH REQUIRED	Payable on Institutional Claim Only
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	AUTH REQUIRED	Payable on Institutional Claim Only
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	AUTH REQUIRED	Payable on Institutional Claim Only
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	AUTH REQUIRED	Payable on Institutional Claim Only
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	AUTH REQUIRED	Payable on Institutional Claim Only
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	AUTH REQUIRED	Payable on Institutional Claim Only
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	AUTH REQUIRED	Payable on Institutional Claim Only
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	AUTH REQUIRED	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	AUTH REQUIRED	Payable on Institutional Claim Only
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	AUTH REQUIRED	Payable on Institutional Claim Only
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	AUTH REQUIRED	Payable on Institutional Claim Only
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	AUTH REQUIRED	Payable on Institutional Claim Only
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	AUTH REQUIRED	Payable on Institutional Claim Only
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	AUTH REQUIRED	Payable on Institutional Claim Only
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	AUTH REQUIRED	Payable on Institutional Claim Only
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	AUTH REQUIRED	Payable on Institutional Claim Only

81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	AUTH REQUIRED	Payable on Institutional Claim Only
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	AUTH REQUIRED	Payable on Institutional Claim Only
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	AUTH REQUIRED	Payable on Institutional Claim Only
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	AUTH REQUIRED	Payable on Institutional Claim Only
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	AUTH REQUIRED	Payable on Institutional Claim Only
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis 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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis 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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	AUTH REQUIRED	Payable on Institutional Claim Only

81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81479	Unlisted molecular pathology procedure	AUTH REQUIRED	Payable on Institutional Claim Only
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	AUTH REQUIRED	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	AUTH REQUIRED	Payable on Institutional Claim Only
81599	Unlisted multianalyte assay with algorithmic analysis	AUTH REQUIRED	Payable on Institutional Claim Only
82166	Anti-mullerian hormone (AMH)	AUTH REQUIRED	Payable on Institutional Claim Only
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	AUTH REQUIRED	Payable on Institutional Claim Only
83992	Phencyclidine (PCP)	AUTH REQUIRED	Payable on Institutional Claim Only
84999	Unlisted chemistry procedure	AUTH REQUIRED	Payable on Institutional Claim Only
85999	Unlisted hematology and coagulation procedure	AUTH REQUIRED	Payable on Institutional Claim Only

86041	Acetylcholine receptor (AChR); binding antibody	AUTH REQUIRED	Payable on Institutional Claim Only
86042	Acetylcholine receptor (AChR); blocking antibody	AUTH REQUIRED	Payable on Institutional Claim Only
86043	Acetylcholine receptor (AChR); modulating antibody	AUTH REQUIRED	Payable on Institutional Claim Only
86366	Muscle-specific kinase (MuSK) antibody	AUTH REQUIRED	Payable on Institutional Claim Only
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative	AUTH REQUIRED	Payable on Institutional Claim Only
86486	Skin test; unlisted antigen, each	AUTH REQUIRED	
86849	Unlisted immunology procedure	AUTH REQUIRED	Payable on Institutional Claim Only
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	AUTH REQUIRED	Payable on Institutional Claim Only
86911	Blood typing, for paternity testing, per individual; each additional antigen system	AUTH REQUIRED	Payable on Institutional Claim Only
86999	Unlisted transfusion medicine procedure	AUTH REQUIRED	Payable on Institutional Claim Only
87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed	AUTH REQUIRED	Payable on Institutional Claim Only
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
87999	Unlisted microbiology procedure	AUTH REQUIRED	Payable on Institutional Claim Only
88000	Necropsy (autopsy), gross examination only; without CNS	AUTH REQUIRED	Payable on Institutional Claim Only
88005	Necropsy (autopsy), gross examination only; with brain	AUTH REQUIRED	Payable on Institutional Claim Only
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	AUTH REQUIRED	Payable on Institutional Claim Only
88012	Necropsy (autopsy), gross examination only; infant with brain	AUTH REQUIRED	Payable on Institutional Claim Only
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	AUTH REQUIRED	Payable on Institutional Claim Only
88016	Necropsy (autopsy), gross examination only; macerated stillborn	AUTH REQUIRED	Payable on Institutional Claim Only
88020	Necropsy (autopsy), gross and microscopic; without CNS	AUTH REQUIRED	Payable on Institutional Claim Only
88025	Necropsy (autopsy), gross and microscopic; with brain	AUTH REQUIRED	Payable on Institutional Claim Only
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	AUTH REQUIRED	Payable on Institutional Claim Only
88028	Necropsy (autopsy), gross and microscopic; infant with brain	AUTH REQUIRED	Payable on Institutional Claim Only
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	AUTH REQUIRED	Payable on Institutional Claim Only
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	AUTH REQUIRED	Payable on Institutional Claim Only
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	AUTH REQUIRED	Payable on Institutional Claim Only

88040	Necropsy (autopsy); forensic examination	AUTH REQUIRED	Payable on Institutional Claim Only
88045	Necropsy (autopsy); coroner's call	AUTH REQUIRED	Payable on Institutional Claim Only
88099	Unlisted necropsy (autopsy) procedure	AUTH REQUIRED	Payable on Institutional Claim Only
88199	Unlisted cytopathology procedure	AUTH REQUIRED	
88230	Tissue culture for non-neoplastic disorders; lymphocyte	AUTH REQUIRED	Payable on Institutional Claim Only
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	AUTH REQUIRED	Payable on Institutional Claim Only
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	AUTH REQUIRED	Payable on Institutional Claim Only
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells	AUTH REQUIRED	Payable on Institutional Claim Only
88239	Tissue culture for neoplastic disorders; solid tumor	AUTH REQUIRED	Payable on Institutional Claim Only
88240	Cryopreservation, freezing and storage of cells, each cell line	AUTH REQUIRED	Payable on Institutional Claim Only
88241	Thawing and expansion of frozen cells, each aliquot	AUTH REQUIRED	Payable on Institutional Claim Only
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	AUTH REQUIRED	Payable on Institutional Claim Only
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	AUTH REQUIRED	Payable on Institutional Claim Only
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	AUTH REQUIRED	Payable on Institutional Claim Only
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	AUTH REQUIRED	Payable on Institutional Claim Only
88264	Chromosome analysis; analyze 20-25 cells	AUTH REQUIRED	Payable on Institutional Claim Only
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	AUTH REQUIRED	Payable on Institutional Claim Only
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	AUTH REQUIRED	Payable on Institutional Claim Only
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	AUTH REQUIRED	Payable on Institutional Claim Only
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	AUTH REQUIRED	Payable on Institutional Claim Only
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	AUTH REQUIRED	Payable on Institutional Claim Only
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	AUTH REQUIRED	Payable on Institutional Claim Only
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	AUTH REQUIRED	Payable on Institutional Claim Only
88280	Chromosome analysis; additional karyotypes, each study	AUTH REQUIRED	Payable on Institutional Claim Only

88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	AUTH REQUIRED	Payable on Institutional Claim Only
88285	Chromosome analysis; additional cells counted, each study	AUTH REQUIRED	Payable on Institutional Claim Only
88289	Chromosome analysis; additional high resolution study	AUTH REQUIRED	Payable on Institutional Claim Only
88291	Cytogenetics and molecular cytogenetics, interpretation and report	AUTH REQUIRED	
88299	Unlisted cytogenetic study	AUTH REQUIRED	
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	AUTH REQUIRED	
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	AUTH REQUIRED	
88399	Unlisted surgical pathology procedure	AUTH REQUIRED	
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	AUTH REQUIRED	Payable on Institutional Claim Only
89240	Unlisted miscellaneous pathology test	AUTH REQUIRED	
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	AUTH REQUIRED	Payable on Institutional Claim Only
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	AUTH REQUIRED	Payable on Institutional Claim Only
89253	Assisted embryo hatching, microtechniques (any method)	AUTH REQUIRED	Payable on Institutional Claim Only
89254	Oocyte identification from follicular fluid	AUTH REQUIRED	Payable on Institutional Claim Only
89255	Preparation of embryo for transfer (any method)	AUTH REQUIRED	Payable on Institutional Claim Only
89257	Sperm identification from aspiration (other than seminal fluid)	AUTH REQUIRED	Payable on Institutional Claim Only
89258	Cryopreservation; embryo(s)	AUTH REQUIRED	Payable on Institutional Claim Only
89259	Cryopreservation; sperm	AUTH REQUIRED	Payable on Institutional Claim Only
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	AUTH REQUIRED	Payable on Institutional Claim Only
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	AUTH REQUIRED	Payable on Institutional Claim Only
89264	Sperm identification from testis tissue, fresh or cryopreserved	AUTH REQUIRED	Payable on Institutional Claim Only
89268	Insemination of oocytes	AUTH REQUIRED	Payable on Institutional Claim Only
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	AUTH REQUIRED	Payable on Institutional Claim Only
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	AUTH REQUIRED	Payable on Institutional Claim Only

89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	AUTH REQUIRED	Payable on Institutional Claim Only
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	AUTH REQUIRED	Payable on Institutional Claim Only
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	AUTH REQUIRED	Payable on Institutional Claim Only
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	AUTH REQUIRED	Payable on Institutional Claim Only
89310	Semen analysis; motility and count (not including Huhner test)	AUTH REQUIRED	Payable on Institutional Claim Only
89320	Semen analysis; volume, count, motility, and differential	AUTH REQUIRED	Payable on Institutional Claim Only
89321	Semen analysis; sperm presence and motility of sperm, if performed	AUTH REQUIRED	Payable on Institutional Claim Only
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	AUTH REQUIRED	Payable on Institutional Claim Only
89325	Sperm antibodies	AUTH REQUIRED	Payable on Institutional Claim Only
89329	Sperm evaluation; hamster penetration test	AUTH REQUIRED	Payable on Institutional Claim Only
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	AUTH REQUIRED	Payable on Institutional Claim Only
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	AUTH REQUIRED	Payable on Institutional Claim Only
89335	Cryopreservation, reproductive tissue, testicular	AUTH REQUIRED	Payable on Institutional Claim Only
89337	Cryopreservation, mature oocyte(s)	AUTH REQUIRED	Payable on Institutional Claim Only
89342	Storage (per year); embryo(s)	AUTH REQUIRED	Payable on Institutional Claim Only
89343	Storage (per year); sperm/semen	AUTH REQUIRED	Payable on Institutional Claim Only
89344	Storage (per year); reproductive tissue, testicular/ovarian	AUTH REQUIRED	Payable on Institutional Claim Only
89346	Storage (per year); oocyte(s)	AUTH REQUIRED	Payable on Institutional Claim Only
89352	Thawing of cryopreserved; embryo(s)	AUTH REQUIRED	Payable on Institutional Claim Only
89353	Thawing of cryopreserved; sperm/semen, each aliquot	AUTH REQUIRED	Payable on Institutional Claim Only
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	AUTH REQUIRED	Payable on Institutional Claim Only
89356	Thawing of cryopreserved; oocytes, each aliquot	AUTH REQUIRED	Payable on Institutional Claim Only
89398	Unlisted reproductive medicine laboratory procedure	AUTH REQUIRED	Payable on Institutional Claim Only
90281	Immune globulin (Ig), human, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90283	Immune globulin (IgIV), human, for intravenous use	AUTH REQUIRED	Payable on Institutional Claim Only
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	AUTH REQUIRED	Payable on Institutional Claim Only
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	AUTH REQUIRED	Payable on Institutional Claim Only
90399	Unlisted immune globulin	AUTH REQUIRED	Payable on Institutional Claim Only
90476	Adenovirus vaccine, type 4, live, for oral use	AUTH REQUIRED	Payable on Institutional Claim Only

90477	Adenovirus vaccine, type 7, live, for oral use	AUTH REQUIRED	Payable on Institutional Claim Only
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	AUTH REQUIRED	Payable on Institutional Claim Only
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	AUTH REQUIRED	Payable on Institutional Claim Only
90589	Chikungunya virus vaccine, live attenuated, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	AUTH REQUIRED	Payable on Institutional Claim Only
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	AUTH REQUIRED	Payable on Institutional Claim Only
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only

90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90749	Unlisted vaccine/toxoid	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	AUTH REQUIRED	Payable on Institutional Claim Only
90899	Unlisted psychiatric service or procedure	AUTH REQUIRED	OPTUM (Phone: 866-340-0639)
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	
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	
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	
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	AUTH REQUIRED	
91299	Unlisted diagnostic gastroenterology procedure	AUTH REQUIRED	
92015	Determination of refractive state	AUTH REQUIRED	Payable on Institutional Claim Only

92066	Orthoptic training; under supervision of a physician or other qualified health care professional	AUTH REQUIRED	
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	AUTH REQUIRED	Payable on Institutional Claim Only
92340	Fitting of spectacles, except for aphakia; monofocal	AUTH REQUIRED	Payable on Institutional Claim Only
92341	Fitting of spectacles, except for aphakia; bifocal	AUTH REQUIRED	Payable on Institutional Claim Only
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	AUTH REQUIRED	Payable on Institutional Claim Only
92370	Repair and refitting spectacles; except for aphakia	AUTH REQUIRED	Payable on Institutional Claim Only
92499	Unlisted ophthalmological service or procedure	AUTH REQUIRED	
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
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
92551	Screening test, pure tone, air only	AUTH REQUIRED	Payable on Institutional Claim Only
92558	Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	AUTH REQUIRED	Payable on Institutional Claim Only
92594	Electroacoustic evaluation for hearing aid; monaural	AUTH REQUIRED	Payable on Institutional Claim Only
92595	Electroacoustic evaluation for hearing aid; binaural	AUTH REQUIRED	Payable on Institutional Claim Only
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
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	
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
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	AUTH REQUIRED	
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	AUTH REQUIRED	
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	AUTH REQUIRED	
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	
92630	Auditory rehabilitation; prelingual hearing loss	AUTH REQUIRED	Payable on Institutional Claim Only
92633	Auditory rehabilitation; postlingual hearing loss	AUTH REQUIRED	Payable on Institutional Claim Only
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	AUTH REQUIRED	Payable on Institutional Claim Only
92700	Unlisted otorhinolaryngological service or procedure	AUTH REQUIRED	
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	AUTH REQUIRED	
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	AUTH REQUIRED	
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	AUTH REQUIRED	
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	AUTH REQUIRED	
93153	Interrogation without programming of implanted phrenic nerve stimulator system	AUTH REQUIRED	
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	
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	
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	

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	
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	
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	
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	
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	
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	
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	AUTH REQUIRED	
93740	Temperature gradient studies	AUTH REQUIRED	
93799	Unlisted cardiovascular service or procedure	AUTH REQUIRED	
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	AUTH REQUIRED	Payable on Institutional Claim Only
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
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
93998	Unlisted noninvasive vascular diagnostic study	AUTH REQUIRED	
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	AUTH REQUIRED	

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	AUTH REQUIRED	
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)	AUTH REQUIRED	
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	AUTH REQUIRED	
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	AUTH REQUIRED	
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	
94799	Unlisted pulmonary service or procedure	AUTH REQUIRED	
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	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only

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	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
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	AUTH REQUIRED	Payable on Institutional Claim Only
95199	Unlisted allergy/clinical immunologic service or procedure	AUTH REQUIRED	
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	
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	AUTH REQUIRED	
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	
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	
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	AUTH REQUIRED	
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	AUTH REQUIRED	
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	
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	AUTH REQUIRED	
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	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	AUTH REQUIRED	
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	AUTH REQUIRED	
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	AUTH REQUIRED	
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	
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	
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	
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	AUTH REQUIRED	
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	
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	
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	
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	AUTH REQUIRED	
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	AUTH REQUIRED	
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	AUTH REQUIRED	

95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	AUTH REQUIRED	
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method	AUTH REQUIRED	
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	
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	AUTH REQUIRED	
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)	AUTH REQUIRED	Payable on Institutional Claim Only
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	
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	
95999	Unlisted neurological or neuromuscular diagnostic procedure	AUTH REQUIRED	
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	AUTH REQUIRED	Payable on Institutional Claim Only
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	
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	
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	
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	AUTH REQUIRED	
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	
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	AUTH REQUIRED	
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	

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	
96549	Unlisted chemotherapy procedure	AUTH REQUIRED	
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	
96922	Excimer laser treatment for psoriasis; over 500 sq cm	AUTH REQUIRED	
96999	Unlisted special dermatological service or procedure	AUTH REQUIRED	
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)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS --- Payable on Institutional Claim Only
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
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
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	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS --- Payable on Institutional Claim Only
97039	Unlisted modality (specify type and time if constant attendance)	AUTH REQUIRED	
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
97139	Unlisted therapeutic procedure (specify)	AUTH REQUIRED	
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
97150	Therapeutic procedure(s), group (2 or more individuals)	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
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
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	<p>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.</p>	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97164	<p>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.</p>	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97165	<p>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.</p>	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS

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	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.	AUTH REQUIRED	Payable on Institutional Claim Only
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.	AUTH REQUIRED	Payable on Institutional Claim Only
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.	AUTH REQUIRED	Payable on Institutional Claim Only
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.	AUTH REQUIRED	Payable on Institutional Claim Only
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
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
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	AUTH REQUIRED	AUTH REQUIRED AFTER 12 VISITS IN 90 DAYS
97545	Work hardening/conditioning; initial 2 hours	AUTH REQUIRED	
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	
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	
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	
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	
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
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
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

97799	Unlisted physical medicine/rehabilitation service or procedure	AUTH REQUIRED	
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.
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.
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.
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.
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved	AUTH REQUIRED	
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved	AUTH REQUIRED	
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved	AUTH REQUIRED	
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved	AUTH REQUIRED	
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved	AUTH REQUIRED	
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
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
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
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 --- Payable on Institutional Claim Only
99082	Unusual travel (eg, transportation and escort of patient)	AUTH REQUIRED	
99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	AUTH REQUIRED	
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	AUTH REQUIRED	

