

| | Description | Small Er | Small Employer / Individual | | Large Employer | |
|--------------|---|----------------------|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, t cialty medications and should be directed to the Pharmacy link option within the website. | these coding lists d | o not reflect information re | egarding immu | nizations, injectable | |
| 11950 | Therapy for contour defects | X | - | Х | - | |
| 11951 | Therapy for contour defects | Х | - | Х | - | |
| 11952 | Therapy for contour defects | Х | - | Х | - | |
| 11954 | Therapy for contour defects | Х | - | Х | - | |
| 15775 | Hair transplant punch grafts | Х | - | Х | - | |
| 15776 | Hair transplant punch grafts | Х | - | Х | - | |
| 15780 | Abrasion treatment of skin | Х | - | Х | - | |
| 15781 | Abrasion treatment of skin | Х | - | Х | - | |
| 15782 | Abrasion treatment of skin | Х | - | Х | - | |
| 15783 | Abrasion treatment of skin | Х | - | Х | - | |
| 15786 | Abrasion, lesion, single | Х | - | Х | - | |
| 15787 | Abrasion, lesions, add-on | Х | - | Х | - | |
| 15788 | Chemical peel, face, epiderm | Х | - | Х | - | |
| | Chemical peel, face, dermal | Х | - | Х | - | |
| | Chemical peel, nonfacial | Х | - | Х | - | |
| 15793 | Chemical peel, nonfacial | Х | - | Х | - | |
| 15820 | Revision of lower eyelid | - | Χ | - | X | |
| 15821 | Revision of lower eyelid | - | Х | - | Х | |
| 15822 | Revision of upper eyelid | - | Х | - | Х | |
| 15823 | Revision of upper eyelid | - | Х | - | Х | |
| 15824 | Removal of forehead wrinkles | Х | - | Х | - | |
| 15825 | Removal of neck wrinkles | Х | - | Х | - | |
| 15826 | Removal of brow wrinkles | Х | - | Х | - | |
| 15828 | Removal of face wrinkles | Х | - | Х | - | |
| 15829 | Removal of skin wrinkles | Х | - | Х | - | |
| 15832 | Excise excessive skin tissue | Х | - | Х | - | |
| 15833 | Excise excessive skin tissue | Х | - | Х | - | |
| 15834 | Excise excessive skin tissue | Х | - | Х | - | |
| 15835 | Excise excessive skin tissue | Х | - | Х | - | |
| 15836 | Excise excessive skin tissue | Х | - | Х | - | |
| 15837 | Excise excessive skin tissue | Х | - | Х | - | |
| 15838 | Excise excessive skin tissue | Х | - | Х | - | |
| 15845 | Skin and muscle repair, face | X | - | Х | - | |
| 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, | V | | V | | |
| | abdominoplasty) (includes umbilical | X | - | X | - | |
| *Pr[58]50.e. | Remayalet sufficer of visits. Limit depends on plan/provider type. | Х | - | Х | - | |



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| 15876 | Suction assisted lipectomy | Х | - | Х | - |
| 15877 | Suction assisted lipectomy | - | Х | - | Х |
| 15878 | Suction assisted lipectomy | Χ | - | Х | - |
| 15879 | Suction assisted lipectomy | Χ | - | Χ | - |
| 17360 | Skin peel therapy | Χ | - | Χ | - |
| 17380 | Hair removal by electrolysis | Χ | - | Χ | - |
| 19105 | Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma | Х | - | Х | - |
| 19355 | Correct inverted nipple(s) | Х | - | Х | _ |
| | Ndl insj w/o njx 1 or 2 musc | X | - | Х | _ |
| 20561 | Ndl insj w/o njx 3+ musc | X | - | Х | _ |
| 20930 | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list | | | | |
| | separately in addition to code for primary procedure) | Х | - | X | - |
| 20936 | Spinal bone autograft | Х | _ | Х | - |
| 20985 | Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less | | | | |
| | (list separately in additio | Х | - | X | - |
| 21010 | Incision of jaw joint | Х | _ | _ | _ |
| | Removal of jaw joint | Х | - | _ | - |
| | Remove jaw joint cartilage | Χ | - | _ | - |
| | Remove coronoid process | Х | - | _ | - |
| | Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, general or monitored | Х | - | - | - |
| 21084 | Prepare face/oral prosthesis | Х | _ | Х | - |
| | Interdental fixation | X | - | X | - |
| | Injection, jaw joint x-ray | X | - | _ | - |
| | Reconstruction of chin | Х | - | Х | - |
| 21121 | Reconstruction of chin | Х | - | Х | - |
| | Reconstruction of chin | Χ | - | Х | - |
| | Reconstruction of chin | Χ | - | Х | - |
| | Reconstruct midface, lefort | X | - | - | - |
| | Reconstruct midface, lefort | X | - | - | - |
| | Reconstruct midface, lefort | Χ | - | - | - |
| | Reconstruct midface, lefort | Х | - | - | - |
| | Reconstruct midface, lefort | Χ | - | - | - |
| | Reconstruct midface, lefort | Х | - | - | - |
| | Recares Levi jaw. w. fixation Limit depends on plan/provider type. | X | - | - | _ |



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|---|--|
| drugs, or specialty medications and should be directed to the Pharmacy link option within the website. 21198 Reconst lwr jaw wiffixation | - - - - |
| 21198 Reconstr lwr jaw segment | - - - |
| 21199 Reconstr Iwr jaw w/advance | - |
| 21206 Reconstruct upper jaw bone | - |
| 21240 Reconstruction of jaw joint X | - |
| 21242 Reconstruction of jaw joint X - - 21243 Reconstruction of jaw joint X - - 21280 Revision of eyelid - X - 21295 Revision of jaw muscle/bone - X - 21296 Revision of jaw muscle/bone X - X 21480 Reset dislocated jaw X - - 21485 Reset dislocated jaw X - - 21490 Repair dislocated jaw X - - 21491 Interdental wiring X - - 22505 Manipulation of spine X - X 22505 Manipulation of spine X - X 22510 Perq cervicothoracic inject - X - 22511 Perq lumbosacral injection - X - 22512 Vertebroplasty addl inject - X - 22513 Perq vertebral augmentation - X - 22515 Perq vertebral augmentation | _ |
| 21243 Reconstruction of jaw joint X - - 21280 Revision of eyelid - X - 21295 Revision of jaw muscle/bone X - X 21296 Revision of jaw muscle/bone X - X 21296 Revision of jaw muscle/bone X - X 21480 Reset dislocated jaw X - - 21485 Reset dislocated jaw X - - 21490 Repair dislocated jaw X - - 21497 Interdental wiring X - - 22505 Manipulation of spine X - X 22510 Perq cervicothoracic inject - X - 22511 Perq lumbosacral injection - X - 22512 Vertebroplasty addl inject - X - 22513 Perq vertebral augmentation - X - 22514 Perq vertebral augmentation <td></td> | |
| 21280 Revision of eyelid - X - 21282 Revision of eyelid - X - 21295 Revision of jaw muscle/bone X - X - 21296 Revision of jaw muscle/bone X - X - X - X - X - 21296 Revision of jaw muscle/bone X - X - X - X - X - 21480 Reset dislocated jaw X 21485 Reset dislocated jaw X 21490 Repair dislocated jaw X 21490 Repair dislocated jaw X 21497 Interdental wiring X - X - X - X - X - X - X - X - X - X | - |
| 21282 Revision of eyelid - X - 21295 Revision of jaw muscle/bone X - X 21296 Revision of jaw muscle/bone X - X 21480 Reset dislocated jaw X - - 21485 Reset dislocated jaw X - - 21490 Repair dislocated jaw X - - 21497 Interdental wiring X - X 22505 Manipulation of spine X - X 22510 Perg cervicothoracic inject - X - 22511 Perg lumbosacral injection - X - 22512 Vertebroplasty addl inject - X - 22513 Perg vertebral augmentation - X - 22514 Perg vertebral augmentation - X - 22515 Perg vertebral augmentation - X - 22526 Percutaneous intradiscal elect | - |
| 21295 Revision of jaw muscle/bone X - X 21296 Revision of jaw muscle/bone X - X 21480 Reset dislocated jaw X - - 21485 Reset dislocated jaw X - - 21490 Repair dislocated jaw X - - 21497 Interdental wiring X - X 22505 Manipulation of spine X - X 22510 Perq cervicothoracic inject - X - 22511 Perq lumbosacral injection - X - 22512 Vertebroplasty addl inject - X - 22513 Perq vertebral augmentation - X - 22514 Perq vertebral augmentation - X - 22515 Perq vertebral augmentation - X - 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic X - X | Χ |
| 21296Revision of jaw muscle/boneX-X21480Reset dislocated jawX21485Reset dislocated jawX21490Repair dislocated jawX21497Interdental wiringX-X22505Manipulation of spineX-X22510Perq cervicothoracic inject-X-22511Perq lumbosacral injection-X-22512Vertebroplasty addl inject-X-22513Perq vertebral augmentation-X-22514Perq vertebral augmentation-X-22515Perq vertebral augmentation-X-22526Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopicX-X | Χ |
| 21480 Reset dislocated jaw X 21485 Reset dislocated jaw X 21490 Repair dislocated jaw X 21497 Interdental wiring X X - X - X 22505 Manipulation of spine X X - X - X 22510 Perq cervicothoracic inject - X - X - 22511 Perq lumbosacral injection - X - X - 22512 Vertebroplasty addl inject - X - X - 22513 Perq vertebral augmentation - X - 22514 Perq vertebral augmentation - X - 22515 Perq vertebral augmentation - Derce V X - 22515 Perq vertebral augmentation - Derce V X - 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic X X - X | - |
| 21485 Reset dislocated jaw | - |
| Repair dislocated jaw X | - |
| 21497 Interdental wiring X | - |
| 22505Manipulation of spineX-X22510Perq cervicothoracic inject-X-22511Perq lumbosacral injection-X-22512Vertebroplasty addl inject-X-22513Perq vertebral augmentation-X-22514Perq vertebral augmentation-X-22515Perq vertebral augmentation-X-22526Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopicX- | - |
| 22510 Perq cervicothoracic inject - X - 22511 Perq lumbosacral injection - X - 22512 Vertebroplasty addl inject - X - 22513 Perq vertebral augmentation - X - 22514 Perq vertebral augmentation - X - 22515 Perq vertebral augmentation - X - 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic X - | - |
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| 22515 Perq vertebral augmentation - X - 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic X - X | Χ |
| 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic | Χ |
| | Χ |
| quidance; single le | |
| | <u>-</u> |
| Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic X - X | |
| guidance; one or mo | |
| 22533 Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; | X |
| lumbar | ^ |
| 22551 Neck spine fuse&remove - X - | Χ |
| 22552 Neck spine fuse&remove addl - X - | Χ |
| 22554 Neck spine fusion - X - | X |
| 22558 Lumbar spine fusion - X - | X |
| 22586 Prescrl fuse /w instr I5/1 X - X | - |
| 22600 Neck spine fusion - X - | X |
| 22610 arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral | Х |
| Preauth neutransnerseraechinigue of when line if generals on plan/provider type. | ^ |



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| 22612 | Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed) | - | Х | - | Х |
| 22614 | Spine fusion, extra segment | - | Х | - | Х |
| 22630 | Lumbar spine fusion | - | Х | - | Х |
| | Spine fusion, extra segment | - | Х | - | Χ |
| | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t | - | Х | - | Х |
| 22800 | Fusion of spine | - | Х | - | Х |
| 22802 | Fusion of spine | - | X | - | X |
| | Fusion of spine | - | X | - | X |
| | Anterior thoracic vertebral body tethering, including thoracoscopy | Х | - | Х | - |
| | Anterior thoracic vertebral body tethering, including thoracoscopy | X | - | Х | _ |
| | Anterior thoracic vertebral body tethering, including thoracoscopy | X | - | X | _ |
| 22856 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes | - | Х | - | Х |
| 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for | - | Х | - | Х |
| 22858 | Second level cer diskectomy | - | Х | - | Х |
| | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (list separately in addition to code for primary procedure) | - | Х | - | Х |
| 22867 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sing | Х | - | Х | - |
| 22868 | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; seco | Х | - | Х | - |
| 22869 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single | Х | - | Х | - |
| 22870 | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second | Х | | Х | - |
| 23472 | Reconstruct shoulder joint | - | Χ | - | Χ |
| 24357 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous | Х | - | Х | - |
| 27130 | Total hip replacement | _ | Х | - | Х |

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

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



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| 27278 | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra- articular implant(s) | Х | - | Х | - | |
| 27447 | Total knee replacement | - | Х | - | Х | |
| | Reconstruct ankle joint | - | Х | - | Х | |
| | Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultra | Х | - | Х | - | |
| 29800 | Jaw arthroscopy/surgery | Х | - | - | - | |
| 29804 | Jaw arthroscopy/surgery | Х | - | - | - | |
| 30400 | Reconstruction of nose | Х | - | Х | - | |
| 30410 | Reconstruction of nose | Х | - | Х | - | |
| 30430 | Revision of nose | Χ | - | Χ | - | |
| | Revision of nose | Х | - | Х | - | |
| 30450 | Revision of nose | Х | - | Х | - | |
| 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) | Χ | - | Χ | - | |
| 30469 | Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling | Х | - | Х | - | |
| 30620 | Intranasal reconstruction | Х | - | Х | - | |
| | Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic | Х | - | Х | - | |
| 32701 | Thorax stereo rad target w/tx | - | Х | - | Х | |
| | Donor pneumonectomy | - | X | _ | X | |
| | Lung transplant, single | - | X | - | X | |
| 32852 | Lung transplant with bypass | - | X | - | X | |
| 32853 | Lung transplant, double | - | Х | - | Х | |
| 32854 | Lung transplant with bypass | - | Х | - | Χ | |
| | Backbench standard preparation of cadaver donor lung allograft; unilateral | - | Х | - | Χ | |
| 32856 | Backbench standard preparation of cadaver donor lung allograft; bilateral | - | Х | - | Χ | |
| 32994 | Ablation therapy for reduction or eradication of 1 or more pulm tumor(s) | Х | - | Х | - | |
| 33140 | Heart revascularize (tmr) | Х | - | Х | - | |
| 33141 | Heart tmr w/other procedure | Х | - | Х | - | |
| | Removal of heart lesion | Х | - | Х | - | |
| 33930 | Removal of donor heart/lung | - | Х | - | Χ | |
| | Backbench standard preparation of cadaver donor heart/lung allograft | - | Х | - | X | |
| 33935 | Transplantation, heart/lung | - | Х | - | Χ | |
| 33940 | Removal of donor heart | - | X | - | Х | |
| *P re39t1 4e | Backbencharanderdermaretinnet Gadeweradonorde enteallograft | - | X | - | Χ | |