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	AUTH REQUIRED	Payable on Institutional Claim Only
99199	Unlisted special service, procedure or report	AUTH REQUIRED	
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	AUTH REQUIRED	Payable on Institutional Claim Only
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only

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)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
99429	Unlisted preventive medicine service	AUTH REQUIRED	Payable on Institutional Claim Only
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	
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	
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	

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	AUTH REQUIRED	
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)	AUTH REQUIRED	
99499	Unlisted evaluation and management service	AUTH REQUIRED	
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	AUTH REQUIRED	Payable on Institutional Claim Only
99501	Home visit for postnatal assessment and follow-up care	AUTH REQUIRED	Payable on Institutional Claim Only
99502	Home visit for newborn care and assessment	AUTH REQUIRED	Payable on Institutional Claim Only
99600	Unlisted home visit service or procedure	AUTH REQUIRED	Payable on Institutional Claim Only
99601	Home infusion/specialty drug administration, per visit (up to 2 hours);	AUTH REQUIRED	Payable on Institutional Claim Only
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)	AUTH REQUIRED	Payable on Institutional Claim Only
A0021	Ambulance service, outside state per mile, transport (Medicaid only)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0100	Nonemergency transportation; taxi	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0110	Nonemergency transportation and bus, intra- or interstate carrier	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0130	Nonemergency transportation: wheelchair van	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0160	Nonemergency transportation: per mile - caseworker or social worker	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0170	Transportation ancillary: parking fees, tolls, other	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0180	Nonemergency transportation: ancillary: lodging-recipient	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0190	Nonemergency transportation: ancillary: meals, recipient	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

A0200	Nonemergency transportation: ancillary: lodging, escort	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0210	Nonemergency transportation: ancillary: meals, escort	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0380	BLS mileage (per mile)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0382	BLS routine disposable supplies	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0390	ALS mileage (per mile)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0394	ALS specialized service disposable supplies; IV drug therapy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0396	ALS specialized service disposable supplies; esophageal intubation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0398	ALS routine disposable supplies	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0420	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0425	Ground mileage, per statute mile	AUTH MAY BE REQUIRED/DESTINATION SPECIFIC	Authorization required only if ambulance transport is NOT facility to facility --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	AUTH REQUIRED	Payable on Institutional Claim Only
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	AUTH REQUIRED	Payable on Institutional Claim Only
A0435	Fixed wing air mileage, per statute mile	AUTH REQUIRED	Payable on Institutional Claim Only
A0436	Rotary wing air mileage, per statute mile	AUTH REQUIRED	Payable on Institutional Claim Only
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0998	Ambulance response and treatment, no transport	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A0999	Unlisted ambulance service	AUTH REQUIRED	Payable on Institutional Claim Only
A2002	Mirragen Advanced Wound Matrix, per sq cm	AUTH REQUIRED	
A2004	XCelliStem, 1 mg	AUTH REQUIRED	

A2005	Microlyte Matrix, per sq cm	AUTH REQUIRED	
A2006	NovoSorb SynPath dermal matrix, per sq cm	AUTH REQUIRED	
A2007	Restrata, per sq cm	AUTH REQUIRED	
A2008	TheraGenesis, per sq cm	AUTH REQUIRED	
A2009	Symphony, per sq cm	AUTH REQUIRED	
A2010	Apis, per sq cm	AUTH REQUIRED	
A2011	Supra SDRM, per sq cm	AUTH REQUIRED	
A2012	SUPRATHEL, per sq cm	AUTH REQUIRED	
A2013	InnovaMatrix FS, per sq cm	AUTH REQUIRED	
A2014	Omeza Collagen Matrix, per 100 mg	AUTH REQUIRED	
A2015	Phoenix Wound Matrix, per sq cm	AUTH REQUIRED	
A2016	PermeaDerm B, per sq cm	AUTH REQUIRED	
A2017	PermeaDerm Glove, each	AUTH REQUIRED	
A2018	PermeaDerm C, per sq cm	AUTH REQUIRED	
A2019	Kerecis Omega3 MariGen Shield, per sq cm	AUTH REQUIRED	
A2020	AC5 Advanced Wound System (AC5)	AUTH REQUIRED	
A2021	NeoMatriX, per sq cm	AUTH REQUIRED	
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	AUTH REQUIRED	
A2023	InnovaMatrix PD, 1 mg	AUTH REQUIRED	
A2024	Resolve Matrix, per sq cm	AUTH REQUIRED	
A2025	Miro3D, per cu cm	AUTH REQUIRED	
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	AUTH REQUIRED	
A4210	Needle-free injection device, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	AUTH REQUIRED	Payable on Institutional Claim Only
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4252	Blood ketone test or reagent strip, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	AUTH REQUIRED	Payable on Institutional Claim Only
A4261	Cervical cap for contraceptive use	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4266	Diaphragm for contraceptive use	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

A4267	Contraceptive supply, condom, male, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4268	Contraceptive supply, condom, female, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4321	Therapeutic agent for urinary catheter irrigation	AUTH REQUIRED	Payable on Institutional Claim Only
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	AUTH REQUIRED	Payable on Institutional Claim Only
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	AUTH REQUIRED	Payable on Institutional Claim Only
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	AUTH REQUIRED	Payable on Institutional Claim Only
A4457	Enema tube, with or without adapter, any type, replacement only, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4467	Belt, strap, sleeve, garment, or covering, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4468	Exsufflation belt, includes all supplies and accessories	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	AUTH REQUIRED	Payable on Institutional Claim Only
A4490	Surgical stockings above knee length, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4495	Surgical stockings thigh length, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4500	Surgical stockings below knee length, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4510	Surgical stockings full-length, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4541	Monthly supplies for use of device coded at E0733	AUTH REQUIRED	Payable on Institutional Claim Only
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	AUTH REQUIRED	Payable on Institutional Claim Only
A4553	Nondisposable underpads, all sizes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4554	Disposable underpads, all sizes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4560	Neuromuscular electrical stimulator (NMES), disposable, replacement only	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	AUTH REQUIRED	Payable on Institutional Claim Only
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4570	Splint	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4580	Cast supplies (e.g., plaster)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4590	Special casting material (e.g., fiberglass)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	AUTH REQUIRED	Payable on Institutional Claim Only

A4611	Battery, heavy-duty; replacement for patient-owned ventilator	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4612	Battery cables; replacement for patient-owned ventilator	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4613	Battery charger; replacement for patient-owned ventilator	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A4638	Replacement battery for patient-owned ear pulse generator, each	AUTH REQUIRED	Payable on Institutional Claim Only
A4639	Replacement pad for infrared heating pad system, each	AUTH REQUIRED	Payable on Institutional Claim Only
A4670	Automatic blood pressure monitor	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A6000	Noncontact wound-warming wound cover for use with the noncontact wound-warming device and warming card	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A6010	Collagen based wound filler, dry form, sterile, per g of collagen	AUTH REQUIRED	Payable on Institutional Claim Only
A6023	Collagen dressing, sterile, size more than 48 sq in, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6411	Eye pad, nonsterile, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6413	Adhesive bandage, first aid type, any size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6502	Compression burn garment, chin strap, custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6503	Compression burn garment, facial hood, custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6504	Compression burn garment, glove to wrist, custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6505	Compression burn garment, glove to elbow, custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6506	Compression burn garment, glove to axilla, custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6507	Compression burn garment, foot to knee length, custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6508	Compression burn garment, foot to thigh length, custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	AUTH REQUIRED	Payable on Institutional Claim Only
A6520	Gradient compression garment, glove, padded, for nighttime use, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6522	Gradient compression garment, arm, padded, for nighttime use, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only

A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6528	Gradient compression garment, bra, for nighttime use, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6529	Gradient compression garment, bra, for nighttime use, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6544	Gradient compression stocking, garter belt	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A6552	Gradient compression stocking, below knee, 30-40 mm Hg, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6553	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6554	Gradient compression stocking, below knee, 40 mm Hg or greater, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6565	Gradient compression gauntlet, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6566	Gradient compression garment, neck/head, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6567	Gradient compression garment, neck/head, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6568	Gradient compression garment, torso and shoulder, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6569	Gradient compression garment, torso/shoulder, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6570	Gradient compression garment, genital region, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6571	Gradient compression garment, genital region, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6572	Gradient compression garment, toe caps, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6573	Gradient compression garment, toe caps, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6574	Gradient compression arm sleeve and glove combination, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only

A6575	Gradient compression arm sleeve and glove combination, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6576	Gradient compression arm sleeve, custom, medium weight, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6577	Gradient compression arm sleeve, custom, heavy weight, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6578	Gradient compression arm sleeve, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6579	Gradient compression glove, custom, medium weight, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6580	Gradient compression glove, custom, heavy weight, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6581	Gradient compression glove, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6582	Gradient compression gauntlet, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6585	Gradient pressure wrap with adjustable straps, above knee, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6586	Gradient pressure wrap with adjustable straps, full leg, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6587	Gradient pressure wrap with adjustable straps, foot, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6588	Gradient pressure wrap with adjustable straps, arm, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6589	Gradient pressure wrap with adjustable straps, bra, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	AUTH REQUIRED	Payable on Institutional Claim Only
A6591	External urinary catheter; non-disposable, for use with suction pump, per month	AUTH REQUIRED	Payable on Institutional Claim Only
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6596	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6597	Gradient compression bandage roll, elastic long stretch, linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each	AUTH REQUIRED	Payable on Institutional Claim Only

A6605	Gradient compression bandaging supply, padded foam, per linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6606	Gradient compression bandaging supply, padded textile, per linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each	AUTH REQUIRED	Payable on Institutional Claim Only
A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	AUTH REQUIRED	Payable on Institutional Claim Only
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	AUTH REQUIRED	Payable on Institutional Claim Only
A7049	Expiratory positive airway pressure intranasal resistance valve	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	AUTH REQUIRED	Payable on Institutional Claim Only
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	AUTH REQUIRED	Payable on Institutional Claim Only
A8004	Soft interface for helmet, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
A9150	Nonprescription drugs	AUTH REQUIRED	Payable on Institutional Claim Only
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	AUTH REQUIRED	Payable on Institutional Claim Only
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9268	Programmer for transient, orally ingested capsule	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9270	Noncovered item or service	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	AUTH REQUIRED	Payable on Institutional Claim Only
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9275	Home glucose disposable monitor, includes test strips	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 BY MEDICARE	Payable on Institutional Claim Only
A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9280	Alert or alarm device, not otherwise classified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9281	Reaching/grabbing device, any type, any length, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9282	Wig, any type, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9283	Foot pressure off loading/supportive device, any type, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9284	Spirometer, nonelectronic, includes all accessories	AUTH REQUIRED	Payable on Institutional Claim Only
A9286	Hygienic item or device, disposable or nondisposable, any type, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9300	Exercise equipment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
A9501	Technetium Tc-99m teboroxime, diagnostic, per study dose	AUTH REQUIRED	
A9504	Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 mCi	AUTH REQUIRED	
A9536	Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 mCi	AUTH REQUIRED	
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	
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 mCi	AUTH REQUIRED	
A9550	Technetium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 mCi	AUTH REQUIRED	
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 mCi	AUTH REQUIRED	
A9566	Technetium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 mCi	AUTH REQUIRED	
A9573	Injection, gadopiclenol, 1 ml	AUTH REQUIRED	Payable on Institutional Claim Only
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 mCi	AUTH REQUIRED	
A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9588	Fluciclovine F-18, diagnostic, 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9591	Fluoroestradiol F-18, diagnostic, 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9592	Copper Cu-64, dotatate, diagnostic, 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9595	Piflufolastat F-18, diagnostic, 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9596	Gallium Ga-68 gozetotide, diagnostic, (Ilucix), 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9601	Flortaucipir F 18 injection, diagnostic, 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9602	Fluorodopa F-18, diagnostic, per mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9603	Injection, pafolacianine, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only

A9604	Samarium Sm-153 lexitronam, therapeutic, per treatment dose, up to 150 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9606	Radium RA-223 dichloride, therapeutic, per UCI	AUTH REQUIRED	Payable on Institutional Claim Only
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9608	Flotufolostat F18, diagnostic, 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9609	Fludeoxyglucose F18, up to 15 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	AUTH REQUIRED	Payable on Institutional Claim Only
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	AUTH REQUIRED	Payable on Institutional Claim Only
B4100	Food thickener, administered orally, per oz	NOT COVERED BY MEDICARE	
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
B9998	NOC for enteral supplies	AUTH REQUIRED	
B9999	NOC for parenteral supplies	AUTH REQUIRED	
C1600	Catheter, transluminal intravascular lesion preparation device, bladed, sheathed (insertable)	AUTH REQUIRED	
C1601	Endoscope, single-use (i.e., disposable), pulmonary, imaging/illumination device (insertable)	AUTH REQUIRED	

C1602	Orthopedic/device/drug matrix/absorbable bone void filler, antimicrobial-eluting (implantable)	AUTH REQUIRED	
C1603	Retrieval device, insertable, laser (used to retrieve intravascular inferior vena cava filter)	AUTH REQUIRED	
C1604	Graft, transmural transvenous arterial bypass (implantable), with all delivery system components	AUTH REQUIRED	
C1747	Endoscope, single-use (i.e., disposable), urinary tract, imaging/illumination device (insertable)	AUTH REQUIRED	
C1767	Generator, neurostimulator (implantable), nonrechargeable	AUTH REQUIRED	
C1778	Lead, neurostimulator (implantable)	AUTH REQUIRED	
C1787	Patient programmer, neurostimulator	AUTH REQUIRED	
C1789	Prosthesis, breast (implantable)	AUTH REQUIRED	
C1813	Prosthesis, penile, inflatable	AUTH REQUIRED	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	AUTH REQUIRED	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	AUTH REQUIRED	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	AUTH REQUIRED	
C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	AUTH REQUIRED	
C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)	AUTH REQUIRED	
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	AUTH REQUIRED	
C1827	Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external paired stimulation controller	AUTH REQUIRED	
C1982	Catheter, pressure generating, one-way valve, intermittently occlusive	AUTH REQUIRED	
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	AUTH REQUIRED	
C2698	Brachytherapy source, stranded, not otherwise specified, per source	AUTH REQUIRED	
C2699	Brachytherapy source, nonstranded, not otherwise specified, per source	AUTH REQUIRED	
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	
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	

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	
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	
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	
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	
C7506	Arthrodesis, interphalangeal joints, with or without internal fixation	AUTH REQUIRED	
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	
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	
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed	AUTH REQUIRED	
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	

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	
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	
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	
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	

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	
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	
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	
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	
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	

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	
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	
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	
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	

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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
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	
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	
C7543	Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy/papillotomy, with endoscopic cannulation of papilla with direct visualization of pancreatic/common bile ducts(s)	AUTH REQUIRED	
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	

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	
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	
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	
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	
C7550	Cystourethroscopy, with biopsy(ies) with adjunctive blue light cystoscopy with fluorescent imaging agent	AUTH REQUIRED	
C7551	Excision of major peripheral nerve neuroma, except sciatic, with implantation of nerve end into bone or muscle	AUTH REQUIRED	
C7554	Cystourethroscopy with adjunctive blue light cystoscopy with fluorescent imaging agent	AUTH REQUIRED	
C7555	Thyroidectomy, total or complete with parathyroid autotransplantation	AUTH REQUIRED	
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	
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	

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	
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	
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	
C9047	Injection, caplacizumab-yhdp, 1 mg	AUTH REQUIRED	
C9089	Bupivacaine, collagen-matrix implant, 1 mg	AUTH REQUIRED	
C9101	Injection, oliceridine, 0.1 mg	AUTH REQUIRED	
C9143	Cocaine HCl nasal solution (Numbrino), 1 mg	AUTH REQUIRED	
C9144	Injection, bupivacaine (Posimir), 1 mg	AUTH REQUIRED	
C9248	Injection, clevidipine butyrate, 1 mg	AUTH REQUIRED	
C9254	Injection, lacosamide, 1 mg	AUTH REQUIRED	
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
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	AUTH REQUIRED	
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	AUTH REQUIRED	
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	AUTH REQUIRED	
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	AUTH REQUIRED	
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	AUTH REQUIRED	

C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	AUTH REQUIRED	
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	AUTH REQUIRED	
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	AUTH REQUIRED	
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	AUTH REQUIRED	
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	AUTH REQUIRED	
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	AUTH REQUIRED	
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per sq cm	AUTH REQUIRED	
C9364	Porcine implant, Permacol, per sq cm	AUTH REQUIRED	
C9399	Unclassified drugs or biologicals	AUTH REQUIRED	
C9507	Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit	AUTH REQUIRED	
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	AUTH REQUIRED	
C9727	Insertion of implants into the soft palate; minimum of three implants	AUTH REQUIRED	
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	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	AUTH REQUIRED	
C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	AUTH REQUIRED	
C9739	Cystourethroscopy, with insertion of transprostatic implant; one to three implants	AUTH REQUIRED	
C9740	Cystourethroscopy, with insertion of transprostatic implant; four or more implants	AUTH REQUIRED	

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	
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	
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	
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	
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	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	AUTH REQUIRED	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	AUTH REQUIRED	
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	
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	

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	
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	
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	AUTH REQUIRED	
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	
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	
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	
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	
C9777	Esophageal mucosal integrity testing by electrical impedance, transoral, includes esophagoscopy or esophagogastroduodenoscopy	AUTH REQUIRED	
C9778	Colpopexy, vaginal; minimally invasive extraperitoneal approach (sacrospinous)	AUTH REQUIRED	
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	

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	
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	
C9784	Gastric restrictive procedure, endoscopic sleeve gastropasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	AUTH REQUIRED	
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	AUTH REQUIRED	
C9789	Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	AUTH REQUIRED	
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	AUTH REQUIRED	
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	
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	AUTH REQUIRED	
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	

E0170	Commode chair with integrated seat lift mechanism, electric, any type	AUTH REQUIRED	
E0172	Seat lift mechanism placed over or on top of toilet, any type	NOT COVERED BY MEDICARE	
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	AUTH REQUIRED	
E0182	Pump for alternating pressure pad, for replacement only	AUTH REQUIRED	
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	AUTH REQUIRED	
E0193	Powered air flotation bed (low air loss therapy)	AUTH REQUIRED	
E0194	Air fluidized bed	AUTH REQUIRED	
E0202	Phototherapy (bilirubin) light with photometer	AUTH REQUIRED	
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	NOT COVERED BY MEDICARE	
E0217	Water circulating heat pad with pump	AUTH REQUIRED	
E0231	Noncontact wound-warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	NOT COVERED BY MEDICARE	
E0232	Warming card for use with the noncontact wound-warming device and noncontact wound-warming wound cover	NOT COVERED BY MEDICARE	
E0236	Pump for water circulating pad	AUTH REQUIRED	
E0239	Hydrocollator unit, portable	AUTH REQUIRED	
E0240	Bath/shower chair, with or without wheels, any size	NOT COVERED BY MEDICARE	
E0241	Bathtub wall rail, each	NOT COVERED BY MEDICARE	
E0242	Bathtub rail, floor base	NOT COVERED BY MEDICARE	
E0243	Toilet rail, each	NOT COVERED BY MEDICARE	
E0244	Raised toilet seat	NOT COVERED BY MEDICARE	
E0245	Tub stool or bench	NOT COVERED BY MEDICARE	
E0250	Hospital bed, fixed height, with any type side rails, with mattress	AUTH REQUIRED	
E0251	Hospital bed, fixed height, with any type side rails, without mattress	AUTH REQUIRED	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	AUTH REQUIRED	
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	AUTH REQUIRED	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	AUTH REQUIRED	
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	AUTH REQUIRED	
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	AUTH REQUIRED	
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	AUTH REQUIRED	

E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	NOT COVERED BY MEDICARE	
E0273	Bed board	NOT COVERED BY MEDICARE	
E0274	Over-bed table	NOT COVERED BY MEDICARE	
E0277	Powered pressure-reducing air mattress	AUTH REQUIRED	
E0290	Hospital bed, fixed height, without side rails, with mattress	AUTH REQUIRED	
E0291	Hospital bed, fixed height, without side rails, without mattress	AUTH REQUIRED	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	AUTH REQUIRED	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	AUTH REQUIRED	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	AUTH REQUIRED	
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	AUTH REQUIRED	
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	AUTH REQUIRED	
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	AUTH REQUIRED	
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	
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	AUTH REQUIRED	
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	
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	AUTH REQUIRED	
E0315	Bed accessory: board, table, or support device, any type	NOT COVERED BY MEDICARE	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	AUTH REQUIRED	
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	AUTH REQUIRED	
E0372	Powered air overlay for mattress, standard mattress length and width	AUTH REQUIRED	
E0373	Nonpowered advanced pressure reducing mattress	AUTH REQUIRED	
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	AUTH REQUIRED	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	AUTH REQUIRED	

E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	AUTH REQUIRED	
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	AUTH REQUIRED	
E0455	Oxygen tent, excluding croup or pediatric tents	AUTH REQUIRED	
E0457	Chest shell (cuirass)	NOT COVERED BY MEDICARE	
E0459	Chest wrap	NOT COVERED BY MEDICARE	
E0462	Rocking bed, with or without side rails	AUTH REQUIRED	
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	AUTH REQUIRED	
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	AUTH REQUIRED	
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	
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	
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	
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	
E0480	Percussor, electric or pneumatic, home model	AUTH REQUIRED	
E0481	Intrapulmonary percussive ventilation system and related accessories	NOT COVERED BY MEDICARE	
E0482	Cough stimulating device, alternating positive and negative airway pressure	AUTH REQUIRED	
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	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	AUTH REQUIRED	

E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
E0487	Spirometer, electronic, includes all accessories	AUTH REQUIRED	
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	
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	
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 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 BY MEDICARE	
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	AUTH REQUIRED	
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	AUTH REQUIRED	
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	AUTH REQUIRED	
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	AUTH REQUIRED	
E0575	Nebulizer, ultrasonic, large volume	AUTH REQUIRED	
E0600	Respiratory suction pump, home model, portable or stationary, electric	AUTH REQUIRED	
E0601	Continuous positive airway pressure (CPAP) device	AUTH REQUIRED	
E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	AUTH REQUIRED	
E0617	External defibrillator with integrated electrocardiogram analysis	AUTH REQUIRED	
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	
E0625	Patient lift, bathroom or toilet, not otherwise classified	NOT COVERED BY MEDICARE	
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	AUTH REQUIRED	
E0635	Patient lift, electric, with seat or sling	AUTH REQUIRED	
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	AUTH REQUIRED	

E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	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 BY MEDICARE	
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	AUTH REQUIRED	
E0640	Patient lift, fixed system, includes all components/accessories	AUTH REQUIRED	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	NOT COVERED BY MEDICARE	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	NOT COVERED BY MEDICARE	
E0650	Pneumatic compressor, nonsegmental home model	AUTH REQUIRED	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	AUTH REQUIRED	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	AUTH REQUIRED	
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	AUTH REQUIRED	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	AUTH REQUIRED	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	AUTH REQUIRED	
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	AUTH REQUIRED	
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	AUTH REQUIRED	
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	AUTH REQUIRED	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	AUTH REQUIRED	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	AUTH REQUIRED	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	AUTH REQUIRED	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	AUTH REQUIRED	
E0671	Segmental gradient pressure pneumatic appliance, full leg	AUTH REQUIRED	
E0672	Segmental gradient pressure pneumatic appliance, full arm	AUTH REQUIRED	
E0673	Segmental gradient pressure pneumatic appliance, half leg	AUTH REQUIRED	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	AUTH REQUIRED	
E0677	Nonpneumatic sequential compression garment, trunk	AUTH REQUIRED	

E0678	Nonpneumatic sequential compression garment, full leg	AUTH REQUIRED	
E0679	Nonpneumatic sequential compression garment, half leg	AUTH REQUIRED	
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	AUTH REQUIRED	
E0681	Nonpneumatic compression controller without calibrated gradient pressure	AUTH REQUIRED	
E0682	Nonpneumatic sequential compression garment, full arm	AUTH REQUIRED	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	AUTH REQUIRED	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	AUTH REQUIRED	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	AUTH REQUIRED	
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	AUTH REQUIRED	
E0732	Cranial electrotherapy stimulation (CES) system, any type	AUTH REQUIRED	
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	AUTH REQUIRED	
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	AUTH REQUIRED	
E0735	Noninvasive vagus nerve stimulator	AUTH REQUIRED	
E0740	Nonimplanted pelvic floor electrical stimulator, complete system	AUTH REQUIRED	
E0744	Neuromuscular stimulator for scoliosis	AUTH REQUIRED	
E0745	Neuromuscular stimulator, electronic shock unit	AUTH REQUIRED	
E0746	Electromyography (EMG), biofeedback device	AUTH REQUIRED	
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	AUTH REQUIRED	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	AUTH REQUIRED	
E0749	Osteogenesis stimulator, electrical, surgically implanted	AUTH REQUIRED	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	AUTH REQUIRED	
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	AUTH REQUIRED	
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	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	AUTH REQUIRED	

E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	AUTH REQUIRED	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	AUTH REQUIRED	
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	AUTH REQUIRED	
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	AUTH REQUIRED	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	AUTH REQUIRED	
E0784	External ambulatory infusion pump, insulin	AUTH REQUIRED	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	AUTH REQUIRED	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	AUTH REQUIRED	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	NOT COVERED BY MEDICARE	
E0791	Parenteral infusion pump, stationary, single, or multichannel	AUTH REQUIRED	
E0830	Ambulatory traction device, all types, each	AUTH REQUIRED	
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	AUTH REQUIRED	
E0855	Cervical traction equipment not requiring additional stand or frame	AUTH REQUIRED	
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	AUTH REQUIRED	
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	AUTH REQUIRED	
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	AUTH REQUIRED	
E0920	Fracture frame, attached to bed, includes weights	AUTH REQUIRED	
E0930	Fracture frame, freestanding, includes weights	AUTH REQUIRED	
E0935	Continuous passive motion exercise device for use on knee only	AUTH REQUIRED	
E0936	Continuous passive motion exercise device for use other than knee	NOT COVERED BY MEDICARE	
E0940	Trapeze bar, freestanding, complete with grab bar	AUTH REQUIRED	
E0941	Gravity assisted traction device, any type	AUTH REQUIRED	
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balkan, four-poster)	AUTH REQUIRED	
E0947	Fracture frame, attachments for complex pelvic traction	AUTH REQUIRED	
E0948	Fracture frame, attachments for complex cervical traction	AUTH REQUIRED	

E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	AUTH REQUIRED	
E0958	Manual wheelchair accessory, one-arm drive attachment, each	AUTH REQUIRED	
E0970	No. 2 footplates, except for elevating legrest	NOT COVERED BY MEDICARE	
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	AUTH REQUIRED	
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	AUTH REQUIRED	
E0985	Wheelchair accessory, seat lift mechanism	AUTH REQUIRED	
E0986	Manual wheelchair accessory, push-rim activated power assist system	AUTH REQUIRED	
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	AUTH REQUIRED	
E1002	Wheelchair accessory, power seating system, tilt only	AUTH REQUIRED	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	AUTH REQUIRED	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	AUTH REQUIRED	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	AUTH REQUIRED	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	AUTH REQUIRED	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	AUTH REQUIRED	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	AUTH REQUIRED	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	AUTH REQUIRED	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	AUTH REQUIRED	
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	AUTH REQUIRED	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	AUTH REQUIRED	
E1014	Reclining back, addition to pediatric size wheelchair	AUTH REQUIRED	
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	AUTH REQUIRED	
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	AUTH REQUIRED	
E1020	Residual limb support system for wheelchair, any type	AUTH REQUIRED	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	AUTH REQUIRED	

E1029	Wheelchair accessory, ventilator tray, fixed	AUTH REQUIRED	
E1030	Wheelchair accessory, ventilator tray, gimbaled	AUTH REQUIRED	
E1031	Rollabout chair, any and all types with castors 5 in or greater	AUTH REQUIRED	
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	AUTH REQUIRED	
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	AUTH REQUIRED	
E1037	Transport chair, pediatric size	AUTH REQUIRED	
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	AUTH REQUIRED	
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	AUTH REQUIRED	
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	AUTH REQUIRED	
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	AUTH REQUIRED	
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	AUTH REQUIRED	
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	AUTH REQUIRED	
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	AUTH REQUIRED	
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	NOT COVERED BY MEDICARE	
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	NOT COVERED BY MEDICARE	

E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	AUTH REQUIRED	
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1161	Manual adult size wheelchair, includes tilt in space	AUTH REQUIRED	
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	AUTH REQUIRED	
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	AUTH REQUIRED	
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	AUTH REQUIRED	
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	AUTH REQUIRED	
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	AUTH REQUIRED	
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	AUTH REQUIRED	
E1221	Wheelchair with fixed arm, footrests	AUTH REQUIRED	
E1222	Wheelchair with fixed arm, elevating legrests	AUTH REQUIRED	
E1223	Wheelchair with detachable arms, footrests	AUTH REQUIRED	
E1224	Wheelchair with detachable arms, elevating legrests	AUTH REQUIRED	
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	AUTH REQUIRED	
E1228	Special back height for wheelchair	AUTH REQUIRED	
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	AUTH REQUIRED	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	AUTH REQUIRED	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	AUTH REQUIRED	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	AUTH REQUIRED	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	AUTH REQUIRED	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	AUTH REQUIRED	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	AUTH REQUIRED	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	AUTH REQUIRED	

E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	AUTH REQUIRED	
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	AUTH REQUIRED	
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	AUTH REQUIRED	
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	AUTH REQUIRED	
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	NOT COVERED BY MEDICARE	
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	AUTH REQUIRED	
E1296	Special wheelchair seat height from floor	AUTH REQUIRED	
E1298	Special wheelchair seat depth and/or width, by construction	AUTH REQUIRED	
E1300	Whirlpool, portable (overtub type)	NOT COVERED BY MEDICARE	
E1301	Whirlpool tub, walk-in, portable	NOT COVERED BY MEDICARE	
E1310	Whirlpool, nonportable (built-in type)	AUTH REQUIRED	
E1500	Centrifuge, for dialysis	AUTH REQUIRED	
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	
E1520	Heparin infusion pump for hemodialysis	AUTH REQUIRED	
E1530	Air bubble detector for hemodialysis, each, replacement	AUTH REQUIRED	
E1540	Pressure alarm for hemodialysis, each, replacement	AUTH REQUIRED	
E1550	Bath conductivity meter for hemodialysis, each	AUTH REQUIRED	
E1560	Blood leak detector for hemodialysis, each, replacement	AUTH REQUIRED	
E1570	Adjustable chair, for ESRD patients	AUTH REQUIRED	
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	AUTH REQUIRED	
E1580	Unipuncture control system for hemodialysis	AUTH REQUIRED	
E1590	Hemodialysis machine	AUTH REQUIRED	
E1592	Automatic intermittent peritoneal dialysis system	AUTH REQUIRED	
E1594	Cycler dialysis machine for peritoneal dialysis	AUTH REQUIRED	
E1600	Delivery and/or installation charges for hemodialysis equipment	AUTH REQUIRED	
E1610	Reverse osmosis water purification system, for hemodialysis	AUTH REQUIRED	

E1615	Deionizer water purification system, for hemodialysis	AUTH REQUIRED	
E1620	Blood pump for hemodialysis, replacement	AUTH REQUIRED	
E1625	Water softening system, for hemodialysis	AUTH REQUIRED	
E1632	Wearable artificial kidney, each	AUTH REQUIRED	
E1634	Peritoneal dialysis clamps, each	AUTH REQUIRED	
E1635	Compact (portable) travel hemodialyzer system	AUTH REQUIRED	
E1636	Sorbent cartridges, for hemodialysis, per 10	AUTH REQUIRED	
E1637	Hemostats, each	AUTH REQUIRED	
E1639	Scale, each	AUTH REQUIRED	
E1699	Dialysis equipment, not otherwise specified	AUTH REQUIRED	
E1700	Jaw motion rehabilitation system	AUTH REQUIRED	
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	AUTH REQUIRED	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	AUTH REQUIRED	
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	AUTH REQUIRED	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	AUTH REQUIRED	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1812	Dynamic knee, extension/flexion device with active resistance control	AUTH REQUIRED	
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	AUTH REQUIRED	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	AUTH REQUIRED	
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	AUTH REQUIRED	

E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	AUTH REQUIRED	
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	AUTH REQUIRED	
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	
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system	AUTH REQUIRED	
E2100	Blood glucose monitor with integrated voice synthesizer	AUTH REQUIRED	
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	AUTH REQUIRED	
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	AUTH REQUIRED	
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	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	AUTH REQUIRED	
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	AUTH REQUIRED	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	AUTH REQUIRED	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	AUTH REQUIRED	
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	AUTH REQUIRED	
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	
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	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	AUTH REQUIRED	

E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	AUTH REQUIRED	
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	AUTH REQUIRED	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	AUTH REQUIRED	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	AUTH REQUIRED	
E2324	Power wheelchair accessory, chin cup for chin control interface	AUTH REQUIRED	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	AUTH REQUIRED	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	AUTH REQUIRED	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	AUTH REQUIRED	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	AUTH REQUIRED	
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	
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	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	AUTH REQUIRED	
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	AUTH REQUIRED	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	AUTH REQUIRED	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	AUTH REQUIRED	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	AUTH REQUIRED	
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	AUTH REQUIRED	

E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each	AUTH REQUIRED	
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	AUTH REQUIRED	
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each	AUTH REQUIRED	
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	AUTH REQUIRED	
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each	AUTH REQUIRED	
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	AUTH REQUIRED	
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	AUTH REQUIRED	
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	AUTH REQUIRED	
E2368	Power wheelchair component, drive wheel motor, replacement only	AUTH REQUIRED	
E2369	Power wheelchair component, drive wheel gear box, replacement only	AUTH REQUIRED	
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	AUTH REQUIRED	
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	AUTH REQUIRED	
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each	AUTH REQUIRED	
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	AUTH REQUIRED	
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	
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	AUTH REQUIRED	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	AUTH REQUIRED	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	AUTH REQUIRED	
E2378	Power wheelchair component, actuator, replacement only	AUTH REQUIRED	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	AUTH REQUIRED	

E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	AUTH REQUIRED	
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	AUTH REQUIRED	
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	AUTH REQUIRED	
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	AUTH REQUIRED	
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	AUTH REQUIRED	
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	AUTH REQUIRED	
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	AUTH REQUIRED	
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	AUTH REQUIRED	
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	AUTH REQUIRED	
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	AUTH REQUIRED	
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	AUTH REQUIRED	
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	AUTH REQUIRED	
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	AUTH REQUIRED	
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	AUTH REQUIRED	
E2397	Power wheelchair accessory, lithium-based battery, each	AUTH REQUIRED	
E2398	Wheelchair accessory, dynamic positioning hardware for back	AUTH REQUIRED	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	AUTH REQUIRED	
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time	AUTH REQUIRED	
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	
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	
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	AUTH REQUIRED	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	AUTH REQUIRED	