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| 33945 | Transplantation of heart | - | Χ | - | Х | |
| | Plnning pt spec fenest graft | Х | - | Х | - | |
| | Place needle in vein | Х | - | Х | - | |
| 36416 | Collection of capillary blood specimen (eg, finger, heel, ear stick) | Χ | - | Х | - | |
| 36465 | Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein | - | Х | - | Х | |
| 36466 | Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins | - | Χ | - | Х | |
| 36468 | Injection(s), spider veins | Х | - | Х | - | |
| 36470 | Injection therapy of vein | - | Χ | - | Х | |
| 36471 | Injection therapy of veins | - | Х | - | Х | |
| | Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated | - | Х | - | Х | |
| 36476 | Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins, same extrem, sep sites | - | Х | - | Х | |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated | - | Х | - | Х | |
| 36479 | Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites | - | Х | - | Х | |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated | - | Х | - | Х | |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated | - | Х | - | Х | |
| 37186 | Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncorona | Х | - | Х | - | |
| 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (seps) | Х | - | Х | - | |
| | Revise leg vein | - | Х | - | Х | |
| | Ligation, division, and stripping, short saphenous vein | _ | X | _ | X | |
| 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | - | X | - | X | |
| 37735 | Removal of leg veins/lesion | - | Х | - | Х | |
| | Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg | - | X | - | X | |
| 37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg | - | Х | - | Х | |
| 37765 | Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions | - | Х | - | Х | |
| 37766 | Stab phlebectomy of varicose veins, one extremity; more than 20 incisions | - | X | - | X | |
| | Revision ନର୍ମ୍ବାର ବର୍ଷ ପ୍ରଧାନ ପ୍ରଧାନ ବର୍ଷ ପ୍ରଧାନ ବର୍ଷ ବର୍ଷ ବର୍ଷ ବର୍ଷ ବର୍ଷ ବର୍ଷ ବର୍ଷ ବର୍ଷ | _ | X | _ | X | |



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| 37785 | Revise secondary varicosity | - | Х | - | Х |
| 37788 | Revascularization, penis | Χ | - | - | - |
| 37790 | Penile venous occlusion | Χ | - | - | - |
| 38204 | Management of recipient hematopoietic progenitor cell donor search and cell acquisition | Χ | - | Х | - |
| 38205 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic | - | Х | - | Х |
| 38206 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous | - | Х | - | Х |
| 38207 | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage | - | Х | - | Х |
| 38208 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor | - | Х | - | Х |
| 38209 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor | - | Х | - | Х |
| 38210 | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion | - | Х | - | Х |
| 38211 | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion | - | Х | - | Х |
| | Transplant preparation of hematopoietic progenitor cells; red blood cell removal | - | Х | - | Х |
| 38213 | Transplant preparation of hematopoietic progenitor cells; platelet depletion | - | Х | - | Х |
| 38214 | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion | - | Х | - | Х |
| 38215 | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer | - | Х | - | Х |
| 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 | Х | - | Х | - |
| 38226 | Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage) | Х | - | Х | - |
| 38227 | Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration | Х | - | Х | - |
| 38230 | Bone marrow harvesting for transplantation; allogenic | _ | Х | <u> </u> | Х |
| | Bone marrow harvesting for transplantation; autologous | _ | X | - | X |
| | Bone marrow/stem transplant | _ | X | _ | X |
| | Bone marrow/stem transplant | _ | X | _ | X |
| | Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions | - | X | - | X |
| A1512 | Tongue base suspension, permanent suture technique | Х | | Х | |
| | Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session | X | <u>-</u> | X | <u>-</u> |
| | Submideosal ablation of the torigue base, radiofrequency, one of more sites, per session கேக்கில்லனின் மின் of visits. Limit depends on plan/provider type. | X | | X | <u>-</u> |



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| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists de | o not reflect information r | egarding immu | nizations, injectable | |
| 41822 | Excision of gum lesion | Х | - | Х | - | |
| | Excision of gum lesion | Χ | - | Х | - | |
| 41825 | Excision of gum lesion | Χ | - | Х | - | |
| 41826 | Excision of gum lesion | Χ | - | Х | - | |
| 41827 | Excision of gum lesion | Χ | - | Х | - | |
| 41828 | Excision of gum lesion | Χ | - | Х | - | |
| | Removal of gum tissue | Х | - | Х | - | |
| | Treatment of gum lesion | Χ | - | Х | - | |
| | Gum graft | Χ | - | Х | - | |
| | Repair gum | Χ | - | Х | - | |
| | Repair tooth socket | Χ | - | Х | - | |
| | Remove tonsils and adenoids | - | Х | - | Х | |
| | Remove tonsils and adenoids | - | Х | - | Х | |
| | Removal of tonsils | - | X | - | X | |
| | Removal of tonsils | - | X | - | X | |
| | Removal of adenoids | - | X | - | X | |
| | Removal of adenoids | - | X | _ | X | |
| | Removal of adenoids | _ | X | - | X | |
| | Removal of adenoids | - | X | _ | X | |
| | Esoph optical endomicroscopy | Х | - | Х | - | |
| | Upper gi optical endomicrscopy | X | - | X | - | |
| 43290 | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon | X | - | Х | - | |
| | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s) | Х | - | Х | - | |
| 43633 | Removal of stomach, partial | - | Х | - | Х | |
| | Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm) | - | Х | - | Х | |
| 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction | - | Х | - | Х | |
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneou | Х | - | Х | - | |
| | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only | Х | - | Х | - | |
| | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band | Х | - | Х | - | |



| | Description | Small Employer / Individual | | Large Employer | |
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| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only | Х | - | Х | - |
| 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port component | Х | - | - | Х |
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) | Х | - | - | Х |
| 43800 | Pyloroplasty | - | Х | - | Х |
| | Gastroplasty for obesity | Х | - | - | Х |
| | Gastroplasty for obesity | Х | - | Х | - |
| | Gastric revision for obesity | Х | - | - | Х |
| | Gastric bypass for obesity | Х | - | - | Х |
| | Gastric bypass for obesity | Х | - | Х | - |
| | Revision gastroplasty | Х | - | - | Х |
| | Revise stomach-bowel fusion | Х | - | - | Х |
| | Revise stomach-bowel fusion | Х | - | - | Х |
| | Gastric restrictive procedure, open; revision of subcutaneous port component only | Х | - | Х | - |
| | Gastric restrictive procedure, open; removal of subcutaneous port component only | Х | - | Х | - |
| 43888 | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component | Х | - | Х | - |
| 44400 | lonly | | | ., | |
| | Enterectomy, cadaver donor | X | - | X | - |
| | Enterectomy, live donor | X | - | Х | - |
| | Intestine transplnt, cadaver | X | X | - | X |
| | Intestine transplant, live | X | X | - | X |
| | Removal of transplanted intestinal allograft, complete | X | X | - | X |
| | Backbench standard preparation of cadaver or living donor intestine allograft | Х | - | Х | - |
| 44720 | Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each | Х | - | Х | - |
| 44721 | Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each | Х | - | Х | - |
| 46930 | Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency) | Х | - | Х | - |
| 47133 | Removal of donor liver | _ | X | _ | Х |
| | Transplantation of liver | 1 _ | X | _ | X |
| | Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only | - | X | - | X |

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| | Description | Small En | nployer / Individual | Large Employer | | |
|---------------------------------|---|----------------|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| Disclaimer: P drugs, or spec | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists d | o not reflect information re | egarding immu | nizations, injectable | |
| 47141 | Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy | - | Х | - | Х | |
| 47142 | Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy | - | Х | - | Х | |
| 47143 | Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split | - | Х | - | Х | |
| 47144 | Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts | - | Х | - | Х | |
| 47145 | Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts | - | Х | - | Х | |
| 47146 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each | - | Х | - | Х | |
| 47147 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each | - | Х | - | Х | |
| 48550 | Donor pancreatectomy | - | Χ | - | Χ | |
| 48551 | Backbench standard preparation of cadaver donor pancreas allograft | - | Χ | - | Х | |
| | Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each | - | Х | - | Х | |
| 48554 | Transpl allograft pancreas | - | Х | - | Х | |
| 48556 | Removal, allograft pancreas | - | Χ | - | Χ | |
| | Removal of donor kidney | - | Χ | - | Χ | |
| 50320 | Removal of donor kidney | - | Χ | - | Х | |
| 50323 | Backbench standard preparation of cadaver donor renal allograft | - | Χ | - | Х | |
| 50325 | Backbench standard preparation of living donor renal allograft (open or laparoscopic) | - | Χ | - | Х | |
| 50327 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each | - | Х | - | Х | |
| 50328 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each | - | Х | - | Х | |
| 50329 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each | - | Х | - | Х | |
| 50340 | Removal of kidney | - | X | _ | X | |
| 50360 | Transplantation of kidney | - | X | _ | X | |
| 50365 | Transplantation of kidney | - | X | - | X | |
| | Remove transplanted kidney | - | X | - | X | |
| | Reimplantation of kidney | - | X | - | X | |

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|----------------------------------|---|------------------|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| Disclaimer: Pl drugs, or spec | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable | |
| 50382 | Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including r | Х | - | Х | - | |
| 50547 | Laparo removal donor kidney | - | Х | _ | Х | |
| | Hysterectomy/bladder repair | - | X | _ | X | |
| | Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence | Х | - | Х | - | |
| | Insertion of tandem cuff (dual cuff) | X | _ | X | _ | |
| | Transurethral rf treatment | X | - | X | - | |
| | Treatment of penis lesion | X | - | - | _ | |
| | Treatment of penis lesion | X | - | - | - | |
| | Treatment of penis lesion | X | - | - | _ | |
| | Treatment of penis lesion | X | - | - | _ | |
| | Prepare penis study | X | - | - | _ | |
| | Dynamic cavernosometry | X | - | - | - | |
| | Penile injection | X | - | - | _ | |
| | Penis study | X | - | - | - | |
| | Penis study | X | - | _ | _ | |
| | Removal of all components of a multi-component, inflatable penile prosthesis without | X | - | - | _ | |
| 54400 | replacement of prosthesis | | | | | |
| | Repair of component(s) of a multi-component, inflatable penile prosthesis | Х | - | - | - | |
| 54410 | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session | Х | - | - | - | |
| 54411 | Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig & debridemnt | Х | - | - | - | |
| 54415 | Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis | Х | - | - | - | |
| 54416 | Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session | Х | - | - | - | |
| 54417 | Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridement | Х | - | _ | - | |
| 54660 | Revision of testis | Х | _ | X | | |
| | Repair of sperm duct | X | | | - | |
| | Electroejaculation | X | - | X | - | |
| | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), | | - | _ ^ | - | |
| | including ultrasound guidance | Х | - | Х | - | |
| | Sex transformation, m to f | - | Χ | - | Χ | |
| P 5 5 9 18 One | Sevatransferimations of the iss. Limit depends on plan/provider type. | - | Х | - | Х | |



| | Description | Small En | nployer / Individual | Large Employer | | |
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| 57465 | Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure) | х | - | х | - | |
| 58150 | Total hysterectomy | _ | Х | _ | Х | |
| | Total hysterectomy | _ | X | _ | X | |
| | Partial hysterectomy | _ | X | _ | X | |
| 58200 | Extensive hysterectomy | _ | X | _ | X | |
| 58260 | Vaginal hysterectomy, for uterus 250 grams or less; | _ | X | _ | X | |
| 58262 | Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s) | - | X | - | X | |
| 58263 | Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele | - | X | - | Х | |
| 58267 | Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type, pereyra | - | Х | - | Х | |
| 58270 | Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele | _ | Х | - | Х | |
| 58275 | Hysterectomy/revise vagina | _ | X | - | X | |
| | Hysterectomy/revise vagina | _ | X | - | X | |
| | Vaginal hysterectomy, for uterus greater than 250 grams; | _ | X | - | X | |
| 58291 | Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s) | - | X | - | X | |
| 58292 | Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc | - | X | - | Х | |
| 58294 | Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele | - | Х | - | Х | |
| 58321 | Artificial insemination | Х | - | Х | - | |
| 58322 | Artificial insemination | Χ | _ | Х | - | |
| 58323 | Sperm washing | Χ | _ | Х | - | |
| 58541 | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; | - | Χ | - | Х | |
| 58542 | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) | - | Х | - | Х | |
| 58543 | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; | - | Х | - | Х | |
| 58544 | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s | - | X | - | X | |
| 58550 | Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; | _ | X | _ | X | |
| 58552 | Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s) | - | X | - | X | |
| D58553 | Leopartosconay, թարցերակ, weith verginal byesterepstermy,/for uterus greater than 250 grams; | _ | X | _ | Х | |
| NOW WITH YILL | geranan-contain namigoren, visitsi Emgindepellas airphanipishadi Apa.co grodici tricii 200 grafiis, | | | ļ ļ | | |



| | | Small En | ıployer / Individual | Large Employer | |
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| 58554 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar | - | Х | - | Х |
| 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | Х | - | Х | - |
| 58570 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; | - | Χ | - | Х |
| | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) | - | Х | - | Х |
| 58572 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; | - | Χ | - | Χ |
| 58573 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | - | Х | - | Х |
| 58673 | Laparoscopy, salpingostomy | Х | - | Х | - |
| | Repair oviduct | Х | - | Х | _ |
| | Create new tubal opening | Х | - | Х | - |
| | Retrieval of oocyte | Х | - | Х | - |
| 58974 | Transfer of embryo | Х | - | Х | - |
| 58976 | Transfer of embryo | Х | _ | Х | - |
| 59070 | Transabdominal amnioinfusion, including ultrasound guidance | Χ | - | Х | - |
| 59072 | Fetal umbilical cord occlusion, including ultrasound guidance | Х | - | Х | - |
| 59866 | Abortion (mpr) | Χ | - | Х | - |
| 60660 | Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency | _ | Х | - | Х |
| 60661 | Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure) | - | Х | - | Х |
| 61630 | Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous | Х | - | Х | - |
| 61635 | Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop | Х | - | Х | - |
| 61640 | Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel | Х | - | Х | - |
| | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat | Х | - | Х | - |
| 61642 | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se | Х | - | Х | - |
| 61715 | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed | - | Х | - | Х |

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| | | Small Employer / Individual Large Employer | | | | |
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| 61736 | Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion | х | - | Х | - | |
| 61737 | Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s) | х | - | Х | - | |
| 61796 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion | - | Х | - | Х | |
| 61797 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis | - | Х | - | Х | |
| 61798 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion | - | Х | - | Х | |
| 61799 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li | - | Х | - | Х | |
| 61800 | Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro | - | Х | - | Х | |
| 62263 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e | Х | - | Х | 1 | |
| 62264 | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e | Х | - | Х | ı | |
| 62287 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi | Х | - | Х | ı | |
| 62380 | Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 | Х | - | Х | 1 | |
| 63052 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (list separately in addition to code for primary procedure) | - | X | - | X | |
| 63053 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (list separately in addition to code for primary procedure) | - | Х | - | Х | |
| 63620 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion | - | Х | - | Х | |

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| 63621 | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat | - | Х | - | Х |
| 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х |
| 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х |
| 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х |
| 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х |
| 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х |
| 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х |
| 64505 | □ Injection, anesthetic agent; sphenopalatine ganglion | Х | - | Х | - |
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral | - | Х | - | Х |
| 64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure) | - | Х | - | Х |
| 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint | - | Х | - | Х |
| 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separat | - | Х | - | Х |
| 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint | - | Х | - | Х |
| 64636 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately | - | Х | - | Х |
| 65760 | Revision of cornea | Χ | - | Χ | - |
| | Revision of cornea | Χ | - | Х | - |
| | Corneal tissue transplant | Χ | - | Х | - |
| | Revise cornea with implant | Х | - | Х | - |
| | Radial keratotomy | Х | - | Х | - |
| 66762 | Revision of iris | Х | - | Χ | - |

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|-------|---|----------------|------------------------------|----------------|------------------------------|
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| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| 67027 | Implant eye drug system | - | Х | - | Х |
| 67516 | Suprachoroidal space injection of pharmacologic agent (separate procedure) | Х | - | Χ | - |
| 67715 | Incision of eyelid fold | Х | - | Χ | - |
| 67900 | Repair brow defect | - | Х | - | Х |
| 67901 | Repair eyelid defect | - | Х | - | Х |
| 67902 | Repair eyelid defect | - | Х | - | Χ |
| 67903 | Repair eyelid defect | - | Х | - | Χ |
| 67904 | Repair eyelid defect | - | Х | - | Χ |
| 67906 | Repair eyelid defect | - | Х | - | Χ |
| 67908 | Repair eyelid defect | - | Х | - | Χ |
| 67909 | Revise eyelid defect | - | Χ | - | Χ |
| 67911 | Revise eyelid defect | - | Х | - | Χ |
| 68841 | Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal | | | | |
| | canaliculus, each | Х | - | X | - |
| 69090 | Pierce earlobes | Χ | - | Χ | - |
| 69300 | Revise external ear | Χ | - | Χ | - |
| 69710 | Implant/replace hearing aid | - | Χ | - | Χ |
| 69711 | Remove/repair hearing aid | - | Χ | - | Χ |
| 69714 | Implant temple bone w/stimul | - | Χ | - | Χ |
| 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | - | Х | - | Х |
| 69717 | Temple bone implant revision | _ | Х | _ | Х |
| | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | - | X | - | X |
| 69726 | Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor | - | Х | - | Х |
| 69727 | Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | - | X | - | Х |
| 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 | - | Х | - | Х |
| 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 | - | Х | - | Х |

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| | | Small En | nployer / Individual | Large Employer | |
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| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| 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 | - | Х | - | X |
| 69930 | Implant cochlear device | - | Χ | - | Χ |
| 74263 | Computed tomographic (ct) colonography, screening, including image postprocessing | Х | - | Х | - |
| 76014 | MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes | х | - | х | - |
| 76015 | MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure) | х | - | х | - |
| 76016 | MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report | х | - | х | - |
| 76017 | MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report | х | - | х | - |
| 76018 | MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report | Х | - | Х | - |

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| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| Disclaimer: P Irugs, or spe | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists de | o not reflect information re | egarding immu | nizations, injectable |
| 76019 | MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report | х | - | х | - |
| 76140 | X-ray consultation | Х | - | Х | - |
| | Echo guide, ova aspiration | Х | - | Х | - |
| | Us bone density measure | Х | - | Х | - |
| 77078 | Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) old code 760 | Х | - | Х | - |
| 77081 | Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, rad | Х | - | Х | - |
| 77086 | Fracture assessment via dxa | Х | - | Х | - |
| | Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis | - | Х | - | Х |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis | - | Х | - | Х |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en | - | Х | - | Х |
| 77423 | High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non- coplanar geometry with blo | - | - | Х | - |
| 77432 | Stereotactic radiation trmt | - | Χ | - | X |
| 77435 | Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image | - | Х | - | Х |
| 77520 | Proton trmt, simple w/o comp | - | Х | - | Х |
| | Proton trmt, simple w/comp | | Х | _ | Х |
| 77523 | Proton trmt, intermediate | - | Х | - | Х |
| 77525 | Proton treatment, complex | - | Χ | - | Х |
| 78350 | Bone mineral, single photon | Х | - | Χ | - |
| | Alcohols | Х | - | Χ | - |
| | Alcohol biomarkers; 1 or 2 | Х | = | Х | - |
| | Alcohol biomarkers; 3 or more | Х | - | Х | - |
| 80323 | Alkaloids, not otherwise specified | Х | - | Х | - |
| | Amphetamines; 1 or 2 | Х | - | Х | - |
| 80325 | Amphetamines; 3 or 4 | Х | - | Х | - |

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|-------|--|--|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarte cialty medications and should be directed to the Pharmacy link option within the website. | erly. Additionally, these coding lists d | o not reflect information re | egarding immul | nizations, injectable | |
| 80326 | Amphetamines; 5 or more | X | - | Х | - | |
| 80327 | Anabolic steroids; 1 or 2 | X | - | Χ | - | |
| 80328 | Anabolic steroids; 3 or more | X | - | Χ | - | |
| 80329 | Analgesics, non-opioid; 1 or 2 | X | - | Χ | - | |
| 80330 | Analgesics, non-opioid; 3-5 | X | - | Χ | - | |
| | Analgesics, non-opioid; 6 or more | X | - | Χ | - | |
| | Antidepressants, serotonergic class; 1 or 2 | Х | - | Х | - | |
| | Antidepressants, serotonergic class; 3-5 | Х | - | Х | - | |
| | Antidepressants, serotonergic class; 6 or more | X | - | Х | - | |
| | Antidepressants, tricyclic and other cyclicals; 1 or 2 | X | - | Х | - | |
| | Antidepressants, tricyclic and other cyclicals; 3-5 | Х | - | Х | - | |
| | Antidepressants, tricyclic and other cyclicals; 6 or more | Х | - | Х | - | |
| | Antidepressants, not otherwise specified | Х | - | Х | - | |
| | Antiepileptics, not otherwise specified; 1-3 | X | _ | Х | _ | |
| | Antiepileptics, not otherwise specified; 4-6 | X | _ | X | _ | |
| | Antiepileptics, not otherwise specified; 7 or more | X | _ | X | _ | |
| | Antipsychotics, not otherwise specified; 1-3 | X | _ | X | - | |
| | Antipsychotics, not otherwise specified; 4-6 | X | _ | Х | _ | |
| | Antipsychotics, not otherwise specified; 7 or more | X | _ | X | - | |
| | Barbiturates | X | _ | Х | - | |
| | Benzodiazepines; 1-12 | X | _ | X | - | |
| | Benzodiazepines; 13 or more | X | _ | X | _ | |
| | Buprenorphine | X | _ | X | - | |
| | Cannabinoids, natural | X | _ | X | - | |
| | Cannabinoids, synthetic; 1-3 | X | _ | X | - | |
| | Cannabinoids, synthetic; 4-6 | X | _ | X | - | |
| | Cannabinoids, synthetic; 7 or more | X | _ | X | - | |
| | Cocaine | X | _ | X | _ | |
| | Fentanyl | X | _ | Х | - | |
| | Gabapentin, non-blood | X | _ | X | - | |
| | Heroin metabolite | X | _ | X | - | |
| | Ketamine and norketamine | X | _ | X | _ | |
| | Methadone | X | _ | X | _ | |
| | Methylenedioxyamphetamines (mda, mdea, mdma) | X | _ | X | _ | |
| | Methylphenidate | X | _ | X | _ | |
| | Paliates et als Marger of visits. Limit depends on plan/provider type | X | _ | X | _ | |



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| 80362 | Opioids and opiate analogs; 1 or 2 | Х | - | Х | - |
| | Opioids and opiate analogs; 3 or 4 | Χ | - | Х | - |
| 80364 | Opioids and opiate analogs; 5 or more | Х | - | Х | - |
| 80365 | Oxycodone | Х | - | Χ | - |
| 80366 | Pregabalin | Х | - | Χ | - |
| 80367 | Propoxyphene | Х | - | Χ | - |
| 80368 | Sedative hypnotics (non-benzodiazepines) | Х | - | Χ | - |
| 80369 | Skeletal muscle relaxants; 1 or 2 | Χ | - | Χ | - |
| 80370 | Skeletal muscle relaxants; 3 or more | Χ | - | Χ | - |
| 80371 | Stimulants, synthetic | Χ | - | Χ | - |
| | Tapentadol | Χ | - | Χ | - |
| | Tramadol | Χ | - | Χ | - |
| | Stereoisomer anal single drug class | Χ | - | Χ | - |
| 80375 | Drug(s) definitive, qual or quant nos 1-3 | Х | - | Χ | - |
| 80376 | Drug(s) definitive, qual or quant unlisted 4-6 | Х | - | Χ | - |
| | Drug(s) definitive, qual or quant nos 7 or more | Χ | - | Χ | - |
| 81120 | Idh1 (isocitrate dehydrogenase 1 [nadp+], soluble) (eg, glioma), common variants (eg, r132h, r132c) | - | X | - | Х |
| | idh2 (isocitrate dehydrogenase 2 [nadp+], mitochondrial) (eg, glioma), common variants (eg, r140w, r172m) | - | Х | - | Х |
| | Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis | - | Х | - | Х |
| | Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | - | Х | - | Х |
| 81164 | Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de | - | Х | - | Х |
| | Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | - | Х | - | Х |
| | Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | - | Х | - | Х |
| 81167 | Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | - | X | - | Х |
| 81173 | Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence | - | Х | - | Х |
| | Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x seromosenae inactivativa);generaeelysis;kpawn familiebyariant | - | Х | - | Х |



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| 81175 | Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence | - | Х | - | Х |
| 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) | - | Х | - | Х |
| 81177 | Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81178 | Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81179 | Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | X | - | Х |
| 81180 | Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81181 | Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | X | - | Х |
| | Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81183 | Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81184 | Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81185 | Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence | - | Х | - | Х |
| 81186 | Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant | - | X | - | X |
| 81187 | Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81188 | Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81189 81190 | Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s) | - | X X | - | X X |
| | Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis | - | X | - | X |
| | Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis | - | Х | - | Х |

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| 81193 | Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis | - | Х | - | Х |
| 81194 | Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis | | Х | - | X |
| 81195 | Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM) | - | Х | - | Х |
| 81201 | Apc gene analysis; full sequence | - | Х | - | Х |
| 81202 | Apc gene analysis; known fam variants | - | Х | - | Х |
| | Apc gene anaysis; duplication/deletion variants | - | Х | - | Х |
| 81204 | Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me | 1 | х | - | X |
| 81209 | Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant | - | Х | - | Х |
| 81212 | Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants | - | Х | - | Х |
| 81215 | Brca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | - | Х | - | Х |
| 81216 | Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | - | Х | - | Х |
| 81217 | Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | - | Х | - | Х |
| 81218 | Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence | - | Х | - | Х |
| 81223 | Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence | - | Х | - | Х |
| 81225 | Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17) | - | Х | - | Х |
| 81226 | Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, | - | Х | - | Х |
| 81227 | Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6) | - | Х | - | Х |
| 81228 | Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [bac] or oligo-bas | - | Х | - | Х |

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| 81229 | Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosoma | - | Х | - | Х |
| 81230 | Cyp3a4, gene analysis, common variant(s) | - | Х | - | Х |
| 81231 | Cyp3a5, gene analaysis, common variants | - | Х | - | Χ |
| | Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f) | - | Х | - | Х |
| 81234 | Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles | - | Х | - | Х |
| 81235 | Egfr gene analysis; common variants | - | Х | - | Х |
| 81236 | Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence | - | Х | - | Х |
| 81237 | Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646) | - | Х | - | Х |
| 81239 | Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size) | - | Х | - | Х |
| 81242 | Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t) | - | Х | - | Х |
| 81250 | G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x) | - | Х | - | Х |
| 81251 | Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a) | - | Х | - | Х |
| 81252 | Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence | - | Х | - | Х |
| 81254 | Gjb6 gene com variants | - | Х | - | Х |
| 81260 | lkbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg,2507+6 | - | Х | - | Х |
| 81261 | Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, | - | Х | - | Х |
| 81262 | Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e | - | X | - | Х |

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| 81263 | lgh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis | - | Х | - | Х |
| 81264 | lgk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s) | - | Х | - | Х |
| 81272 | Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ | - | Х | - | Х |
| 81273 | Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s) | - | Х | - | Х |
| 81278 | Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative | - | Х | - | Х |
| 81279 | Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13) | - | Х | - | Х |
| 81284 | Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles | - | Х | - | Х |
| 81285 | Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size) | - | Х | - | Х |
| 81286 | Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence | - | Х | - | Х |
| | Mgmt gene methylation anal | - | Χ | - | Χ |
| | Mlh1 gene methylation anal | - | Χ | - | Χ |
| | Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c) | Х | - | Х | - |
| 81292 | Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis | - | Х | - | Х |
| 81293 | Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants | - | Х | - | Х |
| 81294 | Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants | - | Х | - | Х |
| 81295 | Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis | - | Х | - | Х |
| 81296 | Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants | - | Х | - | Х |
| 81297 | Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants | - | Х | - | Х |
| 81298 | Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis | - | Х | - | Х |

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| | | Small En | nployer / Individual | Large Employer | | |
|---------------------------------|---|-------------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| Disclaimer: P drugs, or spec | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists de | o not reflect information re | egarding immu | nizations, injectable | |
| 81300 | Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants | - | Х | - | Х | |
| 81301 | Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com | - | Х | - | Х | |
| | Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant | - | Х | - | Х | |
| 81307 | Palb2 gene full gene seq | - | X | - | Х | |
| | Pik3ca gene trgt seg alys | - | X | - | X | |
| | Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61) | - | Х | - | Х | |
| 81312 | Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х | |
| 81313 | Pca3 klk3 | - | Х | - | Х | |
| | Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18) | - | Х | - | Х | |
| 81316 | Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative | - | Х | - | Х | |
| 81317 | Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis | - | Х | - | Х | |
| 81318 | Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants | - | Х | - | Х | |
| 81319 | Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants | - | Х | - | Х | |
| 81320 | Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f) | - | Х | - | Х | |
| 81321 | Pten gene analysis;full seq analysis | - | Х | - | Х | |
| | Pten gene analysis; duplication/deletion variant | - | Х | - | X | |
| | Pmp22 gene analysis; dup/deletion analysis | - | Χ | - | Χ | |
| | Pmp22 gene analysis; full seq analysis | - | Χ | - | Χ | |
| | Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant | - | X | - | Χ | |
| | Sept9 (septin9) (eg, colorectal cancer) methylation analysis | Х | - | Х | - | |
| 81328 | Slc01b1, gene analysis, common variant(s) | - | X | - | Χ | |

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| 81330 | Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330) | - | Х | - | Х |
| 81333 | Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q) | - | Х | - | Х |
| 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) | - | Х | - | Х |
| 81338 | Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r) | - | Х | - | Х |
| 81339 | Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10 | - | Х | - | Х |
| 81340 | Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol | - | Х | - | Х |
| 81341 | Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methology (eg, southe | - | Х | - | Х |
| 81342 | Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s) | - | Х | - | Х |
| 81343 | Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81344 | Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | - | Х | - | Х |
| 81345 | Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region) | - | Х | - | Х |
| 81347 | Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l) | - | Х | - | Х |
| 81348 | Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l) | - | Х | - | Х |
| 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 | - | Х | - | Х |
| 81351 | Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence | - | Χ | - | X |
| 81352 | Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology) | - | Х | - | Х |

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|----------------------------------|---|------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| Disclaimer: Pl drugs, or spec | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| 81355 | Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673) | - | Х | - | Х |
| | U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, s34f, s34y, q157r, q157p) | - | Х | - | Х |
| | Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs) | - | Х | - | Х |
| 81400 | Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm | - | Х | - | Х |
| 81401 | Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dy | - | Х | - | Х |
| 81402 | Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul | - | Х | - | Х |
| 81403 | Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions, | - | Х | - | Х |
| 81404 | Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati | - | Х | - | Х |
| 81405 | Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch | - | Х | - | Х |
| 81406 | Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar | - | Х | - | Х |
| 81407 | Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysi | - | Х | - | Х |
| 81408 | Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (| - | Х | - | Х |
| | Gsps for aortic dysfnc or dilat | - | Χ | - | Χ |
| | Gsps for aortic dysfnc or dilat dupe delete anal | - | Χ | - | Χ |
| 81412 | Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia faconi anemia group c. gaucher disease, tay-sachs disease), | - | Х | - | х |