E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	AUTH REQUIRED	
E2511	Speech generating software program, for personal computer or personal digital assistant	AUTH REQUIRED	
E2512	Accessory for speech generating device, mounting system	AUTH REQUIRED	
E2599	Accessory for speech generating device, not otherwise classified	AUTH REQUIRED	
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	AUTH REQUIRED	
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED	
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	AUTH REQUIRED	
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	AUTH REQUIRED	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	AUTH REQUIRED	
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	AUTH REQUIRED	
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	AUTH REQUIRED	
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	AUTH REQUIRED	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	AUTH REQUIRED	
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	
E3000	Speech volume modulation system, any type, including all components and accessories	AUTH REQUIRED	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	NOT COVERED BY MEDICARE	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	NOT COVERED BY MEDICARE	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	NOT COVERED BY MEDICARE	

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	
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	
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	
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	
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. 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.</p> <p>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	
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019)	AUTH REQUIRED	

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	
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	AUTH REQUIRED	
G0027	Semen analysis; presence and/or motility of sperm excluding Huhner	AUTH REQUIRED	Payable on Institutional Claim Only
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

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. 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	
G0146	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	AUTH REQUIRED	
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only

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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
G0166	External counterpulsation, per treatment session	AUTH REQUIRED	
G0219	PET imaging whole body; melanoma for noncovered indications	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
G0235	PET imaging, any site, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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	
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	

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	
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 BY MEDICARE	Payable on Institutional Claim Only
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	AUTH REQUIRED	
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
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	AUTH REQUIRED	Payable on Institutional Claim Only
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 90 DAY CERTIFICATION PERIOD ---
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 90 DAY CERTIFICATION PERIOD ---
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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	
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	

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	
G0327	Colorectal cancer screening; blood-based biomarker	AUTH REQUIRED	Payable on Institutional Claim Only
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
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	Payable on Institutional Claim Only
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	AUTH REQUIRED	
G0378	Hospital observation service, per hour	AUTH REQUIRED	AUTH REQ only if > 48 HOURS --- Payable on Institutional Claim Only
G0379	Direct admission of patient for hospital observation care	AUTH REQUIRED	AUTH REQ only if > 48 HOURS --- Payable on Institutional Claim Only
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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	
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 --- Payable on Institutional Claim Only

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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
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	
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	
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	

G9012	Other specified case management service not elsewhere classified	AUTH REQUIRED	Payable on Institutional Claim Only
G9013	ESRD demo basic bundle Level I	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
G9014	ESRD demo expanded bundle including venous access and related services	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	AUTH REQUIRED	Payable on Institutional Claim Only
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 BY MEDICARE	Payable on Institutional Claim Only
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	

G9482	<p>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</p>	AUTH REQUIRED	
G9483	<p>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</p>	AUTH REQUIRED	
G9484	<p>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</p>	AUTH REQUIRED	

G9485	<p>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</p>	AUTH REQUIRED	
G9486	<p>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</p>	AUTH REQUIRED	
G9487	<p>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</p>	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	
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	
H0001	Alcohol and/or drug assessment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0002	Behavioral health screening to determine eligibility for admission to treatment program	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0004	Behavioral health counseling and therapy, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0005	Alcohol and/or drug services; group counseling by a clinician	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

H0006	Alcohol and/or drug services; case management	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0014	Alcohol and/or drug services; ambulatory detoxification	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0022	Alcohol and/or drug intervention service (planned facilitation)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
H0030	Behavioral health hotline service	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0031	Mental health assessment, by nonphysician	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0032	Mental health service plan development by nonphysician	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0033	Oral medication administration, direct observation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0034	Medication training and support, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0035	Mental health partial hospitalization, treatment, less than 24 hours	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0037	Community psychiatric supportive treatment program, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0038	Self-help/peer services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0039	Assertive community treatment, face-to-face, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0040	Assertive community treatment program, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0041	Foster care, child, nontherapeutic, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0042	Foster care, child, nontherapeutic, per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0043	Supported housing, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0044	Supported housing, per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0045	Respite care services, not in the home, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0046	Mental health services, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0047	Alcohol and/or other drug abuse services, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0049	Alcohol and/or drug screening	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H1000	Prenatal care, at-risk assessment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H1001	Prenatal care, at-risk enhanced service; antepartum management	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H1002	Prenatal care, at risk enhanced service; care coordination	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H1003	Prenatal care, at-risk enhanced service; education	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

H1004	Prenatal care, at-risk enhanced service; follow-up home visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H1010	Nonmedical family planning education, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H1011	Family assessment by licensed behavioral health professional for state defined purposes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2000	Comprehensive multidisciplinary evaluation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2001	Rehabilitation program, per 1/2 day	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2010	Comprehensive medication services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2011	Crisis intervention service, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2012	Behavioral health day treatment, per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2013	Psychiatric health facility service, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2014	Skills training and development, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2015	Comprehensive community support services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2016	Comprehensive community support services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2017	Psychosocial rehabilitation services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2018	Psychosocial rehabilitation services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2019	Therapeutic behavioral services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2020	Therapeutic behavioral services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2021	Community-based wrap-around services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2022	Community-based wrap-around services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2023	Supported employment, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2024	Supported employment, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2025	Ongoing support to maintain employment, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2026	Ongoing support to maintain employment, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2027	Psychoeducational service, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2028	Sexual offender treatment service, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2029	Sexual offender treatment service, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2030	Mental health clubhouse services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2031	Mental health clubhouse services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2032	Activity therapy, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2033	Multisystemic therapy for juveniles, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2034	Alcohol and/or drug abuse halfway house services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2035	Alcohol and/or other drug treatment program, per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2036	Alcohol and/or other drug treatment program, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2038	Skills training and development, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
J0130	Injection abciximab, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0172	Injection, aducanumab-avwa, 2 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0173	Injection, epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0174	Injection, lecanemab-irmb, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0179	Injection, brolocizumab-dbll, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD --- Payable on Institutional Claim Only
J0180	Injection, agalsidase beta, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0202	Injection, alemtuzumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ocrevus / Tyruko --- Payable on Institutional Claim Only
J0205	Injection, alglucerase, per 10 units	AUTH REQUIRED	Payable on Institutional Claim Only
J0208	Injection, sodium thiosulfate, 100 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0217	Injection, velmanase alfa-tycv, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0218	Injection, olipudase alfa-rpcp, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	AUTH REQUIRED	Payable on Institutional Claim Only
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0223	Injection, givosiran, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0224	Injection, lumasiran, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
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). --- Payable on Institutional Claim Only
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Prolastin-C/Zemaira --- Payable on Institutional Claim Only
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	Payable on Institutional Claim Only

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	Payable on Institutional Claim Only
J0283	Injection, amiodarone HCl (Nexterone), 30 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0364	Injection, apomorphine HCl, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0480	Injection, basiliximab, 20 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0490	Injection, belimumab, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0491	Injection, anifrolumab-fnia, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0565	Injection, bezlotoxumab, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0567	Injection, cerliponase alfa, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0584	Injection, burosumab-twza, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0585	Injection, onabotulinumtoxinA, 1 unit	AUTH REQUIRED	NON-PREFERRED Preferred = Dysport / Xeomin --- Payable on Institutional Claim Only
J0587	Injection, rimabotulinumtoxinB, 100 units	AUTH REQUIRED	NON-PREFERRED Preferred = Dysport / Xeomin --- Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	AUTH REQUIRED	Payable on Institutional Claim Only
J0597	Injection, C1 esterase inhibitor (human), Berinert, 10 units	AUTH REQUIRED	Payable on Institutional Claim Only
J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	AUTH REQUIRED	Payable on Institutional Claim Only
J0599	Injection, C1 esterase inhibitor (human), (Haegarda), 10 units	AUTH REQUIRED	Payable on Institutional Claim Only
J0600	Injection, edetate calcium disodium, up to 1,000 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0630	Injection, calcitonin salmon, up to 400 units	AUTH REQUIRED	Payable on Institutional Claim Only
J0638	Injection, canakinumab, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	AUTH REQUIRED	Payable on Institutional Claim Only
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only
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)	AUTH REQUIRED	Payable on Institutional Claim Only

J0791	Injection, crizanlizumab-tmca, 5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0801	Injection, corticotropin (Acthar Gel), up to 40 units	AUTH REQUIRED	Payable on Institutional Claim Only
J0802	Injection, corticotropin (ANI), up to 40 units	AUTH REQUIRED	Payable on Institutional Claim Only
J0875	Injection, dalbavancin, 5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
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> --- Payable on Institutional Claim Only
J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	AUTH REQUIRED	NON-PREFERRED Preferred = Aranesp / Retacrit --- Payable on Institutional Claim Only
J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use)	AUTH REQUIRED	NON-PREFERRED Preferred = Aranesp / Retacrit --- Payable on Institutional Claim Only
J0896	Injection, luspatercept-aamt, 0.25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
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 PREFERRED (NO AUTH REQ). --- --- Payable on Institutional Claim Only
J1105	Dexmedetomidine, oral, 1 mcg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J1290	Injection, ecallantide, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1301	Injection, edaravone, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1302	Injection, sutimlimab-jome, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1304	Injection, tofersen, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1305	Injection, evinacumab-dgnb, 5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1306	Injection, inclisiran, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1322	Injection, elosulfase alfa, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1324	Injection, enfuvirtide, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1325	Injection, epoprostenol, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1426	Injection, casimersen, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1427	Injection, viltolarsen, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1428	Injection, eteplirsen, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1429	Injection, golodirsen, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1436	Injection, etidronate disodium, per 300 mg	AUTH REQUIRED	Payable on Institutional Claim Only

J1437	Injection, ferric derisomaltose, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate --- Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
J1439	Injection, ferric carboxymaltose, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Infed / Venofer / Ferrlecit / Sodium Ferric Gluconate --- Payable on Institutional Claim Only
J1440	Fecal microbiota, live - jslm, 1 ml	AUTH REQUIRED	Payable on Institutional Claim Only
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio --- Payable on Institutional Claim Only
J1445	Injection, ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	AUTH REQUIRED	Payable on Institutional Claim Only
J1447	Injection, tbo-filgrastim, 1 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio --- Payable on Institutional Claim Only
J1448	Injection, trilaciclib, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1449	Injection, eflapegrastim-xnst, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo --- Payable on Institutional Claim Only
J1456	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1458	Injection, galsulfase, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1551	Injection, immune globulin (Cutaquig), 100 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Hizentra --- Payable on Institutional Claim Only
J1554	Injection, immune globulin (Asceniv), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen --- Payable on Institutional Claim Only
J1555	Injection, immune globulin (Cuvitru), 100 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Hizentra --- Payable on Institutional Claim Only

J1556	Injection, immune globulin (Bivigam), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen --- Payable on Institutional Claim Only
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen --- Payable on Institutional Claim Only
J1558	Injection, immune globulin (xembify), 100 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Hizentra --- Payable on Institutional Claim Only
J1562	Injection, immune globulin (Vivaglobin), 100 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen --- Payable on Institutional Claim Only
J1574	Injection, ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	AUTH REQUIRED	NON-PREFERRED Preferred = Hizentra --- Payable on Institutional Claim Only
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Flebogamma, Gammaked / Gamunex-C / Octagam / Privigen --- Payable on Institutional Claim Only
J1595	Injection, glatiramer acetate, 20 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1628	Injection, guselkumab, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1632	Injection, brexanolone, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1640	Injection, hemin, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1643	Injection, heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	AUTH REQUIRED	Payable on Institutional Claim Only
J1675	Injection, histrelin acetate, 10 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J1743	Injection, idursulfase, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1744	Injection, icatibant, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only

J1745	Injection, infliximab, excludes biosimilar, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Inflectra/Renflexis --- Payable on Institutional Claim Only
J1746	Injection, ibalizumab-uiyk, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1747	Injection, spesolimab-sbzo, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	AUTH REQUIRED	Payable on Institutional Claim Only
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units	AUTH REQUIRED	Payable on Institutional Claim Only
J1823	Injection, inebilizumab-cdon, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Soliris --- Payable on Institutional Claim Only
J1826	Injection, interferon beta-1a, 30 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
J1930	Injection, lanreotide, 1 mg	AUTH REQUIRED	THIS CODE IS USED FOR LANREOTIDE ACETATE AND SOMATULINE DEPOT. LANREOTIDE ACETATE IS NON-PREFERRED (AUTH REQ). SOMATULINE DEPOT IS PREFERRED (NO AUTH REQ). --- Payable on Institutional Claim Only
J1931	Injection, laronidase, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Eligard --- Payable on Institutional Claim Only
J1952	Leuprolide injectable, camcevi, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Eligard --- Payable on Institutional Claim Only
J1954	Injection, leuprolide acetate for depot suspension (Cipla), 7.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1961	Injection, lenacapavir, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2170	Injection, mecasermin, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2182	Injection, mepolizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fasenra / Xolair --- Payable on Institutional Claim Only
J2212	Injection, methylnaltrexone, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2311	Injection, naloxone HCl (Zimhi), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only

J2323	Injection, natalizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ocrevus / Tyruko --- Payable on Institutional Claim Only
J2325	Injection, nesiritide, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2326	Injection, nusinersen, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2329	Injection, ublituximab-xiiy, 1mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ocrevus / Tyruko --- Payable on Institutional Claim Only
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Somatuline Depot --- Payable on Institutional Claim Only
J2354	Injection, octreotide, nondepot form for subcutaneous or intravenous injection, 25 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J2356	Injection, tezepelumab-ekko, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fasenra / Xolair --- Payable on Institutional Claim Only
J2402	Injection, chlorprocaine HCl (Clorotekal), per 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2403	Chlorprocaine HCl ophthalmic, 3% gel, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2426	Injection, paliperidone palmitate extended release (Invega Sustenna), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2427	Injection, paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2502	Injection, pasireotide long acting, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Somatuline Depot --- Payable on Institutional Claim Only
J2503	Injection, pegaptanib sodium, 0.3 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2504	Injection, pegademase bovine, 25 IU	AUTH REQUIRED	Payable on Institutional Claim Only
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo --- Payable on Institutional Claim Only
J2507	Injection, pegloticase, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2562	Injection, plerixafor, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2724	Injection, protein C concentrate, intravenous, human, 10 IU	AUTH REQUIRED	Payable on Institutional Claim Only
J2760	Injection, phentolamine mesylate, up to 5 mg	AUTH REQUIRED	Payable on Institutional Claim Only

J2777	Injection, faricimab-svoa, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD --- Payable on Institutional Claim Only
J2778	Injection, ranibizumab, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD --- Payable on Institutional Claim Only
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD --- Payable on Institutional Claim Only
J2783	Injection, rasburicase, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2786	Injection, reslizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fasenra / Xolair --- Payable on Institutional Claim Only
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml	AUTH REQUIRED	Payable on Institutional Claim Only
J2793	Injection, riloncept, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2797	Injection, rolapitant, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2820	Injection, sargramostim (GM-CSF), 50 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio --- Payable on Institutional Claim Only
J2840	Injection, sebelipase alfa, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2860	Injection, siltuximab, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2940	Injection, somatrem, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2941	Injection, somatropin, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2998	Injection, plasminogen, human-tvmh, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
J3032	Injection, eptinezumab-jjmr, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J3110	Injection, teriparatide, 10 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J3111	Injection, romosozumab-aqqg, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Prolia / Zoledronic Acid --- Payable on Institutional Claim Only
J3241	Injection, teprotumumab-trbw, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J3244	Injection, tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only

J3245	Injection, tildrakizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio --- Payable on Institutional Claim Only
J3262	Injection, tocilizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio --- Payable on Institutional Claim Only
J3285	Injection, trestatinil, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J3299	Injection, triamcinolone acetonide (Xipere), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J3315	Injection, triptorelin pamoate, 3.75 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Eligard --- Payable on Institutional Claim Only
J3316	Injection, triptorelin, extended-release, 3.75 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J3355	Injection, urofollitropin, 75 IU	AUTH REQUIRED	Payable on Institutional Claim Only
J3357	Ustekinumab, for subcutaneous injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio --- Payable on Institutional Claim Only
J3358	Ustekinumab, for intravenous injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Simponi Aria / Entyvio --- Payable on Institutional Claim Only
J3385	Injection, velaglucerase alfa, 100 units	AUTH REQUIRED	NON-PREFERRED Preferred = Elelyso / Cerezyme --- Payable on Institutional Claim Only
J3397	Injection, vestronidase alfa-vjvk, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	AUTH REQUIRED	Payable on Institutional Claim Only
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml	AUTH REQUIRED	Payable on Institutional Claim Only
J3490	Unclassified drugs	AUTH REQUIRED	Payable on Institutional Claim Only
J3520	Edetate disodium, per 150 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J3535	Drug administered through a metered dose inhaler	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J3570	Laetrile, amygdalin, vitamin B-17	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J3590	Unclassified biologics	AUTH REQUIRED	Payable on Institutional Claim Only
J7170	Injection, emicizumab-kxwh, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7175	Injection, Factor X, (human), 1 IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7179	Injection, von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo	AUTH REQUIRED	Payable on Institutional Claim Only
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 IU	AUTH REQUIRED	Payable on Institutional Claim Only

J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	AUTH REQUIRED	NON-PREFERRED Preferred = Kovaltry / Afstyla --- Payable on Institutional Claim Only
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	AUTH REQUIRED	Payable on Institutional Claim Only
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	AUTH REQUIRED	NON-PREFERRED Preferred = Kovaltry / Afstyla --- Payable on Institutional Claim Only
J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7187	Injection, von Willebrand factor complex (Humate-P), per IU VWF:RCO	AUTH REQUIRED	Payable on Institutional Claim Only
J7188	Injection, Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7189	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J7190	Factor VIII (antihemophilic factor, human) per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7191	Factor VIII (antihemophilic factor (porcine)), per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7192	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified	AUTH REQUIRED	NON-PREFERRED Preferred = Kovaltry / Afstyla --- Payable on Institutional Claim Only
J7193	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7194	Factor IX complex, per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	AUTH REQUIRED	Payable on Institutional Claim Only
J7198	Antiinhibitor, per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebiny), 1 IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	AUTH REQUIRED	Payable on Institutional Claim Only
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	AUTH REQUIRED	NON-PREFERRED Preferred = Kovaltry / Afstyla --- Payable on Institutional Claim Only
J7212	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J7213	Injection, coagulation factor IX (recombinant), Ixinity, 1 IU	AUTH REQUIRED	Payable on Institutional Claim Only