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| sclaimer. Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable upon various of the property of the prope | | Description | Small Employer / Individual | | Large Employer | |
|--|------------------------------|--|-----------------------------|-----------------------------|----------------|------------------------------|
| 281413 Cardiac ion channelopathies (eg, brigada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel, - X - X - X - X - X - X - X - X - X - | Codes | | | | | Preauthorization Required |
| catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication deletion gene analy - X - X 814115 Exome sequence anal 81416 Exome sequence anal e add - X - X 81417 Exome sequence anal re eval 81417 Exome sequence anal re eval 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 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, scs9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2 81422 Feta chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-du-chat syndrome), circulating cell-free fetal dna in maternal blood 81425 Gsps for unex costitut heritable ds ea add - X - X 81430 Gsps for unex costitut heritable ds re-eval 81430 Gsps for hearing loss dupe delete anal 81430 Gsps for hearing loss dupe delete anal 81431 Gsps for hearing loss dupe delete anal 81434 Hereditary retinal disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: amb rocal broa2 brip1 cdh 81434 Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b - X - X - X 81439 Ihereditary retinal disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s - X - X 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu | isclaimer: P rugs, or spe | elease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| catecholaminergic polymorphic ventricular tachycardia); duplication deletion gene analy - X - X 81416 Exome sequence anal - X - X 81417 Exome sequence anal ea add - X - X 81418 Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis X - X - X 81419 Epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a, kcnq2, mep2, pcdh19, polg, prt2, scn1a, scn1b, scn2a, scn8a, slc2a1, - X - X 81429 Felal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-du-chat syndrome), circulating cell-free fetal dna in maternal blood 81422 Fesps for unex costitut heritable ds 81426 Gsps for unex costitut heritable ds ea add 81427 Gsps for unex costitut heritable ds re-eval 81427 Gsps for hearing loss dupe delete anal 81430 Gsps for hearing loss dupe delete anal 81431 Gsps for hearing loss dupe delete anal 81432 Hereditary retainal disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh 81434 Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b 81436 Gsps for colon ca 81437 Hereditary retinal disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s - X - X 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu - X - X - X - X - X - X - X - X | 81413 | | - | Х | - | Х |
| State Exome sequence anal ea add - X - X - X State Exome sequence anal re-eval - X - X - X State Exome sequence anal re-eval - X - X - X State Exome sequence anal re-eval - X - X - X State Exome sequence anal re-eval - X - X - X State Exit Exome sequence anal re-eval - X - X - X State Exit Exome sequence anal re-eval - X - X - X - X - X State Exit Ex | 81414 | | - | Х | - | Х |
| State Exome sequence anal ea add - X - X - X State Exome sequence anal re-eval - X - X - X State Exome sequence anal re-eval - X - X - X State Exome sequence anal re-eval - X - X - X State Exome sequence anal re-eval - X - X - X State Exit Exome sequence anal re-eval - X - X - X State Exit Exome sequence anal re-eval - X - X - X - X - X State Exit Ex | 81415 | Exome sequence anal | - | Х | - | Х |
| Exome sequence anal re-eval Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis X | 81416 | | - | | - | |
| B1418 Drug metabolism (eg., pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis X | | | - | | - | |
| chd2, gabrg2, grin2a, kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2 Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-duchat syndrome), circulating cell-free fetal dna in maternal blood 81425 Gsps for unex costitut heritable ds 81426 Gsps for unex costitut heritable ds ea add 81427 Gsps for unex costitut heritable ds re-eval 81430 Gsps for hearing loss 81431 Gsps for hearing loss 81432 Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh 81434 Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b 81437 Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy) genomic sequence analysis panel, must inclu 81430 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy) genomic sequence analysis panel, must inclu 81431 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy) genomic sequence analysis panel, must inclu 81432 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy) genomic sequence analysis panel, must inclu 81434 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy) genomic sequence analysis panel, must inclu 81444 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy) genom | 81418 | Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include | Х | - | Х | - |
| Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-duchat syndrome), circulating cell-free fetal dna in maternal blood X | 81419 | chd2, gabrg2, grin2a, kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, | - | Х | - | Х |
| 81426 Gsps for unex costitut heritable ds ea add 81427 Gsps for unex costitut heritable ds re-eval 81430 Gsps for unex costitut heritable ds re-eval 81430 Gsps for hearing loss 9 | 81422 | Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-du- | Х | - | Х | - |
| Seps for unex costitut heritable ds re-eval - | 81425 | Gsps for unex costitut heritable ds | - | Х | - | X |
| Seps for hearing loss Seps for hearing loss Seps for hearing loss dupe delete anal Seps for hearing loss dupe Seps for hearing loss dupe delete anal Seps for hearing loss dupe Seps for | 81426 | Gsps for unex costitut heritable ds ea add | - | Х | - | Х |
| 81431 Gsps for hearing loss dupe delete anal 81432 Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh 81434 Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b 81435 Gsps for colon ca 81437 Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu 844 A Company A Co | 81427 | Gsps for unex costitut heritable ds re-eval | - | Х | - | Х |
| Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b Saturation of the distribution of | 81430 | Gsps for hearing loss | - | Х | - | Х |
| must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh - X - X 81434 Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b 81435 Gsps for colon ca - X - X 81437 Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s - X - X 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu - X - X - X - X - X | 81431 | Gsps for hearing loss dupe delete anal | - | Х | - | X |
| dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b 81435 Gsps for colon ca 81437 Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu - X - X - X - X - X - X | 81432 | | - | х | - | Х |
| 81435 Gsps for colon ca 81437 Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu - X - X - X - X - X | 81434 | | - | Х | - | Х |
| Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s - X - X Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu - X - X | 81435 | | - | Х | - | Х |
| pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s - X - X 81439 Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu - X - X | 81437 | | | | | |
| arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu - X - X | | | - | Χ | - | Χ |
| 81440 Gsps nuclear encod mitochondrial genes | 81439 | | - | Х | - | Х |
| | 81440 | Gsns nuclear encod mitochondrial genes | _ | Y | | Y |

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| | Description | Small Er | nployer / Individual | Large Employer | |
|-------|--|------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| | Inherited bone marrow failure syndromes (ibmfs) (eg, fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb, fancc, fancd2, fance, fancf, fancg, fanci, fancl, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tinf2 | - | X | - | X |
| | Noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, noonan-like syndrome); must incl genomic sequencing 12 ge | - | Х | - | Х |
| 81445 | Gsps for solid organ neoplasm | - | X | - | Х |
| | Hereditary peripheral neuropathies (eg, charcot-marie-tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, bscl2, gjb1, mfn2, mpz, reep1, spast, spg11, sptlc1) | - | Х | - | Х |
| 81449 | Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, met, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed; rna analysis | - | Х | - | Х |
| 81450 | Gsps hematolymphoid neo 5-50 genes | - | Х | - | Х |
| | Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis | - | Х | - | х |
| | Gsps hematolymphoid neo =/>51 genes | - | Χ | - | Х |
| | Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis | - | X | - | X |
| 81457 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability | - | Х | - | Х |
| 81458 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability | - | X | - | X |

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|--------------------------------|---|-----------------------------|------------------------------|----------------|------------------------------|
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| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | - | Х | - | Х |
| 81460 | Gsps for whole mitochondrial genome | - | Χ | - | Χ |
| 81462 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements | - | Х | - | Х |
| 81463 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability | - | Х | - | Х |
| 81464 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | - | X | - | X |
| 81465 | Gsps for whole mitochondrial genome lg delete anal | - | Х | - | Х |
| 81470 | Gsps for xlid at least 60 genes | - | Χ | - | Х |
| 81471 | Gsps for xlid at least 60 genes | - | Х | - | Х |
| 81479 | Unlisted molecular pathology | - | Χ | - | Х |
| 81490 | Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score | Х | - | Х | - |
| 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 | - | Х | - | Х |
| 81500 | Maaa 2 serum proteins | Х | - | Х | - |
| 81503 | Maaa 2 serum proteins | Χ | - | Χ | - |
| | Oncology tissue of origin | - | Χ | - | Χ |
| | Maaa 7 serum/plasma analytes | Х | - | Χ | - |
| | Fetal aneuploidy trisom risk | - | Χ | - | Χ |
| 81512 | Maaa 5 maternal serum analytess | Х | - | Χ | - |
| 81517 | Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years | Х | - | х | - |
| | Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm | - | Х | - | Х |
| 81519 | Gsps onco (brst) 21 genes | - | Χ | - | X |

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| 81520 | Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes | - | Х | - | Х |
| 81521 | Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes | - | Х | - | Х |
| 81522 | Onc breast mrna 12 genes | - | Х | - | Х |
| 81523 | Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis | - | Х | - | Х |
| 81525 | Oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm | - | Х | - | Χ |
| 81529 | Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis | Х | - | Х | - |
| 81535 | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; first singl | Х | - | Х | - |
| 81536 | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; each additi | Х | - | Х | - |
| 81538 | Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva | Х | - | Х | - |
| 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 | Х | - | Х | - |
| 81540 | Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and | - | Х | - | Х |
| 81541 | Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes | - | Χ | - | Χ |
| 81542 | Onc prostate mrna 22 cnt gen | - | Х | - | X |
| 81546 | Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious) | - | Х | - | Х |
| 81551 | Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes | | Х | - | Χ |
| 81552 | Onc breast mrna 12 genes | - | Х | - | Χ |
| 81554 | Pulmonary disease (idiopathic pulmonary fibrosis [ipf]), mrna, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [uip]) | - | Х | - | Х |

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| 81558 | Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection | х | - | Х | - |
| 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 | х | - | Х | - |
| 81595 | Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b | - | Х | - | Х |
| 81596 | Infectious disease, chronic hepatitis c virus (hcv) infection, six biochemical assays (alt, a2-macroglobulin, apolipoprotein a-1, total bilirubin, ggt, and haptoglobin) utiliz | - | - | Х | - |
| | Beta-amyloid; 1-40 (Abeta 40) | Χ | - | X | - |
| | Beta-amyloid; 1-42 (Abeta 42) | Χ | - | X | - |
| 82777 | Assay of galectin-3 | Χ | - | Х | - |
| | Assay growth hormone (st2) | Χ | - | Χ | - |
| 83701 | Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when | Х | - | Х | - |
| 83704 | Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear mag | Х | - | Х | - |
| 83950 | Oncoprotein; her-2/neu | Χ | - | Х | - |
| | Oncoprotein; des-gamma-carboxy-prothrombin (dcp) | Χ | - | Х | - |
| | Ph; exhaled breath condensate | Χ | - | Х | - |
| 83992 | Assay for phencyclidine | Χ | - | Х | - |
| | Allergen specific ige; qualitative, multiallergen screen (eg, disk, sponge, card) | Χ | - | Х | - |
| | Cell enumeration | Χ | - | Х | - |
| | Cell enumeration phys interp | Χ | - | Х | - |
| 86343 | Leukocyte histamine release | Х | - | Х | - |
| 86352 | Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, atp) | Х | - | Х | - |
| 86923 | Compatibility test each unit; electronic | Х | - | Х | - |
| | Hpv low-risk types | X | - | X | - |
| | Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics | Х | - | X | - |
| 88120 | Cytp urne 3-5 probes ea spec | Х | - | Х | - |
| | Cytp urine 3-5 probes cmptr | Х | - | Х | - |

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| 88375 | Optical endomicroscopy interp | Х | - | Х | - | |
| 88738 | Hemoglobin (hgb), quantitative, transcutaneous | Х | - | Х | - | |
| 88740 | Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin | Х | - | Х | - | |
| 88741 | Hemoglobin, quantitative, transcutaneous, per day; methemoglobin | Х | - | Х | - | |
| 89049 | Caffeine halothane contracture test (chct) for malignant hyperthermia susceptibility, including interpretation and repor | Х | - | Х | - | |
| 89250 | Fertilization of oocyte | Х | - | Х | - | |
| | Culture oocyte w/embryos | Х | - | Х | - | |
| | Embryo hatching | Х | - | Х | - | |
| | Oocyte identification | Х | - | Х | - | |
| | Prepare embryo for transfer | Х | - | Х | - | |
| | Sperm identification | Х | - | Х | - | |
| | Cryopreservation, embryo | Х | - | Х | - | |
| | Cryopreservation, sperm | Х | - | Х | - | |
| | Sperm isolation, simple | Х | - | Х | - | |
| | Sperm isolation, complex | Х | - | Х | - | |
| 89268 | Insemination of oocytes | Х | - | Х | - | |
| | Extended culture of oocyte(s)/embryo(s), 4-7 days | Х | - | Х | - | |
| | Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes | Х | - | Х | - | |
| | Assisted oocyte fertilization, microtechnique; greater than 10 oocytes | Х | - | Х | - | |
| | Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos | Х | - | Х | - | |
| 89291 | Biopsy, oocyte polar body or embryo blastomere, microtechnique; greater than 5 embryos | Х | - | Х | - | |
| | Semen analysis | Х | - | Х | - | |
| | Sperm evaluation test | Х | - | Х | - | |
| 89335 | Cryopreservation, reproductive tissue, testicular | Х | - | Х | - | |
| 89337 | Cryopreservation, mature oocyte(s) | Х | - | Х | - | |
| 89342 | Storage, (per year); embryo(s) | Х | - | Х | - | |
| 89343 | Storage, (per year); sperm/semen | Х | - | Х | - | |
| 89344 | Storage, (per year); reproductive tissue, testicular/ovarian | Х | - | Х | - | |
| | Storage, (per year); oocyte | Х | - | Х | - | |
| | Thawing of cryopreserved; embryo(s) | Х | - | Х | - | |
| 89353 | Thawing of cryopreserved; sperm/semen, each aliquot | Х | - | Х | - | |
| 89354 | Thawing of cryopreserved; reproductive tissue, testicular/ovarian | Х | - | Х | - | |
| 89356 | Thawing of cryopreserved; oocytes, each aliquot | Χ | - | Х | - | |
| *P895812 | Authrex cascine for subsistane pusor distramuscular page. | Х | - | Х | - | |



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| 90585 | Bcg vaccine, percut | Х | - | Χ | - |
| 90587 | Dengue vaccine quadrivalent live 3 dose schedule for subcutaneous use | Х | - | Χ | - |
| 90625 | Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use | Х | - | Χ | - |
| 90664 | Influenza virus vaccine, pandemic formulation, live, for intranasal use | Х | - | Х | - |
| 90666 | Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use | Х | - | Х | - |
| 90667 | Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use | Х | - | Х | - |
| | Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use | Х | - | X | - |
| | Typhoid vaccine, oral | Х | - | X | - |
| | Typhoid vaccine, im | Х | - | X | - |
| | Yellow fever vaccine, sc | Х | - | X | - |
| | Japanese encephalitis virus vaccine, inactivated, for intramuscular use | Х | - | X | - |
| | Narcosynthesis | Х | - | X | - |
| | Psychophysiological therapy | _ | - | X | - |
| | Psychophysiological therapy | - | - | X | - |
| | Hypnotherapy | Х | - | X | - |
| | Environmental manipulation | Х | - | X | - |
| | Psy evaluation of records | Х | - | Х | - |
| | Consultation with family | Х | - | Х | - |
| | Preparation of report | Х | - | Х | - |
| | Biofeedback train, any meth | - | - | Х | - |
| | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient | - | - | Х | - |
| 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure) | - | - | х | - |
| 91111 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report | Х | - | Х | - |
| 91112 | Gi wireless capsule measure | Х | - | Х | - |
| | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report | Х | - | Х | - |
| 91117 | Colon motility 6 hr study | Х | - | Х | - |
| | Corneal hysteresis deter | X | _ | X | _ |

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| 92229 | Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral | Х | - | Х | - |
| 92311 | Contact lens fitting | Х | _ | Х | _ |
| | Contact lens fitting | X | | X | |
| | Prescription of contact lens | X | | X | |
| | Prescription of contact lens | X | | X | |
| | Fitting of spectacles | - | | X | |
| | Fitting of spectacles | _ | | X | |
| | Fitting of spectacles | | | X | |
| | Special spectacles fitting | X | | X | |
| | Special spectacles fitting | X | | X | <u> </u> |
| | Special spectacles fitting | X | | X | |
| | Special spectacles fitting | X | | X | |
| | Eye prosthesis service | X | | X | |
| | Repair & adjust spectacles | X | _ | X | - |
| | Repair & adjust spectacles | X | _ | X | _ |
| | Speech/hearing therapy | | X* | - | X* |
| | Speech/hearing therapy | _ | X* | _ | X* |
| | Evaluation of speech fluency | _ | X* | _ | X* |
| | Evaluate speech production | _ | X* | _ | X* |
| | Speech sound lang comprehen | _ | X* | _ | X* |
| | Behavral qualit analys voice | _ | X* | _ | X* |
| | Oral function therapy | _ | X* | _ | X* |
| | Spontaneous nystagmus study | Х | - | Х | - |
| | Positional nystagmus study | X | _ | Х | - |
| | Caloric vestibular test | X | _ | X | - |
| | Optokinetic nystagmus | X | _ | Х | - |
| | Filtered speech hearing test | Х | - | Х | - |
| | Staggered spondaic word test | X | - | Х | - |
| | Sensorineural acuity test | Х | - | Х | - |
| | Synthetic sentence test | Х | - | Х | - |
| | Hearing aid exam, one ear | Х | - | Х | - |
| | Hearing aid exam, both ears | Х | - | Х | - |
| | Hearing aid check, one ear | Х | - | Х | - |
| | Hearing aid check, both ears | Х | - | Х | - |
| | Felecite bearing and test visite Limit depends on plan/provider type. | Х | - | Х | - |



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| 92595 | Electro hearng aid tst, both | Х | - | Х | - |
| 92596 | Ear protector evaluation | Х | - | Х | - |
| 92607 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t | - | X* | - | X* |
| 92608 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t | - | X* | - | X* |
| 92609 | Therapeutic services for the use of speech-generating device, including programming and modification | - | X* | - | X* |
| 92630 | Auditory rehabilitation; pre-lingual hearing loss | - | X* | - | X* |
| | Prq cardiac angio addl art | Х | _ | Х | - |
| | Prq card angio/athrect addl | Х | _ | X | _ |
| | Prq card stent w/angio addl | Х | - | Х | - |
| | Prg card stent/ath/angio | Х | - | Х | - |
| | Prq revasc byp graft addl | Х | - | Х | - |
| | Percut translum revasc of chronic total occusion, corn artery, corn artery branch, or bypass graft; each addl | Х | - | Х | - |
| 93025 | Microvolt t-wave alterans for assessment of ventricular arrhythmias | Х | _ | Х | - |
| | Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transf | X | - | Х | - |
| 93590 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve | Х | - | Х | - |
| 93591 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve | Х | - | Х | - |
| 93592 | Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 93668 | Peripheral vascular rehab | - | X* | - | X* |
| | Bioimpedance-derived physiologic cardiovascular analysis | Х | - | Х | - |
| | Bis xtracell fluid analysis | Х | - | Х | - |
| | Temperature gradient studies | Х | - | Х | - |
| | Measure venous pressure | Х | - | Х | - |
| | Carotid intima atheroma eval | Х | - | Х | - |
| 94005 | Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, | Х | - | Х | - |
| 94011 | Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age | Х | - | Х | - |

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| 94012 | Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 yea | Х | - | Х | - |
| 94013 | Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve | Х | - | Х | - |
| 94150 | Vital capacity test | Х | _ | Х | - |
| | High altitude simulation test (hast), with physician interpretation and report; | X | _ | Х | - |
| | High altitude simulation test (hast), with physician interpretation and report; with supplemental oxygen titration | Х | - | Х | - |
| 94625 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session) | Х | - | - | - |
| 94626 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session) | Х | - | - | - |
| 95060 | Eye allergy tests | - | _ | Х | _ |
| | Nose allergy test | - | - | Х | - |
| | Eeg digital analysis | Х | - | Х | - |
| 96000 | Comprehensive computer-based motion analysis by video-taping and 3-d kinematics | Х | - | Х | - |
| 96001 | Comprehensive computer-based motion analysis by video-taping and 3-d kinematics; with plantar pressure measurements | Х | - | Х | - |
| 96002 | Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles | Х | - | Х | - |
| 96004 | Physician review & interp of motion analysis, plantar pressures, surface electromyography, and fine wire emg, w report | Х | - | Х | - |
| 96105 | Assessment of aphasia | Х | _ | Х | - |
| 96902 | Trichogram | Х | - | Х | - |
| 96904 | Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history o | Х | - | Х | - |
| 96931 | Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion | Х | - | Х | - |
| 96932 | Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion | Х | - | Х | - |
| 96933 | Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion | Х | - | Х | - |
| 96934 | Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately i | Х | - | Х | - |

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| 96935 | Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for p | Х | - | Х | - | |
| 96936 | Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to cod | Х | - | Х | - | |
| 97010 | Hot or cold packs therapy | Χ | - | Χ | - | |
| 97012 | Mechanical traction therapy | - | X* | - | X* | |
| 97014 | Electric stimulation therapy | - | Χ* | - | Χ* | |
| 97016 | Vasopneumatic device therapy | - | Χ* | - | Χ* | |
| 97018 | Paraffin bath therapy | - | Χ* | - | Χ* | |
| 97022 | Whirlpool therapy | - | Χ* | - | Χ* | |
| 97024 | Diathermy treatment | - | Χ* | - | Χ* | |
| 97026 | Infrared therapy | Χ | - | Χ | - | |
| 97028 | Ultraviolet therapy | - | Χ* | - | Χ* | |
| 97032 | Electrical stimulation | - | Χ* | - | Χ* | |
| 97033 | Electric current therapy | - | Χ* | - | Χ* | |
| 97034 | Contrast bath therapy | - | X* | - | X* | |
| 97035 | Ultrasound therapy | - | X* | - | Χ* | |
| | Hydrotherapy | - | X* | - | Χ* | |
| 97037 | Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction | Х | - | Х | - | |
| 97039 | Physical therapy treatment | - | X* | - | X* | |
| 97110 | Therapeutic exercises | - | X* | - | X* | |
| 97112 | Neuromuscular reeducation | - | X* | - | Χ* | |
| 97113 | Aquatic therapy/exercises | - | Χ* | - | X* | |
| 97116 | Gait training therapy | - | X* | - | X* | |
| 97124 | Massage therapy | - | X* | - | Χ* | |
| 97129 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes | - | X* | - | X* | |

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|---------------------------------|---|------------------|------------------------------|----------------|------------------------------|
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| 97130 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure) | - | X* | - | X* |
| 97139 | Physical medicine procedure | - | X* | - | X* |
| | Manual therapy | - | X* | - | X* |
| 97150 | Group therapeutic procedures | Х | - | Х | - |
| 97161 | Physical therapy evaluation: low complex | - | X* | - | X* |
| 97162 | Physical therapy evaluation: moderate complex | - | X* | - | X* |
| 97163 | Physical therapy evaluation: high complex | - | X* | - | X* |
| 97164 | Re-evaluation of physical therapy | - | X* | - | X* |
| 97165 | Occupational therapy evaluation, low complex | - | X* | - | X* |
| 97166 | Occupational therapy evaluation,moderate complex | - | X* | - | X* |
| 97167 | Occupational therapy evaluation,high complex | - | X* | - | X* |
| 97168 | Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan | - | X* | - | X* |
| | Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; | Х | - | Х | - |
| 97170 | Athletic training evaluation,moderate complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; | Х | - | Х | 1 |
| | Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; | Х | - | Х | 1 |
| 97172 | Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's current functional status when there is a documented change | Х | - | Х | - |
| 97530 | Therapeutic activities | - | X* | - | X* |
| 97533 | Sensory integration | - | X* | - | X* |
| 97535 | Self care mngment training | - | X* | - | X* |
| | Community/work reintegration | - | X* | - | X* |
| | Wheelchair mngment training | - | X* | - | X* |
| 97545 | Work hardening | - | X* | - | X* |
| 97546 | Work hardening add-on | - | X* | - | X* |

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| 97550 | Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community | Х | - | Х | - |
| 97551 | Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility, | Х | - | Х | - |
| 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] | Х | - | Х | - |
| 97602 | Wound care non-selective | Х | - | Х | - |
| 97610 | Low frequency non-thermal us | Х | - | Х | - |
| | Physical performance test | - | X* | - | X* |
| | Physical medicine procedure | - | X* | - | X* |
| 97810 | Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient | Х | - | Х | - |
| 97811 | Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s) | Х | - | Х | - |
| 97813 | Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient | Х | - | Х | - |
| 97814 | Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s) | Х | - | Х | - |
| 98001 | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | Х | - | Х | - |
| 98002 | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. | Х | - | Х | - |
| 98003 | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | х | - | Х | - |
| 98004 | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded. | Х | - | Х | - |

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| 98005 | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. | Х | - | Х | - |
| 98006 | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | X | - | Х | - |
| 98007 | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | Х | 1 | Х | - |
| 98008 | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. | Х | - | Х | - |
| 98009 | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | Х | - | Х | 1 |
| 98010 | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded. | Х | - | Х | - |
| 98011 | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. | Х | - | Х | - |
| 98012 | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded. | Х | - | Х | - |

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| 98013 | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded. | Х | - | х | - | |
| 98014 | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | Х | 1 | Х | • | |
| 98015 | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. | Х | 1 | Х | 1 | |
| 98016 | Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion. | х | - | х | - | |
| 98940 | Chiropractic manipulation | - | X* | - | X* | |
| 98941 | Chiropractic manipulation | - | X* | - | X* | |
| 98942 | Chiropractic manipulation | - | X* | - | X* | |
| 98943 | Chiropractic manipulation | - | X* | - | X* | |
| 98960 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standar | Х | - | Х | - | |
| 98961 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standar | Х | - | Х | - | |
| 98962 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standar | Х | - | Х | - | |
| 98970 | Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | Х | - | Х | - | |
| 98971 | Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes | Х | - | Х | - | |

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| 98972 | Qualified nonphysician health care professional online digital evaluation and management | | | | | |
| | service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or | X | - | Х | - | |
| | more minutes | | | | | |
| 99000 | Specimen handling | Х | - | Х | - | |
| 99001 | Specimen handling | Х | - | Х | - | |
| 99002 | Device handling | Х | - | Х | - | |
| 99024 | Postop follow-up visit | Х | - | Х | - | |
| | Hospital mandated on call service; in-hospital, each hour | Х | - | Х | - | |
| | Hospital mandated on call service; out-of-hospital, each hour | Х | - | Х | - | |
| | Special supplies | Х | - | Х | - | |
| | Patient education materials | Х | - | Х | - | |
| | Addl supl matrl&staf tm phe | X | _ | X | - | |
| | Medical testimony | Х | - | Х | - | |
| | Group health education | Х | - | Х | - | |
| | Special reports or forms | Х | - | Х | - | |
| | Unusual physician travel | Х | - | Х | - | |
| | Anesthesia with hypothermia | Х | - | Х | - | |
| | Initial hospital care | _ | Х | - | - | |
| | Initial hospital care | _ | X | - | - | |
| | Initial hospital care | - | Х | - | - | |
| | Subsequent hospital care | _ | X | - | - | |
| | Subsequent hospital care | _ | X | - | - | |
| | Subsequent hospital care | _ | X | - | - | |
| 99241 | Office consultation | Х | - | Х | - | |
| | Office consultation | X | _ | Х | - | |
| | Office consultation | X | - | X | - | |
| | Office consultation | X | _ | X | - | |
| | Office consultation | X | - | X | - | |
| | Initial inpatient consult | X | _ | X | _ | |
| | Initial inpatient consult | X | - | X | - | |
| | Initial inpatient consult | X | - | X | _ | |
| | Initial inpatient consult | X | - | X | _ | |
| | Initial inpatient consult | X | - | X | - | |
| 99304 | Initial nursing facility care, per day, for the evaluation and management of a patient which | | | | | |
| 30001 | requires these three key co | - | X | - | Х | |

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| 99305 | Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key co | - | Х | - | Х | |
| 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key c | - | Х | - | Х | |
| 99307 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o | - | Х | - | Х | |
| 99308 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o | - | Х | - | Х | |
| 99309 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o | - | Х | - | Х | |
| 99310 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o | - | Х | - | Х | |
| 99318 | Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key c | - | Х | - | Х | |
| 99339 | Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted livi | Х | - | Х | - | |
| 99358 | Prolong service w/o contact | Х | - | Х | - | |
| 99359 | Prolong serv w/o contact add | Х | - | Х | - | |
| 99366 | Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or famil | Х | - | Х | - | |
| 99367 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 | Х | - | Х | - | |
| 99368 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 | Х | - | Х | - | |
| 99374 | Home health care supervision | Х | - | Х | - | |
| | Hospice care supervision | Х | - | Х | - | |
| | Nursing fac care supervision | Х | - | Х | - | |
| | Nursing fac care supervision | Х | - | Х | - | |
| | Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services) | х | - | х | - | |
| 99450 | Life/disability evaluation | Х | - | X | - | |

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| 99452 | Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 m | Х | - | Х | - | | |
| 99455 | Disability examination | Х | - | Х | - | | |
| 99456 | Disability examination | Х | - | Х | - | | |
| 99474 | Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient | x | - | x | 1 | | |
| 99485 | Suprv interfacilty transport | Х | - | Х | - | | |
| 99486 | Suprv interfac trnsport addl | Х | - | Х | - | | |
| 99500 | Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring | - | Х | - | Х | | |
| 99501 | Home visit for postnatal assessment and follow-up care | - | Χ | - | Х | | |
| 99502 | Home visit for newborn care and assessment | - | Χ | - | Х | | |
| 99503 | Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation) | - | Х | - | Х | | |
| 99504 | Home visit for mechanical ventilation care | _ | Х | _ | Х | | |
| | Home visit for stoma care and maintenance including colostomy and cystostomy | _ | X | _ | X | | |
| | Home visit for intramuscular injections | _ | X | _ | X | | |
| | Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral) | Х | - | Х | - | | |
| | Home visit for assistance with activities of daily living and personal care | X | _ | X | - | | |
| | Home visit for individual, family, or marriage counseling | Х | - | Х | - | | |
| | Home visit for fecal impaction management and enema administration | Х | - | Х | - | | |
| | Home visit for hemodialysis, per diem | - | Х | _ | Х | | |
| | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen | Х | - | Х | - | | |
| 99606 | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen | Х | - | Х | - | | |
| 99607 | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen | Х | - | Х | - | | |
| 0001F | Heart failure assessed (includes assessment of all the following components) (cad) | Х | _ | Х | _ | | |
| | Osteoarthritis assessed (oa) | X | _ | X | - | | |
| | Community acquired bacterial pneumonia assessed (cap) | X | _ | X | _ | | |