J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7300	Intrauterine copper contraceptive	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7304	Contraceptive supply, hormone containing patch, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc --- Payable on Institutional Claim Only
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc --- Payable on Institutional Claim Only
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc --- Payable on Institutional Claim Only
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc --- Payable on Institutional Claim Only
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED Preferred = Durolane / Synvisc-One --- Payable on Institutional Claim Only

J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	AUTH REQUIRED	NON-PREFERRED Preferred = Durolane / Synvisc-One --- Payable on Institutional Claim Only
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc --- Payable on Institutional Claim Only
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc --- Payable on Institutional Claim Only
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Euflexxa / Synvisc --- Payable on Institutional Claim Only
J7336	Capsaicin 8% patch, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
J7352	Afamelanotide implant, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7513	Daclizumab, parenteral, 25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7599	Immunosuppressive drug, not otherwise classified	AUTH REQUIRED	Payable on Institutional Claim Only
J7677	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7699	NOC drugs, inhalation solution administered through DME	AUTH REQUIRED	Payable on Institutional Claim Only
J7799	NOC drugs, other than inhalation drugs, administered through DME	AUTH REQUIRED	Payable on Institutional Claim Only
J7999	Compounded drug, not otherwise classified	AUTH REQUIRED	Payable on Institutional Claim Only
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	AUTH REQUIRED	Payable on Institutional Claim Only
J8499	Prescription drug, oral, nonchemotherapeutic, NOS	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J8515	Cabergoline, oral, 0.25 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J8565	Gefitinib, oral, 250 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J8597	Antiemetic drug, oral, not otherwise specified	AUTH REQUIRED	Payable on Institutional Claim Only
J8999	Prescription drug, oral, chemotherapeutic, NOS	AUTH REQUIRED	Payable on Institutional Claim Only
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	AUTH REQUIRED	Payable on Institutional Claim Only
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	AUTH REQUIRED	Payable on Institutional Claim Only

J9021	Injection, asparaginase, recombinant, (Rylaze), 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9022	Injection, atezolizumab, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Libtayo --- Payable on Institutional Claim Only
J9023	Injection, avelumab, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose	AUTH REQUIRED	Payable on Institutional Claim Only
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. ---
J9039	Injection, blinatumomab, 1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
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). --- Payable on Institutional Claim Only
J9042	Injection, brentuximab vedotin, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9043	Injection, cabazitaxel, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9046	Injection, bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9047	Injection, carfilzomib, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Bortezomib --- Payable on Institutional Claim Only
J9048	Injection, bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9049	Injection, bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9055	Injection, cetuximab, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9061	Injection, amivantamab-vmjw, 2 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only

J9118	Injection, calaspargase pegol-mknl, 10 units	AUTH REQUIRED	Payable on Institutional Claim Only
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	AUTH REQUIRED	Payable on Institutional Claim Only
J9145	Injection, daratumumab, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Bortezomib --- Payable on Institutional Claim Only
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	AUTH REQUIRED	Payable on Institutional Claim Only
J9173	Injection, durvalumab, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Libtayo --- Payable on Institutional Claim Only
J9176	Injection, elotuzumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Bortezomib --- Payable on Institutional Claim Only
J9177	Injection, enfortumab vedotin-efv, 0.25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9196	Injection, gemcitabine HCl (Accord), not therapeutically equivalent to J9201, 200 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9202	Goserelin acetate implant, per 3.6 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Eligard --- Payable on Institutional Claim Only
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9204	Injection, mogamulizumab-kpkc, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9210	Injection, emapalumab-lzsg, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9216	Injection, interferon, gamma 1-b, 3 million units	AUTH REQUIRED	Payable on Institutional Claim Only
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). --- Payable on Institutional Claim Only
J9218	Leuprolide acetate, per 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9219	Leuprolide acetate implant, 65 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9223	Injection, lurbinectedin, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9225	Histrelin implant (Vantas), 50 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9226	Histrelin implant (Supprelin LA), 50 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9227	Injection, isatuximab-irfc, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Bortezomib --- Payable on Institutional Claim Only
J9228	Injection, ipilimumab, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9246	Injection, melphalan (Evomela), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only

J9264	Injection, paclitaxel protein-bound particles, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Docetaxel / Paclitaxel --- Payable on Institutional Claim Only
J9266	Injection, pegaspargase, per single dose vial	AUTH REQUIRED	Payable on Institutional Claim Only
J9269	Injection, tagraxofusp-erzs, 10 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J9271	Injection, pembrolizumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Libtayo --- Payable on Institutional Claim Only
J9272	Injection, dostarlimab-gxly, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9273	Injection, tisotumab vedotin-tftv, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9274	Injection, tebentafusp-tebn, 1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J9281	Mitomycin pyelocalyceal instillation, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9286	Injection, glofitamab-gxbm, 2.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9299	Injection, nivolumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Libtayo --- Payable on Institutional Claim Only
J9302	Injection, ofatumumab, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9303	Injection, panitumumab, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9304	Injection, pemetrexed (Pemfexy), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Pemetrexed (J9294) --- Payable on Institutional Claim Only
J9305	Injection, pemetrexed, NOS, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Pemetrexed (J9294) --- Payable on Institutional Claim Only
J9306	Injection, pertuzumab, 1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Phesgo --- Payable on Institutional Claim Only
J9307	Injection, pralatrexate, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9308	Injection, ramucirumab, 5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9311	Injection, rituximab 10 mg and hyaluronidase	AUTH REQUIRED	NON-PREFERRED Preferred = Ruxience / Truxima --- Payable on Institutional Claim Only

J9312	Injection, rituximab, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ruxience / Truxima --- Payable on Institutional Claim Only
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9321	Injection, epcoritamab-bysp, 0.16 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9322	Injection, pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9323	Injection, pemetrexed ditromethamine, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	AUTH REQUIRED	Payable on Institutional Claim Only
J9331	Injection, sirolimus protein-bound particles, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9332	Injection, efgartigimod alfa-fcab, 2 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9333	Injection, rozanolixizumab-noli, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	AUTH REQUIRED	Payable on Institutional Claim Only
J9345	Injection, retifanlimab-dlwr, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9347	Injection, tremelimumab-actl, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9348	Injection, naxitamab-gqgk, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9349	Injection, tafasitamab-cxix, 2 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9350	Injection, mosunetuzumab-axgb, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9354	Injection, ado-trastuzumab emtansine, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera --- Payable on Institutional Claim Only
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk	AUTH REQUIRED	NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera --- Payable on Institutional Claim Only
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9380	Injection, teclistamab-cqyv, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9381	Injection, teplizumab-mzww, 5 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J9393	Injection, fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9394	Injection, fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9999	Not otherwise classified, antineoplastic drugs	AUTH REQUIRED	Payable on Institutional Claim Only
K0002	Standard hemi (low seat) wheelchair	AUTH REQUIRED	
K0003	Lightweight wheelchair	AUTH REQUIRED	

K0004	High strength, lightweight wheelchair	AUTH REQUIRED	
K0005	Ultralightweight wheelchair	AUTH REQUIRED	
K0006	Heavy-duty wheelchair	AUTH REQUIRED	
K0007	Extra heavy-duty wheelchair	AUTH REQUIRED	
K0008	Custom manual wheelchair/base	AUTH REQUIRED	
K0009	Other manual wheelchair/base	AUTH REQUIRED	
K0010	Standard-weight frame motorized/power wheelchair	AUTH REQUIRED	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	AUTH REQUIRED	
K0012	Lightweight portable motorized/power wheelchair	AUTH REQUIRED	
K0013	Custom motorized/power wheelchair base	AUTH REQUIRED	
K0015	Detachable, nonadjustable height armrest, each	AUTH REQUIRED	
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	AUTH REQUIRED	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	AUTH REQUIRED	
K0607	Replacement battery for automated external defibrillator, garment type only, each	AUTH REQUIRED	
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	AUTH REQUIRED	
K0730	Controlled dose inhalation drug delivery system	AUTH REQUIRED	
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	AUTH REQUIRED	
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	NOT COVERED BY MEDICARE	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	

K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	AUTH REQUIRED	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	

K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	AUTH REQUIRED	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	AUTH REQUIRED	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	AUTH REQUIRED	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	AUTH REQUIRED	

K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	AUTH REQUIRED	
K0900	Customized durable medical equipment, other than wheelchair	AUTH REQUIRED	
K1004	Low frequency ultrasonic diathermy treatment device for home use	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	
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	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	
L0170	Cervical, collar, molded to patient model	AUTH REQUIRED	
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	AUTH REQUIRED	
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	AUTH REQUIRED	
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	
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	

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	
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	
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	
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	

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	
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	
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	
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	
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	

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	
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	
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	
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	
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	

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	
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	
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	
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	
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	

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	
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	
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	
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	
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	
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	AUTH REQUIRED	
L0710	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	AUTH REQUIRED	
L0810	Halo procedure, cervical halo incorporated into jacket vest	AUTH REQUIRED	

L0820	Halo procedure, cervical halo incorporated into plaster body jacket	AUTH REQUIRED	
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthotic	AUTH REQUIRED	
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	AUTH REQUIRED	
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	AUTH REQUIRED	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	AUTH REQUIRED	
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	AUTH REQUIRED	
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure	AUTH REQUIRED	
L1300	Other scoliosis procedure, body jacket molded to patient model	AUTH REQUIRED	
L1310	Other scoliosis procedure, postoperative body jacket	AUTH REQUIRED	
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	AUTH REQUIRED	
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	
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	
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	AUTH REQUIRED	
L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	AUTH REQUIRED	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	AUTH REQUIRED	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	AUTH REQUIRED	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	AUTH REQUIRED	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	AUTH REQUIRED	

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	
L1833	Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	AUTH REQUIRED	
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	AUTH REQUIRED	
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	AUTH REQUIRED	
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	
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	
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	
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	
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	
L1848	Knee orthosis (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	AUTH REQUIRED	
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	

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	
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	AUTH REQUIRED	
L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	AUTH REQUIRED	
L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	AUTH REQUIRED	
L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	AUTH REQUIRED	
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	AUTH REQUIRED	
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	AUTH REQUIRED	
L1951	Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	AUTH REQUIRED	
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	AUTH REQUIRED	
L1971	Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	AUTH REQUIRED	
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	
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	
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	
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	

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	
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	
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	
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	
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	
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	AUTH REQUIRED	
L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	AUTH REQUIRED	
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	AUTH REQUIRED	
L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	AUTH REQUIRED	
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	AUTH REQUIRED	
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	AUTH REQUIRED	
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	AUTH REQUIRED	
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	AUTH REQUIRED	
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	AUTH REQUIRED	

L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	AUTH REQUIRED	
L2340	Addition to lower extremity, pretibial shell, molded to patient model	AUTH REQUIRED	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	AUTH REQUIRED	
L2510	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model	AUTH REQUIRED	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	AUTH REQUIRED	
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	AUTH REQUIRED	
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each	AUTH REQUIRED	
L2580	Addition to lower extremity, pelvic control, pelvic sling	AUTH REQUIRED	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	AUTH REQUIRED	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	AUTH REQUIRED	
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	NOT COVERED BY MEDICARE	
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	AUTH REQUIRED	
L3001	Foot, insert, removable, molded to patient model, Spenco, each	AUTH REQUIRED	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	AUTH REQUIRED	
L3003	Foot insert, removable, molded to patient model, silicone gel, each	AUTH REQUIRED	
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	AUTH REQUIRED	
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	AUTH REQUIRED	
L3030	Foot insert, removable, formed to patient foot, each	AUTH REQUIRED	
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	AUTH REQUIRED	
L3040	Foot, arch support, removable, premolded, longitudinal, each	AUTH REQUIRED	
L3050	Foot, arch support, removable, premolded, metatarsal, each	AUTH REQUIRED	

L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	AUTH REQUIRED	
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each	AUTH REQUIRED	
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each	AUTH REQUIRED	
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	AUTH REQUIRED	
L3100	Hallus-valgus night dynamic splint, prefabricated, off-the-shelf	AUTH REQUIRED	
L3140	Foot, abduction rotation bar, including shoes	AUTH REQUIRED	
L3150	Foot, abduction rotation bar, without shoes	AUTH REQUIRED	
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	AUTH REQUIRED	
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	
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	
L3208	Surgical boot, each, infant	AUTH REQUIRED	
L3209	Surgical boot, each, child	AUTH REQUIRED	
L3212	Benesch boot, pair, infant	AUTH REQUIRED	
L3213	Benesch boot, pair, child	AUTH REQUIRED	
L3215	Orthopedic footwear, ladies shoe, Oxford, each	NOT COVERED BY MEDICARE	
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	NOT COVERED BY MEDICARE	
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	NOT COVERED BY MEDICARE	
L3219	Orthopedic footwear, mens shoe, Oxford, each	NOT COVERED BY MEDICARE	
L3221	Orthopedic footwear, mens shoe, depth inlay, each	NOT COVERED BY MEDICARE	
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	NOT COVERED BY MEDICARE	
L3230	Orthopedic footwear, custom shoe, depth inlay, each	AUTH REQUIRED	
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	AUTH REQUIRED	
L3251	Foot, shoe molded to patient model, silicone shoe, each	AUTH REQUIRED	
L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	AUTH REQUIRED	
L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	AUTH REQUIRED	
L3254	Nonstandard size or width	AUTH REQUIRED	
L3255	Nonstandard size or length	AUTH REQUIRED	
L3257	Orthopedic footwear, additional charge for split size	AUTH REQUIRED	
L3300	Lift, elevation, heel, tapered to metatarsals, per in	AUTH REQUIRED	

L3310	Lift, elevation, heel and sole, neoprene, per in	AUTH REQUIRED	
L3320	Lift, elevation, heel and sole, cork, per in	AUTH REQUIRED	
L3330	Lift, elevation, metal extension (skate)	AUTH REQUIRED	
L3334	Lift, elevation, heel, per in	AUTH REQUIRED	
L3340	Heel wedge, SACH	AUTH REQUIRED	
L3350	Heel wedge	AUTH REQUIRED	
L3360	Sole wedge, outside sole	AUTH REQUIRED	
L3370	Sole wedge, between sole	AUTH REQUIRED	
L3380	Clubfoot wedge	AUTH REQUIRED	
L3390	Outflare wedge	AUTH REQUIRED	
L3400	Metatarsal bar wedge, rocker	AUTH REQUIRED	
L3410	Metatarsal bar wedge, between sole	AUTH REQUIRED	
L3420	Full sole and heel wedge, between sole	AUTH REQUIRED	
L3430	Heel, counter, plastic reinforced	AUTH REQUIRED	
L3440	Heel, counter, leather reinforced	AUTH REQUIRED	
L3450	Heel, SACH cushion type	AUTH REQUIRED	
L3455	Heel, new leather, standard	AUTH REQUIRED	
L3460	Heel, new rubber, standard	AUTH REQUIRED	
L3465	Heel, Thomas with wedge	AUTH REQUIRED	
L3470	Heel, Thomas extended to ball	AUTH REQUIRED	
L3480	Heel, pad and depression for spur	AUTH REQUIRED	
L3485	Heel, pad, removable for spur	AUTH REQUIRED	
L3500	Orthopedic shoe addition, insole, leather	AUTH REQUIRED	
L3510	Orthopedic shoe addition, insole, rubber	AUTH REQUIRED	
L3520	Orthopedic shoe addition, insole, felt covered with leather	AUTH REQUIRED	
L3530	Orthopedic shoe addition, sole, half	AUTH REQUIRED	
L3540	Orthopedic shoe addition, sole, full	AUTH REQUIRED	
L3550	Orthopedic shoe addition, toe tap, standard	AUTH REQUIRED	
L3560	Orthopedic shoe addition, toe tap, horseshoe	AUTH REQUIRED	
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	AUTH REQUIRED	
L3580	Orthopedic shoe addition, convert instep to Velcro closure	AUTH REQUIRED	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	AUTH REQUIRED	
L3595	Orthopedic shoe addition, March bar	AUTH REQUIRED	
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	AUTH REQUIRED	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	AUTH REQUIRED	

L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	AUTH REQUIRED	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	AUTH REQUIRED	
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	AUTH REQUIRED	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	AUTH REQUIRED	
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
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	
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	AUTH REQUIRED	
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	AUTH REQUIRED	
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	AUTH REQUIRED	
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
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	
L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	AUTH REQUIRED	
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	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	NOT COVERED 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	

L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	AUTH REQUIRED	
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	AUTH REQUIRED	
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	
L3956	Addition of joint to upper extremity orthosis, any material; per joint	AUTH REQUIRED	
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
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	
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	

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	
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	
L4000	Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSO) or spinal orthosis SO)	AUTH REQUIRED	
L4002	Replacement strap, any orthosis, includes all components, any length, any type	AUTH REQUIRED	
L4010	Replace trilateral socket brim	AUTH REQUIRED	
L4020	Replace quadrilateral socket brim, molded to patient model	AUTH REQUIRED	
L4210	Repair of orthotic device, repair or replace minor parts	AUTH REQUIRED	
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	
L5010	Partial foot, molded socket, ankle height, with toe filler	AUTH REQUIRED	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	AUTH REQUIRED	
L5050	Ankle, Symes, molded socket, SACH foot	AUTH REQUIRED	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH)	AUTH REQUIRED	
L5100	Below knee (BK), molded socket, shin, SACH foot	AUTH REQUIRED	
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	AUTH REQUIRED	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	AUTH REQUIRED	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	AUTH REQUIRED	
L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	AUTH REQUIRED	
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	AUTH REQUIRED	
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED	