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| 0014F | Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass | Х | - | Х | - |
| 0015F | Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding | Х | - | Х | - |
| 0500F | Initial prenatal care visit | Х | - | Х | - |
| | Prenatal flow sheet documented in medical record by first prenatal visit | Х | - | Х | - |
| | Subsequent prenatal care visit | Х | - | Х | - |
| | Postpartum care visit2 | Х | - | Х | - |
| | Hemodialysis plan of care documented (esrd) | Х | - | Х | - |
| 0507F | Peritoneal dialysis plan of care documented (esrd) | Χ | - | Х | - |
| 0509F | Urinary incontinence plan of care documented (ger) | Χ | - | Х | - |
| 0513F | Elevated blood pressure plan of care documented (ckd)1 | Χ | - | Х | - |
| 0514F | Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis- stimulating agent (esa) thera | Х | - | Х | - |
| 0516F | Anemia plan of care documented (esrd)1 | Х | - | Х | - |
| | Glaucoma plan of care documented (ec)5 | Х | - | Х | - |
| 0518F | Falls plan of care documented (ger)5 | Х | - | Х | - |
| | Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initia | Х | - | Х | - |
| 0520F | Normal tissue dose constraints established within five treatment days from the initiation of a course of 3d conformal ra | Х | - | Х | - |
| 0521F | Plan of care to address pain documented (onc)1 | Х | - | Х | - |
| | | Х | - | Х | - |
| | Subsequent visit for episode (bkp)2 | Х | - | Х | - |
| | Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (end/polyp) | Х | - | Х | - |
| 0529F | Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp) | Х | - | Х | - |
| | Dyspnea management plan of care, documented (pall cr) | X | - | X | _ |
| | Glucorticoid management plan documented (ra) | Х | - | Х | - |
| | Plan for follow-up care for major depressive disorder, documented (mdd adol) | Х | - | Х | - |
| | Cytopath report-nongyn spcmn | Х | - | X | - |
| | Cytopath report non-routine | Х | - | Х | - |
| | Symptom management plan of care documented (hf) | Х | - | Х | - |
| | Plan of care to achieve lipid control documented (cad) | Х | - | X | - |
| | Plan of care to manage anginal symptoms documented (cad) | Х | - | Х | - |
| | Hely sha contirolulabor of care, charuments of bigh/provider type. | Х | - | Х | _ |



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| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| 0580F | Multidisciplinary care plan | Х | - | Х | - |
| | Pt trnsfrd from anesth to cc | Х | - | Χ | - |
| 0582F | No trnsfr from anesth to cc | Х | - | Χ | - |
| 0583F | Transfer care checklist used | Х | - | Χ | - |
| 0584F | No transfer care chklist used | Х | - | Χ | - |
| 1000F | Tobacco use, smoking, assessed1 | Х | - | Χ | - |
| 1002F | Anginal symptoms and level of activity assessed (nma - no measure associated) | Х | - | Χ | - |
| | Level of activity assessed (nma no measure associated) | Х | - | Χ | - |
| 1004F | Clinical symptoms of volume overload (excess) assessed (nma - no measure associated) | Х | - | Χ | - |
| 1005F | Asthma symptoms evaluated (includes physician documentation of numeric frequency of | | | | |
| | symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (nma - no | Х | - | Х | - |
| 1006F | Osteoarthritis symptoms and functional status assessed | Х | - | Х | - |
| 1007F | Use of anti-inflammatory or analgesic over-the-counter (otc) medications for symptom relief assessed | Х | - | Х | - |
| 1008F | Gastrointestinal and renal risk factors assessed for patients on prescribed or otc nsaids | Х | _ | Х | _ |
| | Severity of angina assessed by level of activity (cad) | X | _ | Х | _ |
| | Angina present (cad) | Х | - | Х | - |
| 1012F | Angina absent (cad) | Х | - | Х | - |
| | Chronic obstructive pulmonary disease (copd) symptoms assessed (includes assessment of at least one of the following: | Х | - | Х | - |
| 1018F | Dyspnea assessed, not present (copd) | Х | - | Х | - |
| | Dyspnea assessed, present (copd) | Х | - | Х | - |
| | Pneumococcus immunization status assessed (cap, copd) | X | - | Х | - |
| | Co-morbid conditions assessed 9eg, includes assessment for presence or absence of: malignancy, liver disease, | Х | - | Х | - |
| 1030F | Influenza immunization status assessed (cap) | Х | _ | Х | _ |
| | Smoking status and exposure to second hand smoke in the home assessed (asthma) | X | _ | Х | _ |
| | Current tobacco smoker or currently exposed to secondhand smoke (asthma) | X | _ | X | - |
| | Current tobacco non-smoker and not currently exposed to secondhand smoke (asthma) | X | _ | X | - |
| | Current tobacco smoker (cad, cap, copd, dm, pv) | X | _ | X | - |
| | Current smokeless tobacco user (eg chew, snuff)(pv) | X | - | X | - |
| | Current tobacco non-user (cad, cap, copd, pv), (dm), (ibd) | X | - | X | _ |
| | Persistent asthma (mild, moderate or severe) | X | _ | X | - |
| | Intermittent asthma | X | - | X | - |
| | Destarieric eritaria formajori de parassiva disordan documente d (mdd) | X | _ | X | - |



| | Description | Small Employer / Individual | | Large Employer | |
|----------------------------------|---|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| Disclaimer: Pl drugs, or spec | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists de | o not reflect information r | egarding immu | nizations, injectable |
| 1050F | History obtained regarding new or changing moles (ml) | Х | - | Х | - |
| 1052F | Type, anatomic location, and activity all assessed (ibd) | Х | - | Х | - |
| | Visual functional staus assessed (ec) | Χ | - | Х | - |
| 1060F | Documentation of permanent or persistent or paroxysmal atrial fibrillation (str) | Χ | - | Х | - |
| | Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str) | Х | - | Х | - |
| 1065F | Ischemic stroke symptom onset of less than 3 hours prior to arrival (str) | Х | - | Х | _ |
| | Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (str) | Х | _ | Х | - |
| | Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; | i | | 1 | |
| | none present (gerd) | Х | - | X | - |
| | Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one | ., | | ., | |
| | or more present (gerd) | Х | - | X | - |
| 1090F | Presence or absence of urinary incontinence assessed (ger) | Х | - | Х | - |
| | Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how | | | | |
| | bothersome) (ger) | Х | - | X | - |
| 1100F | Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in th | Х | - | Х | - |
| | Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y | Х | - | Х | - |
| | Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within | Х | - | Х | - |
| 1111F | Discharge medications reconciled with the current medication list in outpatient medical record (ger) | Х | - | Х | - |
| 1116F | Auricular or periauricular pain assessed (aoe) | Х | _ | Х | _ |
| | Gerd symptoms assessed after 12 months of therapy (gerd)5 | X | - | X | _ |
| | Initial evaluation for condition (hep c)1 | X | _ | X | _ |
| | Subsequent evaluation for condition (hep c)1 | X | _ | X | _ |
| | Advance care planning discussed and documented advance care plan or surrogate decision | | | | |
| 20. | maker documented in the medical record (dem) (ger, pall cr) | Х | - | Х | - |
| 1124F | Advance care planning discussed and documented in the medical record, patient did not wish or | | | | |
| | was not able to name a surrogate decision maker or provide an advance care plan (| Х | - | Х | - |
| | Pain severity quantified; pain present (onc)1 | Х | - | Х | - |
| | Pain severity quantified; no pain present (onc)1 | Χ | - | Х | - |
| 1127F | New episode for condition (nma-no measure associated) | Χ | | Χ | |

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

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



| | | Small En | nployer / Individual | Large Employer | | |
|---------------------------------|--|------------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| Disclaimer: P drugs, or spec | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable | |
| 1128F | Subsequent episode for condition (nma-no measure associated) | Х | - | Х | - | |
| 1130F | Back pain and function assessed, including all of the following: pain assessment and functional status and patient histo | Х | - | Х | - | |
| 1134F | Episode of back pain lasting 6 weeks or less (bkp) | Х | - | Х | - | |
| 1135F | Episode of back pain lasting longer than six weeks (bkp)2 | Х | - | Χ | - | |
| 1136F | Episode of back pain lasting 12 weeks or less (bkp)2 | Х | - | Х | - | |
| 1137F | Episode of back pain lasting longer than 12 weeks (bkp)2 | Х | - | Х | - | |
| 1150F | Documentation that a patient has a substantial risk of death within 1 year (pall cr) | Х | - | Х | - | |
| 1151F | Documentation that a patient does not have a substantial risk of death within one year (pall cr) | Х | - | Х | - | |
| 1152F | Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr) | Х | - | Х | - | |
| | Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr) | Х | - | Х | - | |
| 1157F | Advance care plan or similar legal document present in the medical record (coa) | Х | - | Х | - | |
| | Advance care planning discussion documented in the medical record (coa) | Х | - | Х | - | |
| | Medication list documented in medical record (coa) | Х | - | Х | - | |
| 1160F | Rvw meds by rx/dr in rcrd | Х | - | Х | - | |
| | Functional status assessed (coa) (ra) | Х | - | Х | - | |
| 1175F | Functional status for dementia assessed and results reviewed (dem) | Х | - | Х | - | |
| 1180F | All specified thromboembolic risk factors assessed (afib) | Х | - | Х | - | |
| 1181F | Neuropsychiatric symptoms assessed and results reviewed (dem) | Х | - | Х | - | |
| 1182F | Neuropsychiatric symptoms, one or more present (dem) | Х | - | Х | - | |
| 1183F | Neuropsychiatric symptoms, absent (dem) | Х | - | Х | - | |
| 1200F | Seizure type(s) and current seizure frequency(ies) documented (epi) | Х | - | Х | - | |
| 1205F | Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi) | Х | - | Х | - | |
| 1220F | Patient screened for depression (sud) | Х | - | Χ | - | |
| 1400F | Prkns diag rviewed | Х | - | Χ | - | |
| 1450F | Symptoms improved or remained consistent with treatment goals since last assessment (hf) | Х | - | Х | - | |
| 1451F | Symptoms demonstrated clinically important deterioration since last assessment (hf) | Х | - | Х | - | |
| | Qualifying cardiac event/diagnosis in previous 12 months (cad) | Х | - | Х | - | |
| | No qualifying cardiac event/diagnosis in previous 12 months (cad) | Х | - | Х | - | |
| | Dementia severity classified, mild (dem) | X | - | X | - | |
| | Dementia severity classified, moderate (dem) | X | - | X | - | |
| | Dementia severity classified, severe (dem) | Х | - | Х | - | |
| | Gognitica rassessed and seviewed bland on plan/provider type. | Х | - | Х | - | |



| | | Small En | ıployer / Individual | Large Employer | | |
|------------|---|-----------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists do | o not reflect information r | egarding immu | nizations, injectable | |
| 1500F | Symptom + sign symm polyneuro | Х | - | Х | - | |
| 1501F | Not initial eval for cond | Χ | - | Х | - | |
| 1502F | Pt queried pain fxn w/instr | Χ | - | Х | - | |
| 1503F | Pt queried symp resp insufficient | Χ | - | Х | - | |
| 1504F | Pt has resp insufficiency | Χ | - | Х | - | |
| | Pt has no resp insufficiency | Χ | - | Х | - | |
| | Blood pressure measured (ckd)(dm) | Χ | - | Х | - | |
| | Weight recorded (pag) | Χ | - | Х | - | |
| | Clinical signs of volume overload (excess) assessed (nma - no measure associated) | Х | - | Х | - | |
| | Initial examination of the involved joint(s) | Χ | - | Х | - | |
| 2010F | Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap) | Х | - | Х | - | |
| 2014F | Mental status assessed (normal/mildly impaired/severely impaired)(cap) | Χ | _ | Х | _ | |
| | Asthma impairment assessed (asthma) | X | _ | X | _ | |
| | Asthma risk assessed (asthma) | X | _ | X | _ | |
| | Hydration status assessed (normal/mildly dehydrated/severely dehydrated) | X | _ | X | _ | |
| | Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemmorrhage | X | - | X | - | |
| 2020F | Dilated fundus evaluation performed within six months prior to cataract surgery (ec) | Х | _ | Х | <u>-</u> | |
| | Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level | X | <u>-</u> | X | <u>-</u> | |
| 2022F | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm) | Х | - | Х | - | |
| 2023F | Dilat rta xm w/o rtnopthy | Х | _ | Х | _ | |
| | Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and review | Х | - | Х | - | |
| 2025F | F 7 fld rta photo w/o rtnopthy | Х | | Х | | |
| | Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results | X | <u>-</u> | X | <u>-</u> | |
| 00075 | documented and reviewed | | | | | |
| | Optic nerve head evaluation performed (ec) | Х | - | X | - | |
| | Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse | Х | - | Х | - | |
| | Complete physical skin exam performed (ml) | Χ | - | Х | - | |
| | Hydration status documented, normally hydrated (pag) | Χ | - | Х | - | |
| | Hydration status documented, dehydrated (pag) | Χ | - | Х | - | |
| *P22343Fne | EXPAINING WALLE MARKET SPANS SELIMIT DEPENDS ON PLAN/Provider type. | Χ | - | Х | - | |



| | | Small Employer / Individual | | Large Employer | |
|------------------------------|---|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| isclaimer: P rugs, or spe | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists do | o not reflect information re | egarding immur | nizations, injectable |
| 2035F | Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome) | Х | - | Х | - |
| 2040F | Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk | Х | - | Х | - |
| 2044F | Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back | Х | - | Х | - |
| 2050F | Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (cwc) | Х | - | Х | - |
| 2060F | Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad | Х | - | Х | - |
| 3006F | Chext xray results documented and reviewed (cap) | Х | - | Х | - |
| | Body mass index (bmi), documented (pv) | Х | - | Х | - |
| | Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c) | Х | - | Х | - |
| 3014F | Screening mammography results documented and reviewed | Х | - | Х | - |
| | Cervical cancer screening results documented and reviewed (pv) | Х | - | Х | - |
| | Patient screened for unhealthy alcohol use using a systematic screening method (pv) | Х | - | Х | - |
| | Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible | Х | - | Х | - |
| 3018F | Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (end/polyp) | Х | - | Х | - |
| 3019F | Left ventricular ejection fraction (lvef) assessment planned post discharge (hf) | Χ | - | Χ | - |
| 3020F | Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative ass | х | - | х | - |
| 3021F | Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular | Х | - | Х | - |
| 3022F | Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic | Х | - | Х | - |
| 3023F | Spirometry results documented and reviewed (copd) | Χ | - | Χ | - |
| 3025F | Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing) | Х | - | Х | - |
| 3027F | Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd) | Х | - | Х | - |

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

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



| Deciminary Present Process Deciminary Present Present Process Deciminary Present | | | Small En | nployer / Individual | Large Employer | | |
|--|-------|--|------------------|------------------------------|----------------|------------------------------|--|
| August 2015 | Codes | Description | | | | Preauthorization Required | |
| 0ximetry or arterial blood gas 0xygen saturation =88% or a pao2<=55 hg1 (copd) X - | | | e coding lists d | o not reflect information re | egarding immu | nizations, injectable | |
| 3035F Oxygen saturation =88% or a pao2 > 55mmlpf (copd) | 3028F | , , , | Х | - | Х | - | |
| 3038F Oxygen saturation > 88% or pac2 > 55mmhg1 (copd) | 3035F | | Х | - | Х | _ | |
| S038F Pulmonary function test performed within 12 months prior to surgery (lung/esop cx) X - X - 3040F Functional expiratory volume (fev1) < 40% of predicted value (copd) X - X - X - 3042F Functional expiratory volume (fev1) < 40% of predicted value (copd) X - X - X - 3042F Functional expiratory volume (fev1) < 40% of predicted value (copd) X - X - X - 3044F Most recent hemoglobin a 1c level < 7.0% (dm) X - X - X - 3046F Hemoglobin a 1c level > 9.0% X - X - X - 3048F Most recent ldl-c less than 100 mg/dl (cad) (dm) X - X - X - 3049F Most recent ldl-c loss than 100 mg/dl (cad) (dm) X - X - X - 3050F Most recent ldl-c greater than or equal to 130 mg/dl (cad) (dm) X - X - X - 3050F Hg a1c>equal 7.0% < 0.0% X - X - X - 3050F Hg a1c>equal 8.0% X - X - X - 3050F Left ventricular ejection fraction (lvef) less than or equal to 35% (hf) X - X - 3050F Left ventricular ejection fraction (lvef) greater than 35% or no lvef result available (hf) X - X - 3060F Positive microalbuminuria test result documented and reviewed (dm) X - X - 3060F Positive microalbuminuria test result documented and reviewed (dm) X - X - 3060F Positive microalbuminuria test result documented and reviewed (dm) X - X - 3070F Positive macroalbuminuria test result documented and reviewed (dm) X - X - 3070F Positive macroalbuminuria test result documented and reviewed (dm) X - X - 3070F Most recent systolic blood pressure less than 130 mm hg (htn, ckd, cad) (dm) X - X - | | | | - | | - | |
| 3040F Functional expiratory volume (fev1) < 40% of predicted value (copd) | | | | - | | - | |
| 3042F Functional expiratory volume (fev1) >=40% of predicted value (copd) X | | · · · · · · · · · · · · · · · · · · · | | - | | - | |
| 3044F Most recent hemoglobin a1c level < 7.0% (dm) | | | | - | | - | |
| 3046F Hemoglobin a1c level > 9.0% X | | | | - | | - | |
| 3048F Most recent IdI-c less than 100 mg/dl (cad) (dm) | | | | - | | - | |
| 3049F Most recent IdI-c 100-129 mg/dl (cad) (dm) | | | Х | - | | - | |
| 3050F Most recent IdI-c greater than or equal to 130 mg/dl (cad) (dm) | | | | - | | - | |
| 3051F Hg a1c>equal 7.0%<8.0% X | | | | - | | - | |
| 3052F Hg a1c>equal 8.0% 3055F Left ventricular ejection fraction (Ivef) less than or equal to 35% (hf) 3056F Left ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf) 3056F Dositive microalbuminuria test result documented and reviewed (dm) 3061F Negative microalbuminuria test result documented and reviewed (dm) 3061F Negative microalbuminuria test result documented and reviewed (dm) 3062F Positive macroalbuminuria test result documented and reviewed (dm) 3066F Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm) 3073F Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen 3074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad) 3075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad) 3076F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) 3079F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) 3080F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) | | | | - | | - | |
| 3055F Left ventricular ejection fraction (Ivef) less than or equal to 35% (hf) 3056F Left ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf) X - X - 3060F Positive microalbuminuria test result documented and reviewed (dm) X - X - X - 3061F Negative microalbuminuria test result documented and reviewed (dm) X - X - X - 3062F Positive macroalbuminuria test result documented and reviewed (dm) X - X - X - 3062F Positive macroalbuminuria test result documented and reviewed (dm) X - X - X - 3066F Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm) X - X - X - 3073F Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen 3074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad) X - X - X - 3075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad) 3075F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) X - X - 3078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) X - X - 3079F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) X - X - 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) | | | | - | | - | |
| 3056F Left ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf) | | | | - | | - | |
| 3060F Positive microalbuminuria test result documented and reviewed (dm) Negative microalbuminuria test result documented and reviewed (dm) Negative microalbuminuria test result documented and reviewed (dm) Negative macroalbuminuria test result documented and reviewed (dm) Negative microalbuminuria test result and re | | | | - | | - | |
| 3061F Negative microalbuminuria test result documented and reviewed (dm) 3062F Positive macroalbuminuria test result documented and reviewed (dm) 3066F Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm) 3073F Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen 3074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad) 3075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad) 3077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) 3078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) 3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - 3080F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) | | | Х | - | Х | - | |
| 3062F Positive macroalbuminuria test result documented and reviewed (dm) X | | | Х | - | | - | |
| 3066F Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf X - | | <u> </u> | | - | | - | |
| 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm) 3073F Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen 3074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad) 3075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad) 3077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) 3078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) 3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) 3079F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) 3080F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) X - X - X - X - X - X - X - X - X - X | 3066F | | Х | - | Х | - | |
| 3073F Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen 3074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad) 3075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad) 3077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) 3078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) 3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - X - X - X - 3078F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) X - 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - X - X - X - X - X - 3082F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) | 3072F | | Х | _ | Х | - | |
| 3074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad) 3075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad) 3077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) 3078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) 3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) 3082F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) X - X - X - X - X - X - X - X - X - X | | Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens | | - | | - | |
| 3075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad) 3077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) X - X - X - X - X - 3078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) X - 3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) X - 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - X - X - X - X - 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - 3082F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) | 3074F | | Х | _ | Х | _ | |
| 3077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) X - X - 3078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) X - 3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) X - X - X - 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - X - X - X - X - X - 3080F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) X - - | | | | _ | | _ | |
| 3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) X - X - 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - 3082F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) X - X - X - | | | | - | | - | |
| 3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) X - X - 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - 3082F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) X - X - X - | 3078F | Most recent diastolic blood pressure less than 80 mm hg (htn. ckd. cad) (dm) | Х | - | Х | _ | |
| 3080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) X - X - X - X - X - | | | | - | | - | |
| | | | | - | | - | |
| | 3082F | Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd) | Х | _ | Х | _ | |
| Opport that operation desired that the analysis that the following of allowing that the following that the first operation is a first operation of the first operation operation of the first operation oper | | Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd) | X | - | X | - | |
| 3084F $ Kt/v > 1.7$ (clearance of urea (kt)/volume (v)) (esrd) | | | | | | - | |
| PAGRATine Self sinks asserted (Market), imit depends on plan/provider type. X - X - | | | | - | | - | |



| | Description | Small En | nployer / Individual | Large Employer | | |
|-------|---|-----------------|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists de | o not reflect information r | egarding immu | nizations, injectable | |
| 3088F | Major depressive disorder, mild (mdd) | Х | - | Х | - | |
| 3089F | Major depressive disorder, moderate (mdd) | Χ | - | Х | - | |
| 3090F | Major depressive disorder, severe without psychotic features (mdd) | Χ | - | Χ | - | |
| 3091F | Major depressive disorder, severe with psychotic features (mdd) | Χ | - | Χ | - | |
| 3092F | Major depressive disorder, in remission (mdd) | Χ | - | Χ | - | |
| 3093F | Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd) | Х | - | Х | - | |
| 3095F | Central dual - energy x-ray absorptionmetry (dxa) results documented (op) | Х | - | Х | - | |
| 3096F | Central dual - energy x-ray absorptionmetry (dxa) ordered (op) | X | - | X | - | |
| | Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a | X | - | Х | - | |
| 3110F | Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str) | Х | - | Х | - | |
| 3111F | Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac | Х | - | Х | - | |
| 3112F | Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initia | Х | - | Х | - | |
| 3115F | Quantitative results of an evaluation of current level of activity and clinical symptoms (hf) | Х | - | Х | - | |
| | Heart failure disease specific structured assessment tool completed (hf) | Χ | - | Х | - | |
| | New york heart association (nyha) class documented (hf) | Χ | - | Х | - | |
| | No evaluation of level of activity or clinical symptoms (hf) | Χ | - | Х | - | |
| | 12-lead ecg performed (em) | Χ | - | Х | - | |
| | Esoph bx rprt w/dyspl info | Χ | - | Х | - | |
| | Upper gastrointestinal endoscopy performed (gerd) | Χ | - | Х | - | |
| | Documentation of referral for upper gastrointestinal endoscopy (gerd) | Χ | - | Х | - | |
| | Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd) | Χ | - | Х | - | |
| | Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd) | Х | - | Х | - | |
| 3142F | Barium swallow test ordered (gerd) | Χ | - | Х | - | |
| | Forceps esophageal biopsy performed (gerd) | Х | - | Х | - | |
| | Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem) | Х | - | Х | - | |
| 3160F | Documentation of iron stores prior to initiating erythropoietin therapy (hem) | Х | - | Х | _ | |
| | Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem) | Х | - | Х | - | |
| | Barium swallow.hast botions eine (golds on plan/provider type. | Х | _ | Х | - | |



| | | Small Employer / Individual | | Large Employer | |
|----------------------------------|--|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| 3210F | Group a strep test performed (phar) | Х | - | Х | - |
| 3215F | Patient has documented immunity to hepatitis a (hep-c) | Х | - | Х | - |
| | Patient has documented immunity to hepatitis b (hep-c) | Х | - | Х | - |
| 3218F | Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep | Х | - | Х | - |
| 3220F | Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c) | Х | - | Х | - |
| 3230F | Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome) | Х | - | Х | - |
| | Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path) | Х | - | Х | - |
| | Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report (pa | Х | - | Х | - |
| 3265F | Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1 | Х | - | Х | - |
| 3266F | Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1 | Х | - | Х | - |
| 3267F | Pathology report includes pt category, pn category, gleason score and statement about margin status (path) | Х | - | Х | - |
| 3268F | Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm | Х | - | Х | - |
| 3269F | Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1 | Х | - | Х | - |
| 3270F | Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1 | Х | - | Х | - |
| 3271F | Low risk of recurrence, prostate cancer (prca)1 | Х | - | Х | - |
| | Intermediate risk of recurrence, prostate cancer (prca)1 | Х | - | Х | - |
| | High risk of recurrence, prostate cancer (prca)1 | Х | - | Х | - |
| | Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1 | Х | - | Х | - |
| 3278F | Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1 | Х | - | Х | - |
| 3279F | Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1 | Х | - | Х | - |
| | Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1 | X | - | X | - |
| | Hemoglobin level less than 11 g/dl (ckd, esrd)1 | X | - | Х | _ |

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| | Description | Small Employer / Individual | | Large Employer | | |
|------------------------------|---|-----------------------------|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| isclaimer: P rugs, or spe | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists de | o not reflect information re | egarding immu | nizations, injectable | |
| 3284F | Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre- intervention level (ec)5 | Х | - | Х | - | |
| 3285F | Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5 | Х | - | Х | - | |
| 3288F | Falls risk assessment documented (ger)5 | Х | - | Х | - | |
| | Patient is d (rh) negative and unsensitized (prenatal)1 | Х | - | Х | - | |
| | Patient is d (rh) positive or sensitized (prenatal)1 | Х | - | Х | - | |
| | Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1 | Х | - | Х | - | |
| 3293F | Abo and rh blood typing documented as performed (pre-cr) | Х | - | Х | - | |
| | Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr) | Х | - | Х | - | |
| 3300F | American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1 | Х | - | Х | - | |
| 3301F | Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1 | Х | - | Х | - | |
| 3315F | Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1 | Х | _ | Х | - | |
| | Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1 | Х | _ | X | _ | |
| | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe | Х | - | Х | - | |
| 3318F | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio | Х | - | Х | - | |
| 3319F | One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca | Х | - | Х | - | |
| 3320F | None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc | Х | - | Х | - | |
| 3321F | Ajcc cancer stage 0 or ia melanoma, documented (ml) | Х | _ | Х | _ | |
| | Melanoma greater than ajcc stage 0 or ia (ml) | X | - | X | - | |
| | Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx) | X | - | Х | - | |
| 3324F | Mri or ct scan ordered, reviewed or requested (epi) | Х | - | Х | - | |
| | Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula | X | - | X | - | |
| 3328F | Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx) | Х | - | Х | - | |

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



| | | Small En | nployer / Individual | Large Employer | | |
|--------------------------------|--|------------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
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| 3330F | Imaging study ordered (bkp)2 | Х | - | Х | - | |
| 3331F | Imaging study not ordered (bkp)2 | Χ | - | Х | - | |
| 3340F | Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5 | Х | - | Х | - | |
| 3341F | Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5 | Х | - | Х | - | |
| 3342F | Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5 | Х | - | Х | - | |
| 3343F | Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5 | Х | 1 | Х | - | |
| 3344F | Mammogram assessment category of "suspicious," documented (rad) | Х | - | Х | _ | |
| | Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5 | Х | - | Х | - | |
| 3350F | Mammogram assessment category of "known biopsy proven malignancy", documented (rad) | Х | - | Х | - | |
| 3351F | Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd) | Х | - | Х | - | |
| 3352F | No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd) | Х | - | Х | - | |
| 3353F | Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd) | Х | - | Х | - | |
| 3354F | Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (| Х | - | Х | - | |
| 3370F | Ajcc breast cancer stage 0, documented (onc) | Х | - | Х | - | |
| 3372F | Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc) | Χ | - | Х | - | |
| 3374F | Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc) | Χ | - | Х | - | |
| 3376F | Ajcc breast cancer stage ii, documented (onc) | Χ | - | Χ | - | |
| | Ajcc breast cancer stage iii, documented (onc) | Х | - | Х | - | |
| | Ajcc breast cancer stage iv, documented (onc) | Χ | - | X | - | |
| | Ajcc colon cancer, stage 0, documented (onc) | Х | - | Х | - | |
| | Ajcc colon cancer, stage i, documented (onc) | Х | - | Х | - | |
| | Ajcc colon cancer, stage ii, documented (onc) | Х | - | Х | - | |
| | Ajcc colon cancer, stage iii, documented (onc) | Х | - | Х | - | |
| 3390F | Ajcc colon cancer, stage iv, documented (onc) | Х | - | Χ | - | |