L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	AUTH REQUIRED	
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	AUTH REQUIRED	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	AUTH REQUIRED	
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	AUTH REQUIRED	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	AUTH REQUIRED	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	AUTH REQUIRED	
L5400	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	AUTH REQUIRED	
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	
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	
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	
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	AUTH REQUIRED	
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	AUTH REQUIRED	
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	AUTH REQUIRED	
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	AUTH REQUIRED	
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	AUTH REQUIRED	
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	AUTH REQUIRED	
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	AUTH REQUIRED	

L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	AUTH REQUIRED	
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	AUTH REQUIRED	
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	AUTH REQUIRED	
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	
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	AUTH REQUIRED	
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	AUTH REQUIRED	
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	AUTH REQUIRED	
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	AUTH REQUIRED	
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracadence system	AUTH REQUIRED	
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	AUTH REQUIRED	
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	AUTH REQUIRED	
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	AUTH REQUIRED	
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	AUTH REQUIRED	
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	AUTH REQUIRED	
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	AUTH REQUIRED	
L5626	Addition to lower extremity, test socket, hip disarticulation	AUTH REQUIRED	
L5628	Addition to lower extremity, test socket, hemipelvectomy	AUTH REQUIRED	
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	AUTH REQUIRED	
L5638	Addition to lower extremity, below knee (BK), leather socket	AUTH REQUIRED	

L5639	Addition to lower extremity, below knee (BK), wood socket	AUTH REQUIRED	
L5640	Addition to lower extremity, knee disarticulation, leather socket	AUTH REQUIRED	
L5642	Addition to lower extremity, above knee (AK), leather socket	AUTH REQUIRED	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	AUTH REQUIRED	
L5644	Addition to lower extremity, above knee (AK), wood socket	AUTH REQUIRED	
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	AUTH REQUIRED	
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	AUTH REQUIRED	
L5647	Addition to lower extremity, below knee (BK), suction socket	AUTH REQUIRED	
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	AUTH REQUIRED	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	AUTH REQUIRED	
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	AUTH REQUIRED	
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	AUTH REQUIRED	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	AUTH REQUIRED	
L5661	Addition to lower extremity, socket insert, multidurometer Symes	AUTH REQUIRED	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	AUTH REQUIRED	
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	AUTH REQUIRED	
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	
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	AUTH REQUIRED	
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	
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	

L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	AUTH REQUIRED	
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	
L5700	Replacement, socket, below knee (BK), molded to patient model	AUTH REQUIRED	
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	AUTH REQUIRED	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	AUTH REQUIRED	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	AUTH REQUIRED	
L5704	Custom shaped protective cover, below knee (BK)	AUTH REQUIRED	
L5705	Custom shaped protective cover, above knee (AK)	AUTH REQUIRED	
L5706	Custom shaped protective cover, knee disarticulation	AUTH REQUIRED	
L5707	Custom shaped protective cover, hip disarticulation	AUTH REQUIRED	
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	AUTH REQUIRED	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	AUTH REQUIRED	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	AUTH REQUIRED	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	AUTH REQUIRED	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	AUTH REQUIRED	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	AUTH REQUIRED	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	AUTH REQUIRED	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	AUTH REQUIRED	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	AUTH REQUIRED	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	AUTH REQUIRED	
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	

L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	AUTH REQUIRED	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	AUTH REQUIRED	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	AUTH REQUIRED	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	AUTH REQUIRED	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	AUTH REQUIRED	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	AUTH REQUIRED	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	AUTH REQUIRED	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	AUTH REQUIRED	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	AUTH REQUIRED	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	AUTH REQUIRED	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	AUTH REQUIRED	
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	AUTH REQUIRED	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	AUTH REQUIRED	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	AUTH REQUIRED	
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	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	AUTH REQUIRED	
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	AUTH REQUIRED	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	AUTH REQUIRED	
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	AUTH REQUIRED	

L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	AUTH REQUIRED	
L5930	Addition, endoskeletal system, high activity knee control frame	AUTH REQUIRED	
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	AUTH REQUIRED	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	AUTH REQUIRED	
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	AUTH REQUIRED	
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	AUTH REQUIRED	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	AUTH REQUIRED	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	AUTH REQUIRED	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	AUTH REQUIRED	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	AUTH REQUIRED	
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	AUTH REQUIRED	
L5980	All lower extremity prostheses, flex-foot system	AUTH REQUIRED	
L5981	All lower extremity prostheses, flex-walk system or equal	AUTH REQUIRED	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	AUTH REQUIRED	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	AUTH REQUIRED	
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	AUTH REQUIRED	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	AUTH REQUIRED	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	AUTH REQUIRED	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	AUTH REQUIRED	
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	AUTH REQUIRED	
L6000	Partial hand, thumb remaining	AUTH REQUIRED	
L6010	Partial hand, little and/or ring finger remaining	AUTH REQUIRED	

L6020	Partial hand, no finger remaining	AUTH REQUIRED	
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	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	AUTH REQUIRED	
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	AUTH REQUIRED	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	AUTH REQUIRED	
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	AUTH REQUIRED	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	AUTH REQUIRED	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	AUTH REQUIRED	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	AUTH REQUIRED	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	AUTH REQUIRED	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	AUTH REQUIRED	
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	AUTH REQUIRED	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	AUTH REQUIRED	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	AUTH REQUIRED	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	AUTH REQUIRED	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	AUTH REQUIRED	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	AUTH REQUIRED	
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	
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	
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	

L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	AUTH REQUIRED	
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	
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	
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	
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	
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	
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	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	AUTH REQUIRED	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	AUTH REQUIRED	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	AUTH REQUIRED	
L6625	Upper extremity addition, rotation wrist unit with cable lock	AUTH REQUIRED	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	AUTH REQUIRED	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	AUTH REQUIRED	

L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	AUTH REQUIRED	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	AUTH REQUIRED	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	AUTH REQUIRED	
L6686	Upper extremity addition, suction socket	AUTH REQUIRED	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	AUTH REQUIRED	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	AUTH REQUIRED	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	AUTH REQUIRED	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	AUTH REQUIRED	
L6692	Upper extremity addition, silicone gel insert or equal, each	AUTH REQUIRED	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	AUTH REQUIRED	
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	
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	
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	
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	
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	AUTH REQUIRED	
L6704	Terminal device, sport/recreational/work attachment, any material, any size	AUTH REQUIRED	
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	AUTH REQUIRED	
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	AUTH REQUIRED	

L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	AUTH REQUIRED	
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	AUTH REQUIRED	
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	AUTH REQUIRED	
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	AUTH REQUIRED	
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	AUTH REQUIRED	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	AUTH REQUIRED	
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	AUTH REQUIRED	
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	AUTH REQUIRED	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	AUTH REQUIRED	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	AUTH REQUIRED	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	AUTH REQUIRED	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	AUTH REQUIRED	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	AUTH REQUIRED	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	AUTH REQUIRED	
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	AUTH REQUIRED	
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	AUTH REQUIRED	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	AUTH REQUIRED	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	AUTH REQUIRED	
L6915	Hand restoration (shading and measurements included), replacement glove for above	AUTH REQUIRED	
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	

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	
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	
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	
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	
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	
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	
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	
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	
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	
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	

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	
L7007	Electric hand, switch or myoelectric controlled, adult	AUTH REQUIRED	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	AUTH REQUIRED	
L7009	Electric hook, switch or myoelectric controlled, adult	AUTH REQUIRED	
L7040	Prehensile actuator, switch controlled	AUTH REQUIRED	
L7045	Electric hook, switch or myoelectric controlled, pediatric	AUTH REQUIRED	
L7170	Electronic elbow, Hosmer or equal, switch controlled	AUTH REQUIRED	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	AUTH REQUIRED	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	AUTH REQUIRED	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	AUTH REQUIRED	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	AUTH REQUIRED	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	AUTH REQUIRED	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	AUTH REQUIRED	
L7259	Electronic wrist rotator, any type	AUTH REQUIRED	
L7364	Twelve volt battery, each	AUTH REQUIRED	
L7366	Battery charger, 12 volt, each	AUTH REQUIRED	
L7368	Lithium ion battery charger, replacement only	AUTH REQUIRED	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	AUTH REQUIRED	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	AUTH REQUIRED	
L7510	Repair of prosthetic device, repair or replace minor parts	AUTH REQUIRED	
L7600	Prosthetic donning sleeve, any material, each	NOT COVERED BY MEDICARE	
L7900	Male vacuum erection system	NOT COVERED BY MEDICARE	
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	NOT COVERED BY MEDICARE	
L8010	Breast prosthesis, mastectomy sleeve	AUTH REQUIRED	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	AUTH REQUIRED	
L8040	Nasal prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8041	Midfacial prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8042	Orbital prosthesis, provided by a nonphysician	AUTH REQUIRED	

L8043	Upper facial prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8044	Hemi-facial prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8045	Auricular prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8046	Partial facial prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8047	Nasal septal prosthesis, provided by a nonphysician	AUTH REQUIRED	
L8499	Unlisted procedure for miscellaneous prosthetic services	AUTH REQUIRED	
L8500	Artificial larynx, any type	AUTH REQUIRED	
L8600	Implantable breast prosthesis, silicone or equal	AUTH REQUIRED	
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	
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	AUTH REQUIRED	
L8609	Artificial cornea	AUTH REQUIRED	
L8610	Ocular implant	AUTH REQUIRED	
L8614	Cochlear device, includes all internal and external components	AUTH REQUIRED	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	AUTH REQUIRED	
L8627	Cochlear implant, external speech processor, component, replacement	AUTH REQUIRED	
L8628	Cochlear implant, external controller component, replacement	AUTH REQUIRED	
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	
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	
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	AUTH REQUIRED	
L8679	Implantable neurostimulator, pulse generator, any type	AUTH REQUIRED	
L8680	Implantable neurostimulator electrode, each	NOT COVERED BY MEDICARE	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	AUTH REQUIRED	
L8682	Implantable neurostimulator radiofrequency receiver	AUTH REQUIRED	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	AUTH REQUIRED	

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 COVERED BY MEDICARE	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	NOT COVERED BY MEDICARE	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	NOT COVERED BY MEDICARE	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	NOT COVERED BY MEDICARE	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	AUTH REQUIRED	
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 BY MEDICARE	
L8693	Auditory osseointegrated device abutment, any length, replacement only	AUTH REQUIRED	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	AUTH REQUIRED	
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	AUTH REQUIRED	
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	
M0075	Cellular therapy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
M0076	Prolotherapy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
M0100	Intragastric hypothermia using gastric freezing	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
M0300	IV chelation therapy (chemical endarterectomy)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
M0301	Fabric wrapping of abdominal aneurysm	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
P2031	Hair analysis (excluding arsenic)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
P7001	Culture, bacterial, urine; quantitative, sensitivity study	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

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 --- Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 g	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0488	Power pack base for use with electric ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	AUTH REQUIRED	Payable on Institutional Claim Only
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	AUTH REQUIRED	Payable on Institutional Claim Only

Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	AUTH REQUIRED	Payable on Institutional Claim Only
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	AUTH REQUIRED	Payable on Institutional Claim Only
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
Q0515	Injection, sermorelin acetate, 1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice	AUTH REQUIRED	Payable on Institutional Claim Only
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice	AUTH REQUIRED	Payable on Institutional Claim Only
Q2026	Injection, Radiesse, 0.1 ml	AUTH REQUIRED	Payable on Institutional Claim Only
Q2028	Injection, sculptra, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
Q2052	Services, supplies and accessories used in the home for the administration of intravenous immune globulin (IVIG)	AUTH REQUIRED	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only

Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	AUTH REQUIRED	Payable on Institutional Claim Only
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	AUTH REQUIRED	Payable on Institutional Claim Only
Q4050	Cast supplies, for unlisted types and materials of casts	AUTH REQUIRED	Payable on Institutional Claim Only
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	AUTH REQUIRED	NON-PREFERRED Preferred = Aranesp / Retacrit --- Payable on Institutional Claim Only
Q4100	Skin substitute, not otherwise specified	AUTH REQUIRED	Payable on Institutional Claim Only
Q4101	Apligraf, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4102	Oasis wound matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4103	Oasis burn matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4104	Integra bilayer matrix wound dressing (BMWd), per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only

Q4106	Dermagraft, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4107	GRAFTJACKET, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4108	Integra matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4110	PriMatrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4111	GammaGraft, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4112	Cymetra, injectable, 1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4114	Integra flowable wound matrix, injectable, 1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4115	AlloSkin, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4116	AlloDerm, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4117	HYALOMATRIX, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4118	MatriStem micromatrix, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4121	TheraSkin, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4123	AlloSkin RT, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4125	ArthroFlex, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4127	Talymed, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4128	FlexHD, or AllopatchHD, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4130	Strattice TM, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4132	Grafix Core and GrafixPL Core, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4134	HMatrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4135	Mediskin, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4136	E-Z Derm, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4138	BioDFence DryFlex, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4140	BioDFence, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4141	AlloSkin AC, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4142	XCM biologic tissue matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4143	Repriza, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4145	EpiFix, injectable, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4146	Tensix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only

Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4149	Excellagen, 0.1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4150	AlloWrap DS or dry, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4151	AmnioBand or Guardian, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4152	DermaPure, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4153	Dermavest and Plurivest, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4154	Biovance, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4155	Neox Flo or Clarix Flo 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4156	Neox 100 or Clarix 100, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4157	Revitalon, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4158	Kerecis Omega3, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4159	Affinity, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4160	Nushield, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4161	bio-ConneKt wound matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4163	WoundEx, BioSkin, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4164	Helicoll, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4165	Keramatrix or Kerasorb, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4166	Cytal, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4167	Truskin, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4168	AmnioBand, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4169	Artacent wound, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4170	Cygnus, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4171	Interfyl, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4173	PalinGen or PalinGen XPlus, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4175	Miroderm, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4176	Neopatch or therion, per square centimeter	AUTH REQUIRED	Payable on Institutional Claim Only
Q4177	FlowerAmnioFlo, 0.1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4178	FlowerAmnioPatch, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4179	FlowerDerm, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4180	Revita, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4181	Amnio Wound, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4182	Transcyte, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4183	Surgigraft, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4184	Cellesta or Cellesta Duo, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	AUTH REQUIRED	Payable on Institutional Claim Only

Q4186	Epifix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4187	Epicord, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4188	AmnioArmor, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4189	Artacent AC, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4190	Artacent AC, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4191	Restorigin, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4192	Restorigin, 1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4193	Coll-e-Derm, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4194	Novachor, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4195	PuraPly, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4196	PuraPly AM, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4197	PuraPly XT, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4198	Genesis Amniotic Membrane, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4199	Cygnus matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4200	SkinTE, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4201	Matrion, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4202	Keroxx (2.5 g/cc), 1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4203	Derma-Gide, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4204	XWRAP, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4205	Membrane Graft or Membrane Wrap, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4206	Fluid Flow or Fluid GF, 1 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4208	Novafix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4209	SurGraft, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4212	AlloGen, per cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4213	Ascent, 0.5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4214	Cellesta Cord, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q4216	Artacent Cord, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4218	SurgiCORD, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4219	SurgiGRAFT-DUAL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4220	BellaCell HD or Surederm, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4221	Amnio Wrap2, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4222	ProgenaMatrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only

Q4225	AmnioBind or DermaBind TL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4227	AmnioCore TM, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4229	Cogenex Amniotic Membrane, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4230	Cogenex Flowable Amnion, per 0.5 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4231	Corplex P, per cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4232	Corplex, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4233	SurFactor or NuDyn, per 0.5 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4234	XCellerate, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4235	AMNIOREPAIR or AltiPly, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4236	carePATCH, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4237	Cryo-Cord, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4238	Derm-Maxx, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4240	CoreCyte, for topical use only, per 0.5 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4241	PolyCyte, for topical use only, per 0.5 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4242	AmnioCyte Plus, per 0.5 cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4245	AmnioText, per cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4246	CoreText or ProText, per cc	AUTH REQUIRED	Payable on Institutional Claim Only
Q4247	Amniotext patch, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4249	AMNIPLY, for topical use only, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4250	AmnioAmp-MP, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4251	Vim, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4252	Vendaje, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4253	Zenith Amniotic Membrane, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4254	Novafix DL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4255	REGUaRD, for topical use only, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4256	MLG-Complete, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4257	Relese, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4258	Enverse, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4260	Signature APatch, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4261	TAG, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4262	Dual Layer Impax Membrane, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4263	SurGraft TL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only

Q4264	Cocoon Membrane, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4265	NeoStim TL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4266	NeoStim Membrane, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4267	NeoStim DL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4268	SurGraft FT, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4269	SurGraft XT, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4270	Complete SL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4271	Complete FT, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4272	Esano A, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4273	Esano AAA, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4274	Esano AC, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4275	Esano ACA, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4276	ORION, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4278	EPIEFFECT, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4279	Vendaje AC, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4280	Xcell Amnio Matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4281	Barrera SL or Barrera DL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4282	Cygnus Dual, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4284	DermaBind SL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4286	NuDYN SL or NuDYN SLW, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4287	DermaBind DL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4288	DermaBind CH, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4289	RevoShield+ Amniotic Barrier, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4290	Membrane Wrap-Hydro(TM), per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4291	Lamellas XT, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4292	Lamellas, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4293	Acesso DL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4294	Amnio Quad-Core, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4295	Amnio Tri-Core Amniotic, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4296	Rebound Matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4297	Emerge Matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4298	AmniCore Pro, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4299	AmniCore Pro+, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4300	Acesso TL, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4301	Activate Matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only

Q4302	Complete ACA, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4303	Complete AA, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4304	GRAFIX PLUS, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio --- Payable on Institutional Claim Only
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo --- Payable on Institutional Claim Only
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera --- Payable on Institutional Claim Only
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Kanjinti / Ogivri / Trazimera --- Payable on Institutional Claim Only
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Inflectra/Renflexis --- Payable on Institutional Claim Only
Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo --- Payable on Institutional Claim Only
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Ruxience / Truxima --- Payable on Institutional Claim Only
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	AUTH REQUIRED	NON-PREFERRED Preferred = Zarxio --- Payable on Institutional Claim Only
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Mvasi / Zirabev --- Payable on Institutional Claim Only
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo --- Payable on Institutional Claim Only

Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Avastin / Byooviz / Eylea / Eylea HD --- Payable on Institutional Claim Only
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Mvasi / Zirabev --- Payable on Institutional Claim Only
Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	AUTH REQUIRED	NON-PREFERRED Preferred = Fulphila / Ziextenzo --- Payable on Institutional Claim Only
Q9969	Tc-99m from nonhighly enriched uranium source, full cost recovery add-on, per study dose	AUTH REQUIRED	Payable on Institutional Claim Only
S0012	Butorphanol tartrate, nasal spray, 25 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0013	Esketamine, nasal spray, 1 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0014	Tacrine HCl, 10 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0017	Injection, aminocaproic acid, 5 g	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0021	Injection, cefoperazone sodium, 1 g	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0023	Injection, cimetidine HCl, 300 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0028	Injection, famotidine, 20 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0032	Injection, nafcillin sodium, 2 g	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0034	Injection, ofloxacin, 400 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 g	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0074	Injection, cefotetan disodium, 500 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0078	Injection, fosphenytoin sodium, 750 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0080	Injection, pentamidine isethionate, 300 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0081	Injection, piperacillin sodium, 500 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0088	Imatinib, 100 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0090	Sildenafil citrate, 25 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0091	Granisetron HCl, 1 mg (for circumstances falling under the Medicare statute, use Q0166)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0092	Injection, hydromorphone HCl, 250 mg (loading dose for infusion pump)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0104	Zidovudine, oral, 100 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0106	Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0108	Mercaptopurine, oral, 50 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S0109	Methadone, oral, 5 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0117	Tretinoin, topical, 5 g	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0122	Injection, menotropins, 75 IU	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0126	Injection, follitropin alfa, 75 IU	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0128	Injection, follitropin beta, 75 IU	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0132	Injection, ganirelix acetate, 250 mcg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0136	Clozapine, 25 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0137	Didanosine (ddl), 25 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0138	Finasteride, 5 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0139	Minoxidil, 10 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0140	Saquinavir, 200 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0145	Injection, PEGylated interferon alfa-2A, 180 mcg per ml	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0148	Injection, PEGylated interferon alfa-2B, 10 mcg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0155	Sterile dilutant for epoprostenol, 50 ml	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0156	Exemestane, 25 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0157	Becaplermin gel 0.01%, 0.5 gm	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0160	Dextroamphetamine sulfate, 5 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0169	Calcitriol, 0.25 mcg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0170	Anastrozole, oral, 1 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0172	Chlorambucil, oral, 2 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0175	Flutamide, oral, 125 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0176	Hydroxyurea, oral, 500 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0177	Levamisole HCl, oral, 50 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0178	Lomustine, oral, 10 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0179	Megestrol acetate, oral, 20 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0182	Procarbazine HCl, oral, 50 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0187	Tamoxifen citrate, oral, 10 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0189	Testosterone pellet, 75 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0190	Mifepristone, oral, 200 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0191	Misoprostol, oral, 200 mcg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S0197	Prenatal vitamins, 30-day supply	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S0201	Partial hospitalization services, less than 24 hours, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0207	Paramedic intercept, nonhospital-based ALS service (nonvoluntary), nontransport	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0208	Paramedic intercept, hospital-based ALS service (nonvoluntary), nontransport	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0209	Wheelchair van, mileage, per mile	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0215	Nonemergency transportation; mileage, per mile	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0265	Genetic counseling, under physician supervision, each 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0273	Physician visit at member's home, outside of a capitation arrangement	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S0280	Medical home program, comprehensive care coordination and planning, initial plan	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0315	Disease management program; initial assessment and initiation of the program	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0316	Disease management program, follow-up/reassessment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0317	Disease management program; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter/stage	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter/stage	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter/stage	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0353	Treatment planning and care coordination management for cancer initial treatment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0500	Disposable contact lens, per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0510	Nonprescription lens (safety, athletic, or sunglass), per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0512	Daily wear specialty contact lens, per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0514	Color contact lens, per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0515	Scleral lens, liquid bandage device, per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0516	Safety eyeglass frames	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0518	Sunglasses frames	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0590	Integral lens service, miscellaneous services reported separately	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0592	Comprehensive contact lens evaluation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0595	Dispensing new spectacle lenses for patient supplied frame	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0596	Phakic intraocular lens for correction of refractive error	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0601	Screening proctoscopy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0610	Annual gynecological examination, new patient	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0612	Annual gynecological examination, established patient	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0620	Routine ophthalmological examination including refraction; new patient	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0621	Routine ophthalmological examination including refraction; established patient	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0800	Laser in situ keratomileusis (LASIK)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0810	Photorefractive keratectomy (PRK)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S0812	Phototherapeutic keratectomy (PTK)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1001	Deluxe item, patient aware (list in addition to code for basic item)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1002	Customized item (list in addition to code for basic item)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1015	IV tubing extension set	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC, e.g., Paclitaxel	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1036	Transmitter; external, for use with artificial pancreas device system	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1037	Receiver (monitor); external, for use with artificial pancreas device system	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S1091	Stent, noncoronary, temporary, with delivery system (Propel)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2053	Transplantation of small intestine and liver allografts	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2054	Transplantation of multivisceral organs	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2060	Lobar lung transplantation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2061	Donor lobectomy (lung) for transplantation, living donor	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2065	Simultaneous pancreas kidney transplantation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2079	Laparoscopic esophagomyotomy (Heller type)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2080	Laser-assisted uvulopalatoplasty (LAUP)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2102	Islet cell tissue transplant from pancreas; allogeneic	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2103	Adrenal tissue transplant to brain	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2107	Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2115	Osteotomy, periacetabular, with internal fixation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2117	Arthroereisis, subtalar	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2120	Low density lipoprotein (LDL) apheresis using heparin-induced extracorporeal LDL precipitation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2140	Cord blood harvesting for transplantation, allogeneic	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2142	Cord blood-derived stem-cell transplantation, allogeneic	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S2202	Echosclerotherapy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S2225	Myringotomy, laser-assisted	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2235	Implantation of auditory brain stem implant	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2260	Induced abortion, 17 to 24 weeks	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2265	Induced abortion, 25 to 28 weeks	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2266	Induced abortion, 29 to 31 weeks	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2267	Induced abortion, 32 weeks or greater	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2325	Hip core decompression	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2340	Chemodenevation of abductor muscle(s) of vocal cord	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2341	Chemodenevation of adductor muscle(s) of vocal cord	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2342	Nasal endoscopy for postoperative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3005	Performance measurement, evaluation of patient self assessment, depression	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3600	STAT laboratory request (situations other than S3601)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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	Payable on Institutional Claim Only
S3630	Eosinophil count, blood, direct	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3645	HIV-1 antibody testing of oral mucosal transudate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3650	Saliva test, hormone level; during menopause	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3652	Saliva test, hormone level; to assess preterm labor risk	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3655	Antisperm antibodies test (immunobead)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3708	Gastrointestinal fat absorption study	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3841	Genetic testing for retinoblastoma	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3842	Genetic testing for Von Hippel-Lindau disease	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3845	Genetic testing for alpha-thalassemia	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3846	Genetic testing for hemoglobin E beta-thalassemia	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3849	Genetic testing for Niemann-Pick disease	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3850	Genetic testing for sickle cell anemia	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3853	Genetic testing for myotonic muscular dystrophy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S3854	Gene expression profiling panel for use in the management of breast cancer treatment	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3900	Surface electromyography (EMG)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3902	Ballistocardiogram	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S3904	Masters two step	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4016	Frozen in vitro fertilization cycle, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4022	Assisted oocyte fertilization, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4023	Donor egg cycle, incomplete, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4026	Procurement of donor sperm from sperm bank	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4027	Storage of previously frozen embryos	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4028	Microsurgical epididymal sperm aspiration (MESA)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4030	Sperm procurement and cryopreservation services; initial visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S4031	Sperm procurement and cryopreservation services; subsequent visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4035	Stimulated intrauterine insemination (IUI), case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4037	Cryopreserved embryo transfer, case rate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4981	Insertion of levonorgestrel-releasing intrauterine system	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4989	Contraceptive intrauterine device (e.g., Progestasert IUD), including implants and supplies	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4990	Nicotine patches, legend	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4991	Nicotine patches, nonlegend	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4993	Contraceptive pills for birth control	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S4995	Smoking cessation gum	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5000	Prescription drug, generic	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5001	Prescription drug, brand name	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5010	5% dextrose and 0.45% normal saline, 1000 ml	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5012	5% dextrose with potassium chloride, 1000 ml	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5100	Day care services, adult; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5101	Day care services, adult; per half day	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5102	Day care services, adult; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5105	Day care services, center-based; services not included in program fee, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5108	Home care training to home care client, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5109	Home care training to home care client, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5110	Home care training, family; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5111	Home care training, family; per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5115	Home care training, nonfamily; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5116	Home care training, nonfamily; per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5120	Chore services; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5121	Chore services; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S5125	Attendant care services; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5126	Attendant care services; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5130	Homemaker service, NOS; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5131	Homemaker service, NOS; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5136	Companion care, adult (e.g., IADL/ADL); per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5140	Foster care, adult; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5141	Foster care, adult; per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5145	Foster care, therapeutic, child; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5146	Foster care, therapeutic, child; per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5150	Unskilled respite care, not hospice; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5151	Unskilled respite care, not hospice; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5160	Emergency response system; installation and testing	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5161	Emergency response system; service fee, per month (excludes installation and testing)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5162	Emergency response system; purchase only	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5165	Home modifications; per service	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5170	Home delivered meals, including preparation; per meal	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5175	Laundry service, external, professional; per order	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5180	Home health respiratory therapy, initial evaluation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5181	Home health respiratory therapy, NOS, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5185	Medication reminder service, nonface-to-face; per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5190	Wellness assessment, performed by nonphysician	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5199	Personal care item, NOS, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5518	Home infusion therapy, all supplies necessary for catheter repair	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5550	Insulin, rapid onset, 5 units	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5553	Insulin, long acting; 5 units	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5560	Insulin delivery device, reusable pen; 1.5 ml size	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5561	Insulin delivery device, reusable pen; 3 ml size	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8035	Magnetic source imaging	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8037	Magnetic resonance cholangiopancreatography (MRCP)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8040	Topographic brain mapping	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8042	Magnetic resonance imaging (MRI), low-field	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S8080	Scintimammography (radioimmunoscintigraphy of the breast), unilateral, including supply of radiopharmaceutical	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8096	Portable peak flow meter	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8110	Peak expiratory flow rate (physician services)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8130	Interferential current stimulator, 2 channel	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8131	Interferential current stimulator, 4 channel	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8185	Flutter device	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8186	Swivel adaptor	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8189	Tracheostomy supply, not otherwise classified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8210	Mucus trap	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8265	Haberman feeder for cleft lip/palate	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8301	Infection control supplies, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8415	Supplies for home delivery of infant	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8420	Gradient pressure aid (sleeve and glove combination), custom made	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8421	Gradient pressure aid (sleeve and glove combination), ready made	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8422	Gradient pressure aid (sleeve), custom made, medium weight	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8424	Gradient pressure aid (sleeve), ready made	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8425	Gradient pressure aid (glove), custom made, medium weight	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8426	Gradient pressure aid (glove), custom made, heavy weight	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S8427	Gradient pressure aid (glove), ready made	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8428	Gradient pressure aid (gauntlet), ready made	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8429	Gradient pressure exterior wrap	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8430	Padding for compression bandage, roll	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8431	Compression bandage, roll	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8451	Splint, prefabricated, wrist or ankle	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8452	Splint, prefabricated, elbow	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8460	Camisole, postmastectomy	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8490	Insulin syringes (100 syringes, any size)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8940	Equestrian/hippotherapy, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8950	Complex lymphedema therapy, each 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9001	Home uterine monitor with or without associated nursing services	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9007	Ultrafiltration monitor	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9024	Paranasal sinus ultrasound	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9025	Omniscardiogram/cardiointegram	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9055	Procuren or other growth factor preparation to promote wound healing	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9056	Coma stimulation per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S9083	Global fee urgent care centers	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9088	Services provided in an urgent care center (list in addition to code for service)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9090	Vertebral axial decompression, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9097	Home visit for wound care	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S9098	Home visit, phototherapy services (e.g., Bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9117	Back school, per visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S9124	Nursing care, in the home; by licensed practical nurse, per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9125	Respite care, in the home, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9126	Hospice care, in the home, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9127	Social work visit, in the home, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9128	Speech therapy, in the home, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9129	Occupational therapy, in the home, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9131	Physical therapy; in the home, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9140	Diabetic management program, follow-up visit to non-MD provider	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9141	Diabetic management program, follow-up visit to MD provider	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9150	Evaluation by ophthalmologist	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9152	Speech therapy, re-evaluation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9430	Pharmacy compounding and dispensing services	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9432	Medical foods for noninborn errors of metabolism	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9434	Modified solid food supplements for inborn errors of metabolism	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9435	Medical foods for inborn errors of metabolism	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S9436	Childbirth preparation/Lamaze classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9437	Childbirth refresher classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9438	Cesarean birth classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9439	VBAC (vaginal birth after cesarean) classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9441	Asthma education, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9442	Birthing classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9443	Lactation classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9444	Parenting classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9447	Infant safety (including CPR) classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9449	Weight management classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9451	Exercise classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9452	Nutrition classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9453	Smoking cessation classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9454	Stress management classes, nonphysician provider, per session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9455	Diabetic management program, group session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9460	Diabetic management program, nurse visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9465	Diabetic management program, dietitian visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9470	Nutritional counseling, dietitian visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9472	Cardiac rehabilitation program, nonphysician provider, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9476	Vestibular rehabilitation program, nonphysician provider, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9480	Intensive outpatient psychiatric services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9482	Family stabilization services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9484	Crisis intervention mental health services, per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9485	Crisis intervention mental health services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S9529	Routine venipuncture for collection of specimen(s), single homebound, nursing home, or skilled nursing facility patient	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S9900	Services by a Journal-listed Christian Science practitioner for the purpose of healing, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

S9901	Services by a Journal-listed Christian Science nurse, per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9970	Health club membership, annual	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9975	Transplant related lodging, meals and transportation, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9976	Lodging, per diem, not otherwise classified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9977	Meals, per diem, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9981	Medical records copying fee, administrative	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9982	Medical records copying fee, per page	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9986	Not medically necessary service (patient is aware that service not medically necessary)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9988	Services provided as part of a Phase I clinical trial	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9989	Services provided outside of the United States of America (list in addition to code(s) for services(s))	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9990	Services provided as part of a Phase II clinical trial	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9991	Services provided as part of a Phase III clinical trial	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9996	Meals for clinical trial participant and one caregiver/companion	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9999	Sales tax	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1001	Nursing assessment/evaluation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1002	RN services, up to 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1003	LPN/LVN services, up to 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1004	Services of a qualified nursing aide, up to 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1005	Respite care services, up to 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1006	Alcohol and/or substance abuse services, family/couple counseling	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

T1012	Alcohol and/or substance abuse services, skills development	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1013	Sign language or oral interpretive services, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1014	Telehealth transmission, per minute, professional services bill separately	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1015	Clinic visit/encounter, all-inclusive	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1016	Case management, each 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1017	Targeted case management, each 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1018	School-based individualized education program (IEP) services, bundled	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
T1021	Home health aide or certified nurse assistant, per visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1022	Contracted home health agency services, all services provided under contract, per day	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1027	Family training and counseling for child development, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1030	Nursing care, in the home, by registered nurse, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1031	Nursing care, in the home, by licensed practical nurse, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1032	Services performed by a doula birth worker, per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

T1033	Services performed by a doula birth worker, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1040	Medicaid certified community behavioral health clinic services, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1041	Medicaid certified community behavioral health clinic services, per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2001	Nonemergency transportation; patient attendant/escort	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2002	Nonemergency transportation; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2003	Nonemergency transportation; encounter/trip	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2004	Nonemergency transport; commercial carrier, multipass	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2005	Nonemergency transportation; stretcher van	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2010	Preadmission screening and resident review (PASRR) Level I identification screening, per screen	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2011	Preadmission screening and resident review (PASRR) Level II evaluation, per evaluation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2012	Habilitation, educational; waiver, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2013	Habilitation, educational, waiver; per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2014	Habilitation, prevocational, waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2015	Habilitation, prevocational, waiver; per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2016	Habilitation, residential, waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2017	Habilitation, residential, waiver; 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2018	Habilitation, supported employment, waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2019	Habilitation, supported employment, waiver; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2020	Day habilitation, waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2021	Day habilitation, waiver; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2022	Case management, per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2023	Targeted case management; per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2024	Service assessment/plan of care development, waiver	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2025	Waiver services; not otherwise specified (NOS)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2026	Specialized childcare, waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

T2027	Specialized childcare, waiver; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2028	Specialized supply, not otherwise specified, waiver	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2029	Specialized medical equipment, not otherwise specified, waiver	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2030	Assisted living, waiver; per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2031	Assisted living; waiver, per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2032	Residential care, not otherwise specified (NOS), waiver; per month	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2034	Crisis intervention, waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2036	Therapeutic camping, overnight, waiver; each session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2037	Therapeutic camping, day, waiver; each session	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2038	Community transition, waiver; per service	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2039	Vehicle modifications, waiver; per service	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2040	Financial management, self-directed, waiver; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2042	Hospice routine home care; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2043	Hospice continuous home care; per hour	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2044	Hospice inpatient respite care; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2045	Hospice general inpatient care; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2046	Hospice long-term care, room and board only; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2047	Habilitation, prevocational, waiver; per 15 minutes	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 COVERED BY MEDICARE	Payable on Institutional Claim Only
T2049	Nonemergency transportation; stretcher van, mileage; per mile	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2050	Financial management, self-directed, waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2051	Supports brokerage, self-directed, waiver; per diem	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T2101	Human breast milk processing, storage and distribution only	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4533	Youth sized disposable incontinence product, brief/diaper, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4537	Incontinence product, protective underpad, reusable, bed size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4538	Diaper service, reusable diaper, each diaper	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4539	Incontinence product, diaper/brief, reusable, any size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4540	Incontinence product, protective underpad, reusable, chair size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4541	Incontinence product, disposable underpad, large, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4542	Incontinence product, disposable underpad, small size, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T4545	Incontinence product, disposable, penile wrap, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T5001	Positioning seat for persons with special orthopedic needs	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
T5999	Supply, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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 --- Payable on Institutional Claim Only

V2025	Deluxe frame	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V2121	Lenticular lens, per lens, single	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 800-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2221	Lenticular lens, per lens, bifocal	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 800-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2321	Lenticular lens, per lens, trifocal	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 800-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2502	Contact lens PMMA, bifocal, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
V2512	Contact lens, gas permeable, bifocal, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 800-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2522	Contact lens, hydrophilic, bifocal, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
V2523	Contact lens, hydrophilic, extended wear, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 800-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2524	Contact lens, hydrophilic, spherical, photochromic additive, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 800-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2525	Contact lens, hydrophilic, dual focus, per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 800-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2623	Prosthetic eye, plastic, custom	AUTH REQUIRED	Payable on Institutional Claim Only
V2627	Scleral cover shell	AUTH REQUIRED	Payable on Institutional Claim Only
V2700	Balance lens, per lens	AUTH REQUIRED	Payable on Institutional Claim Only

V2702	Deluxe lens feature	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V2710	Slab off prism, glass or plastic, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
V2715	Prism, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
V2718	Press-on lens, Fresnel prism, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
V2730	Special base curve, glass or plastic, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
V2744	Tint, photochromatic, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
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: 866-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2750	Antireflective coating, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2755	U-V lens, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
V2762	Polarization, any lens material, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	AUTH REQUIRED	Payable on Institutional Claim Only
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: 866-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2784	Lens, polycarbonate or equal, any index, per lens	AUTH MAY BE REQUIRED/DIAGNOSIS SPECIFIC	EYE MED (Phone: 866-340-0733) COVERS ICD 10 H52.0XX thru H52.4, H53.0XX thru H53.14X, Z01.00, Z01.01; ALTERWOOD COVERS for aphakia and pseudophakia --- Payable on Institutional Claim Only
V2787	Astigmatism correcting function of intraocular lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

V2788	Presbyopia correcting function of intraocular lens	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V2790	Amniotic membrane for surgical reconstruction, per procedure	AUTH REQUIRED	Payable on Institutional Claim Only
V5008	Hearing screening	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5010	Assessment for hearing aid	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5011	Fitting/orientation/checking of hearing aid	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5014	Repair/modification of a hearing aid	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5020	Conformity evaluation	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5030	Hearing aid, monaural, body worn, air conduction	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5040	Hearing aid, monaural, body worn, bone conduction	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5050	Hearing aid, monaural, in the ear	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5060	Hearing aid, monaural, behind the ear	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5070	Glasses, air conduction	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5080	Glasses, bone conduction	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5090	Dispensing fee, unspecified hearing aid	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5095	Semi-implantable middle ear hearing prosthesis	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5100	Hearing aid, bilateral, body worn	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5110	Dispensing fee, bilateral	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5120	Binaural, body	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5130	Binaural, in the ear	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5140	Binaural, behind the ear	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5150	Binaural, glasses	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5160	Dispensing fee, binaural	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5190	Hearing aid, contralateral routing, monaural, glasses	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5200	Dispensing fee, contralateral, monaural	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5230	Hearing aid, contralateral routing system, binaural, glasses	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5240	Dispensing fee, contralateral routing system, binaural	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

V5241	Dispensing fee, monaural hearing aid, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5243	Hearing aid, analog, monaural, ITC (in the canal)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5244	Hearing aid, digitally programmable analog, monaural, CIC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5248	Hearing aid, analog, binaural, CIC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5249	Hearing aid, analog, binaural, ITC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5250	Hearing aid, digitally programmable analog, binaural, CIC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5251	Hearing aid, digitally programmable analog, binaural, ITC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5252	Hearing aid, digitally programmable, binaural, ITE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5253	Hearing aid, digitally programmable, binaural, BTE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5254	Hearing aid, digital, monaural, CIC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5255	Hearing aid, digital, monaural, ITC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5256	Hearing aid, digital, monaural, ITE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5257	Hearing aid, digital, monaural, BTE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5258	Hearing aid, digital, binaural, CIC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5259	Hearing aid, digital, binaural, ITC	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5260	Hearing aid, digital, binaural, ITE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5261	Hearing aid, digital, binaural, BTE	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5262	Hearing aid, disposable, any type, monaural	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5263	Hearing aid, disposable, any type, binaural	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5264	Ear mold/insert, not disposable, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5265	Ear mold/insert, disposable, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5266	Battery for use in hearing device	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5268	Assistive listening device, telephone amplifier, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5269	Assistive listening device, alerting, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5270	Assistive listening device, television amplifier, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5271	Assistive listening device, television caption decoder	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5272	Assistive listening device, TDD	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5273	Assistive listening device, for use with cochlear implant	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5274	Assistive listening device, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5275	Ear impression, each	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only

V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5284	Assistive listening device, personal FM/DM, ear level receiver	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5286	Assistive listening device, personal blue tooth FM/DM receiver	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5290	Assistive listening device, transmitter microphone, any type	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5298	Hearing aid, not otherwise classified	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5299	Hearing service, miscellaneous	AUTH REQUIRED	HEARING CODE NOT COVERED BY NATIONS
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5362	Speech screening	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5363	Language screening	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
V5364	Dysphagia screening	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
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	
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 [AHRH], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	AUTH REQUIRED	

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	
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	
0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	AUTH REQUIRED	
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	
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	
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	
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	
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)	AUTH REQUIRED	
A2026	Restrata MiniMatrix, 5 mg	AUTH REQUIRED	
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	AUTH REQUIRED	Payable on Institutional Claim Only
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	AUTH REQUIRED	Payable on Institutional Claim Only
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each	AUTH REQUIRED	Payable on Institutional Claim Only
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	AUTH REQUIRED	

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	
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	NOT COVERED 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	
E0736	Transcutaneous tibial nerve stimulator	AUTH REQUIRED	
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	AUTH REQUIRED	
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	AUTH REQUIRED	
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	AUTH REQUIRED	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	AUTH REQUIRED	
G0138	IV infusion of ciplaglusidase alfa-atga, including provider/supplier acquisition and clinical supervision of oral administration of miglustat in preparation of receipt of ciplaglusidase alfa-atga	AUTH REQUIRED	
H0051	Traditional healing service	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	AUTH REQUIRED	Payable on Institutional Claim Only
J1202	Miglustat, oral, 65 mg	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J1203	Injection, ciplaglusidase alfa-atga, 5 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1323	Injection, elranatamab-bcmm, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1434	Injection, fosaprepitant (Focinvez), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2277	Injection, motixafortide, 0.25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2782	Injection, avacincaptad pegol, 0.1 mg	AUTH REQUIRED	NON PREFERRED Preferred = Syfovre --- Payable on Institutional Claim Only
J3055	Injection, talquetamab-tgvs, 0.25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	AUTH REQUIRED	Payable on Institutional Claim Only
J9248	Injection, melphalan (Hepzato), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9249	Injection, melphalan (Apotex), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9376	Injection, pozelimab-bbfg, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only

L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	AUTH REQUIRED	
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	AUTH REQUIRED	
Q4305	American Amnion AC Tri-Layer, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4306	American Amnion AC, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4307	American Amnion, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4308	Sanopellis, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4309	VIA Matrix, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4310	Procenta, per 100 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
S4988	Penile contracture device, manual, greater than 3 lbs traction force	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	AUTH REQUIRED	
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	AUTH REQUIRED	
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	AUTH REQUIRED	
0479U	Tau, phosphorylated, pTau217	AUTH REQUIRED	
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification	AUTH REQUIRED	
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	AUTH REQUIRED	

0482U	Obstetrics (preeclampsia), biochemical assay of soluble fms-like tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF), serum, ratio reported for sFlt-1/PlGF, with risk of progression for preeclampsia with severe features within 2 weeks	AUTH REQUIRED	
0483U	Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance	AUTH REQUIRED	
0484U	Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	AUTH REQUIRED	
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	AUTH REQUIRED	
0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	AUTH REQUIRED	
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	AUTH REQUIRED	
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	AUTH REQUIRED	
0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	AUTH REQUIRED	

0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	AUTH REQUIRED	
0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker-expressing cells, peripheral blood	AUTH REQUIRED	
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker-expressing cells, peripheral blood	AUTH REQUIRED	
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	AUTH REQUIRED	
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	AUTH REQUIRED	
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	AUTH REQUIRED	
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	AUTH REQUIRED	
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	AUTH REQUIRED	
0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	AUTH REQUIRED	
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	AUTH REQUIRED	

0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	AUTH REQUIRED	
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	AUTH REQUIRED	
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV	AUTH REQUIRED	
0503U	Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques	AUTH REQUIRED	
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, real-time PCR, reported as positive or negative for each organism	AUTH REQUIRED	
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism	AUTH REQUIRED	
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	AUTH REQUIRED	
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	AUTH REQUIRED	
0508U	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 single-nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cell-free DNA with risk for active rejection	AUTH REQUIRED	
0509U	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection	AUTH REQUIRED	
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA whole-transcriptome data, reported as probability of predicted molecular subtype	AUTH REQUIRED	
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	AUTH REQUIRED	

0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	AUTH REQUIRED	
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalin-fixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	AUTH REQUIRED	
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (mcg/mL)	AUTH REQUIRED	
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (mcg/mL)	AUTH REQUIRED	
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	AUTH REQUIRED	
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications	AUTH REQUIRED	
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	AUTH REQUIRED	
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-MS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation	AUTH REQUIRED	
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	AUTH REQUIRED	
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only
90695	Influenza virus vaccine, H5N8, derived from cell cultures, adjuvanted, for intramuscular use	AUTH REQUIRED	

A2027	MatriDerm, per sq cm	AUTH REQUIRED	
A2028	MicroMatrix Flex, per mg	AUTH REQUIRED	
A2029	MiroTract Wound Matrix sheet, per cc	AUTH REQUIRED	
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	AUTH REQUIRED	Payable on Institutional Claim Only
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	AUTH REQUIRED	Payable on Institutional Claim Only
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	AUTH REQUIRED	Payable on Institutional Claim Only
A9610	Xenon Xe-129 hyperpolarized gas, diagnostic, per study dose	AUTH REQUIRED	Payable on Institutional Claim Only
C8000	Support device, extravascular, for arteriovenous fistula (implantable)	AUTH REQUIRED	
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	AUTH REQUIRED	
E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump	AUTH REQUIRED	
E0715	Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	NOT COVERED BY MEDICARE	
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	NOT COVERED BY MEDICARE	
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	NOT COVERED BY MEDICARE	
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	AUTH REQUIRED	
E2513	Accessory for speech generating device, electromyographic sensor	AUTH REQUIRED	
J0138	Injection, acetaminophen 10 mg and ibuprofen 3 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0175	Injection, donanemab-azbt, 2 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1749	Injection, iloprost, 0.1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J2003	Injection, lidocaine HCl, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2004	Injection, lidocaine HCl with epinephrine, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2252	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to J2250, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2253	Injection, midazolam (Seizalam), 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J8541	Dexamethasone (Hemady), oral, 0.25 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9329	Injection, tislelizumab-jsgr, 1mg	AUTH REQUIRED	Payable on Institutional Claim Only
L1006	Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	AUTH REQUIRED	

L1653	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	AUTH REQUIRED	
Q4334	AmnioPlast 1, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4335	AmnioPlast 2, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4336	Artacent C, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4337	Artacent Trident, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4338	Artacent Velos, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4339	Artacent Vericlen, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4340	SimpliGraft, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4341	SimpliMax, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4342	TheraMend, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4344	Tri-Membrane Wrap, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q4345	Matrix HD Allograft Dermis, per sq cm	AUTH REQUIRED	Payable on Institutional Claim Only
Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
A9615	Injection, pegulicianine, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
C7562	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 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	
C7563	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 and all additional arteries	AUTH REQUIRED	
C7564	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance with intravascular ultrasound (noncoronary vessel(s)) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation	AUTH REQUIRED	

C7565	Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total noninfected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair	AUTH REQUIRED	
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	AUTH REQUIRED	
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy)	AUTH REQUIRED	
C9173	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg	AUTH REQUIRED	
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	AUTH REQUIRED	
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	AUTH REQUIRED	
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	AUTH REQUIRED	
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	AUTH REQUIRED	
E1813	Dynamic adjustable knee extension only device, includes soft interface material	AUTH REQUIRED	
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	AUTH REQUIRED	
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	AUTH REQUIRED	
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	AUTH REQUIRED	
E1826	Dynamic adjustable finger extension only device, includes soft interface material	AUTH REQUIRED	
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	AUTH REQUIRED	
E1828	Dynamic adjustable toe extension only device, includes soft interface material	AUTH REQUIRED	
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	AUTH REQUIRED	
G0564	Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training	AUTH REQUIRED	

G0565	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 365 day implantable sensor, including system activation	AUTH REQUIRED	
H0052	Missing and murdered indigenous persons (MMIP) mental health and clinical care	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
H0053	Historical trauma (HT) mental health and clinical care for indigenous persons	NOT COVERED BY MEDICARE	Payable on Institutional Claim Only
J0139	Injection, adalimumab, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0666	Injection, bupivacaine liposome, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J0870	Injection, imetelstat, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1307	Injection, crovalimab-akkz, 10 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J1552	Injection, immune globulin (Alyglo), 500 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J2802	Injection, romiplostim, 1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
J9026	Injection, tarlatamab-dlle, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5144	Injection, adalimumab-aacf (Idacio), biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
Q5145	Injection, adalimumab-afzb (Abrilada), biosimilar, 1 mg	AUTH REQUIRED	Payable on Institutional Claim Only
0901T	Placement of bone marrow sampling port, including imaging guidance when performed	AUTH REQUIRED	
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	AUTH REQUIRED	
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	AUTH REQUIRED	
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	AUTH REQUIRED	
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	AUTH REQUIRED	
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	AUTH REQUIRED	
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	AUTH REQUIRED	

0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	AUTH REQUIRED	
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	AUTH REQUIRED	
0910T	Removal of integrated neurostimulation system, vagus nerve	AUTH REQUIRED	
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	AUTH REQUIRED	
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	AUTH REQUIRED	
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	AUTH REQUIRED	
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	AUTH REQUIRED	
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	AUTH REQUIRED	
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	AUTH REQUIRED	
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	AUTH REQUIRED	
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	AUTH REQUIRED	
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	AUTH REQUIRED	
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	AUTH REQUIRED	

0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	AUTH REQUIRED	
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	AUTH REQUIRED	
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	AUTH REQUIRED	
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	AUTH REQUIRED	
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	AUTH REQUIRED	
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	AUTH REQUIRED	
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	AUTH REQUIRED	
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	AUTH REQUIRED	
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	AUTH REQUIRED	
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	AUTH REQUIRED	
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	AUTH REQUIRED	

0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional	AUTH REQUIRED	
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral	AUTH REQUIRED	
0936T	Photobiomodulation therapy of retina, single session	AUTH REQUIRED	
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	AUTH REQUIRED	
0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)	AUTH REQUIRED	
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report	AUTH REQUIRED	
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	AUTH REQUIRED	
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	AUTH REQUIRED	
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	AUTH REQUIRED	
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	AUTH REQUIRED	
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	AUTH REQUIRED	
0945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	AUTH REQUIRED	
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	AUTH MAY BE REQUIRED/ POS DEPENDENT	

0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	AUTH REQUIRED	
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	AUTH REQUIRED	
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	AUTH REQUIRED	
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	AUTH REQUIRED	
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	AUTH REQUIRED	
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	AUTH REQUIRED	
38225	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	
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	AUTH REQUIRED	
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	AUTH REQUIRED	
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	AUTH REQUIRED	
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	AUTH REQUIRED	
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	AUTH REQUIRED	
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	AUTH REQUIRED	

49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	AUTH REQUIRED	
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	AUTH REQUIRED	
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	AUTH REQUIRED	
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	AUTH REQUIRED	
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	AUTH REQUIRED	
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	AUTH REQUIRED	
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	AUTH REQUIRED	
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	AUTH REQUIRED	Payable on Institutional Claim Only
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	AUTH REQUIRED	Payable on Institutional Claim Only
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	AUTH REQUIRED	Payable on Institutional Claim Only