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|-------|--|------------------|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable | |
| 3394F | Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path) | Х | - | Х | - | |
| 3395F | Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9 | Х | - | Х | - | |
| 3450F | Dyspnea screened, no dyspnea or mild dyspnea (pall cr) | Х | - | Х | _ | |
| | Dyspnea screened, moderate or severe dyspnea (pall cr) | X | - | X | - | |
| | Dyspnea not screened (pall cr) | X | _ | X | | |
| | Tb screening performed and results interpreted within six months prior to initiation of first-time | Х | - | Х | - | |
| 24700 | biologic disease modifying anti-rheumatic drug therapy for ra (ra) | Х | | X | | |
| | Rheumatoid arthritis (ra) disease activity, low (ra) | X | - | X | - | |
| | Rheumatoid arthritis (ra) disease activity, moderate (ra) | X | - | | - | |
| | Rheumatoid arthritis (ra) disease activity, high (ra) | | - | X | - | |
| | Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra) | X | - | X | - | |
| | Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra) | X | - | X | - | |
| | History of aids-defining condition (hiv) | X | - | X | - | |
| | Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv) | X | - | X | - | |
| | History of nadir cd4+ cell count <350 cells/mm (hiv) | Х | - | X | - | |
| 3493F | No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv) | Х | - | Х | - | |
| 3494F | Cd4+ cell count <200 cells/mm (hiv) | Χ | - | Х | - | |
| 3495F | Cd4+ cell count 200 - 499 cells/mm (hiv) | Χ | - | Х | - | |
| 3496F | Cd4+ cell count >=500 cells/mm (hiv) | Χ | - | Х | - | |
| 3497F | Cd4+ cell percentage <15% (hiv) | Х | - | Χ | - | |
| 3498F | Cd4+ cell percentage >=15% (hiv) | Х | - | Χ | - | |
| | Cd4+ cell count or cd4+ cell percentage documented as performed (hiv) | Х | - | Х | - | |
| | Hiv rna viral load below limits of quantification (hiv) | Х | - | Х | - | |
| | Hiv rna viral load not below limits of quantification (hiv) | Х | - | X | - | |
| | Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv) | Х | - | X | _ | |
| | Chlamydia and gonorrhea screenings documented as performed (hiv) | X | _ | X | - | |
| | Syphilis screening documented as performed (hiv) | X | - | X | _ | |
| | Hepatitis b screening documented as performed (hiv) | X | - | X | - | |
| | Hepatitis c screening documented as performed (hiv) | X | | X | _ | |
| | Patient has documented immunity to hepatitis c (hiv) | X | | X | | |
| | Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a | | | | | |
| 55171 | first course of anti-tnf (tumor necrosis factor) therapy (ibd) | Х | - | Х | - | |
| 05005 | Gestridium difficile testing performed (bb) plan/provider type. | Х | _ | X | _ | |



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| 3550F | Low risk for thromboembolism (afib) | Х | - | Х | - | |
| 3551F | Intermediate risk for thromboembolism (afib) | Χ | - | Х | - | |
| 3552F | High risk for thromboembolism (afib) | Χ | - | Х | - | |
| 3555F | Patient had international normalized ratio (inr) measurement performed (afib) | Χ | - | Х | - | |
| 3570F | Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct | Х | - | Х | - | |
| 3572F | Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med) | Х | _ | Х | _ | |
| | Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med) | Х | - | Х | - | |
| 3650F | Electroencephalogram (eeg) ordered, reviewed or requested (epi) | Х | _ | Х | - | |
| | Psych disorders assessed | X | _ | X | _ | |
| | Cognit impairment assessed | X | _ | X | - | |
| | Screening for depression performed (dem) | X | _ | X | _ | |
| | Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd) | X | - | X | - | |
| 3751F | Electrodiag polyneuro6mon | Х | _ | Х | _ | |
| | No electrodiag polyneuro6mon | X | _ | X | _ | |
| | Pt has symp plus signs neuropathy | X | _ | X | - | |
| | Screening tests dm done | X | _ | X | - | |
| | Cog and behav imprmnt scrng done | X | _ | X | - | |
| | Pt /w pseudobulbar affect, sialorrhea or als rltd sysmptom | X | _ | X | - | |
| | Pt /w no pseudobulbar affect, sialorrhea or als rltd sysmptom | X | _ | X | - | |
| | Pt ref pulmon fx test with peak flow | X | _ | X | - | |
| | Pt scrn dysphag /wt loss/nutrition | X | _ | X | _ | |
| | Pt w/ dysphag /wt loss/nutr | X | _ | X | _ | |
| | Pt not exhbt dysphagia, wt loss, or impaired nutrition | X | _ | X | _ | |
| | Patient is dysarthric | X | _ | X | _ | |
| | Patient is not dysarthric | X | _ | X | _ | |
| | Adenoma detected screening | X | _ | X | _ | |
| | Adenoma not detect screening | X | _ | X | _ | |
| | Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv) | X | _ | X | _ | |
| | Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv) | X | - | Х | - | |
| 4003F | Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated) | Х | - | Х | - | |

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| 4004F | Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad) | Х | - | Х | - |
| 4005F | Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd) | Х | - | Х | - |
| | Beta-blocker therapy prescribed or currently being taken (cad,hf) | Х | - | Х | - |
| | Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently being taken (cad, ckd, hf) (dm) | Х | - | Х | - |
| 4011F | Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1 | Х | - | Х | - |
| 4012F | Warfarin therapy prescribed (nma-no measure associated) | Х | _ | Х | _ |
| | Statin therapy prescribed or currently being taken (cad) | X | _ | X | _ |
| | Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica | X | - | Х | - |
| 4015F | Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no measure associated) (note: there are no medical exclusio | Х | - | Х | - |
| | Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), including otc medication(s)] | Х | - | Х | - |
| | Gastrointestinal prophylaxis for nsaid use prescribed | Х | _ | Х | _ |
| | Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed | Х | - | Х | - |
| 4019F | Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or counseling regarding bot | Х | - | Х | - |
| 4025F | Inhaled bronchodilator prescribed (copd) | Х | _ | Х | |
| | Long term oxygen therapy prescribed (more than fifteen hours per day) (copd) | X | _ | X | _ |
| | Pulmonary rehabilitation exercise training recommended (copd) | X | - | X | _ |
| | Influenza immunization recommended (copd)(ibd) | X | _ | X | - |
| | Influenza immunization ordered or administered (copd, pv) | Х | _ | X | _ |
| | Pneumococcal vaccine administer or previously received (copd) (pv) | X | _ | X | _ |
| | Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2) | X | _ | Х | - |
| | Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra | Х | - | Х | - |
| 4043F | Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card | Х | - | Х | - |
| 4044F | Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in | Х | - | Х | - |
| 40455 | Appropriate empiric antibio0 | Х | _ | Х | |

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| 4046F | Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative | Х | - | Х | - |
| 4047F | Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroguinolone or vancom | Х | - | Х | - |
| 4048F | Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon | Х | - | Х | - |
| 4049F | Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car | Х | - | Х | - |
| 4050F | Hypertension plan of care documented as appropriate (nma - no measure associated) | Х | _ | Х | - |
| | Referred for an arterio-venous (av) fistula (esrd) | Х | - | Х | - |
| 4052F | Hemodialysis via functioning arterio-venous (av) fistula (esrd) | Х | - | Х | - |
| | Hemodialysis via functioning arterio-venous (av) graft (esrd) | Х | - | Х | - |
| | Hemodialysis via catheter (esrd) | Х | - | Х | - |
| | Patient receiving peritoneal dialysis (esrd) | Х | - | Х | - |
| | Appropriate oral rehydration solution recommended (pag) | Х | - | Х | - |
| | Pediatric gastroenteritis education provided to caregiver (pag) | Х | - | Х | - |
| | Psychotherapy services provided (mdd) | Х | - | Х | - |
| | Patient referral for psychotherapy documented (mdd) | Х | - | Х | - |
| 4063F | Antidepressant pharmacotherapy considered and not prescribed (mdd adol) | Х | - | Х | - |
| 4064F | Antidepressant pharmacotherapy prescribed (mdd) | Х | - | Х | - |
| 4065F | Antipsychotic pharmacotherapy prescribed (mdd) | Х | - | Х | - |
| | Electroconvulsive therapy (ect) provided (mdd) | Х | _ | Х | - |
| 4067F | Patient referral for electroconvulsive therapy (ect) documented (mdd) | Х | _ | Х | - |
| 4069F | Venous thromboembolism (vte) prophylaxis received (ibd) | Х | _ | Х | - |
| 4070F | Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str) | Х | - | Х | - |
| | Oral antiplatelet therapy prescribed at discharge (str) | Х | _ | Х | - |
| 4075F | Anticoagulant therapy prescribed at discharge (str) | Х | _ | Х | - |
| 4077F | Documentation that tissue plasminogen activator (t-pa) administration was considered (str) | Х | - | Х | - |
| 4079F | Documentation that rehabilitation services were considered (str) | Х | - | Х | - |
| 4084F | Aspirin received within 24 hours before emergency department arrival or during emergency | | | | |
| | department stay (em) | Х | - | Х | - |
| 4086F | Aspirin or clopidogrel prescribed or currently being taken (cad) | Х | - | Х | - |
| | Patient receiving erythropoietin therapy (hem) | X | - | X | - |
| | Patient not receiving erythropoietin therapy (hem) | X | - | X | - |
| | Biaphosphanata beranxiisitayenovadordarad proviece (ked (hem) | X | _ | X | - |



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| 4110F | Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg) | Х | - | Х | - | |
| 4115F | Beta blocker administered within 24 hours prior to surgical incision (cabg) | Х | - | Х | - | |
| | Antibiotic prescribed or dispensed (uri, phar) | Х | - | Х | - | |
| | Antibiotic neither prescribed nor dispensed (uri, phar) | Х | - | Х | - | |
| | Topical preparations (including otc) prescribed for acute otitis externa (aoe) | Х | - | Х | - | |
| | Systemic antimicrobial therapy prescribed (aoe) | Х | - | Х | - | |
| | Systemic antimicrobial therapy not prescribed (aoe) | Х | - | Х | - | |
| | Antihistamines or decongestants prescribed or recommended (ome) | Х | - | Х | - | |
| | Antihistamines or decongestants neither prescribed nor recommended (ome) | Х | - | Х | - | |
| | Systemic corticosteroids prescribed (ome) | X | - | X | - | |
| | Systemic corticosteroids not prescribed (ome) | X | - | X | - | |
| | Inhaled corticosteroids prescribed (asthma) | X | - | X | - | |
| | Corticosteroid sparing therapy prescribed (ibd) | X | - | X | _ | |
| 4144F | Alternative long-term control medication prescribed (asthma) | X | - | X | - | |
| | Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn) | X | - | X | - | |
| | Hepatitis a vaccine injection administered or previously received (hep-c) | X | - | X | - | |
| | Hepatitis b vaccine injection administered or previously received (hep-c, hiv) | X | - | X | - | |
| | Patient receiving antiviral treatment for hepatitis c (hep-c) | X | - | X | _ | |
| | Patient not receiving antiviral treatment for hepatitis c (hep-c) | X | - | X | _ | |
| | Combination peginterferon and ribavirin therapy prescribed (hep-c) | X | - | X | - | |
| | Hepatitis a vaccine series previously received (hep-c) | X | - | X | - | |
| | Hepatitis b vaccine series previously received (hep-c) | X | - | X | - | |
| | Patient counseled about risks of alcohol use (hep-c) | X | - | X | _ | |
| | Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c) | X | - | X | - | |
| | Patient counseling at a minimum on all of the following treatment options for clinically localized | | | | | |
| | prostate cancer: acti | Х | - | Х | - | |
| 4164F | Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) | | | | | |
| | hormonal therapy (gona | Х | - | Х | - | |
| 4165F | Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) | | | | | |
| | received (prca)1 | X | - | Х | - | |
| 4167F | Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1 | Х | _ | Х | _ | |
| | Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 | | | | | |
| 71001 | hours or less (crit)1 | Х | - | Х | - | |
| 4169F | Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical | | | | | |
| | Mentiletienter intreduction general the internsive care unit (led) of not receiving mechanical Mentiletienter in the internsive care unit (led) of not receiving mechanical | X | - | Х | - | |
| reauth ne | eded आरक्षा एक मिन्न का visits. Limit depends on pian/provider type. | | | | | |



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| 4171F | Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1 | Х | - | Х | - |
| 4172F | Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1 | Х | - | Х | - |
| 4174F | Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment | Х | - | Х | - |
| 4175F | Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger | Х | - | Х | - |
| 4176F | Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention | Х | - | Х | - |
| 4177F | Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr | Х | - | Х | - |
| 4178F | Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1 | Х | - | Х | - |
| 4179F | Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1 | Χ | - | Х | - |
| 4180F | Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc) | Х | - | Х | - |
| 4181F | Conformal radiation therapy received (onc)1 | Х | - | Х | - |
| | Conformal radiation therapy not received (onc)1 | Х | - | Х | - |
| 4185F | Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger | Х | - | Х | - |
| 4186F | No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec | Х | - | Х | - |
| 4187F | Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2 | Х | - | Х | - |
| | Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered | Х | - | Х | - |
| 4189F | Appropriate digoxin therapeutic monitoring test ordered or performed (am)2 | Х | - | Х | - |
| | Appropriate diuretic therapeutic monitoring test ordered or performed (am)2 | Χ | - | Х | - |
| 4191F | Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2 | Χ | - | Х | - |
| 4192F | Patient not receiving glucocorticoid therapy (ra) | Χ | - | Х | |
| 4193F | Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months (ra) | Х | - | Х | - |
| 4194F | Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra) | Х | - | Х | - |
| 4195F | Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra) | Х | - | Х | - |
| 4196F | Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra) | Х | - | Х | - |

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| 4200F | External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca) | Х | - | Х | - |
| 4201F | External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient | Х | - | Х | - |
| 4210F | Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2 | Х | - | Х | - |
| 4220F | Digoxin medication therapy for 6 months or more (mm)2 | Х | - | Х | - |
| | Diuretic medication therapy for 6 months or more (mm)2 | Х | - | Х | - |
| | Anticonvulsant medication therapy for 6 months or more (mm)2 | Х | - | Х | - |
| | Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las | Х | - | Х | - |
| 4242F | Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks | Х | - | Х | - |
| 4245F | Patient counseled during the initial visit to maintain or resume normal activities (bkp)2 | Х | _ | Х | _ |
| | Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2 | Х | - | Х | - |
| 4250F | Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal | Х | - | Х | - |
| 4255F | Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit) | Х | - | Х | - |
| 4256F | Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit) | Х | - | Х | - |
| 4260F | Wound surface culture technique used (cwc) | Х | _ | Х | _ |
| | Tech other than surfc cultr | X | - | X | - |
| | Use of wet to dry dressings prescribed or recommended (cwc) | X | - | X | - |
| | Use of wet to dry dressings neither prescribed nor recommended (cwc) | Х | - | Х | - |
| | Compression therapy prescribed (cwc) | Х | - | Х | - |
| | Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) | Х | - | Х | - |
| 4269F | Appropriate method of offloading (pressure relief) prescribed (cwc) | Х | _ | Х | _ |
| | Patient receiving potent antiretroviral therapy for 6 months or longer (hiv) | X | _ | X | _ |
| | Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h | X | - | Х | - |
| 4274F | Influenza immunization administered or previously received (hiv) | Х | _ | Х | _ |
| | Potent antiretroviral therapy prescribed (hiv) | X | _ | X | |

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| 4279F | Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv) | Х | - | Х | - |
| | Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv) | Х | - | Х | - |
| 4290F | Patient screened for injection drug use (hiv) | Х | - | Х | - |
| | Patient screened for high-risk sexual behavior (hiv) | Х | - | Х | - |
| | Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib) | Х | - | Х | - |
| | Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib) | Х | - | Х | _ |
| | Patient education regarding appropriate foot care and daily inspection of the feet received (cwc) | Х | - | Х | - |
| 4306F | Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud) | Х | - | Х | - |
| 4320F | Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud) | Х | - | Х | - |
| 4322F | Caregiver provided with education and referred to additional resources for support (dem) | Х | - | Х | - |
| | Pt queried prkns complic | Х | - | Х | - |
| | Med txmnt options rvwd w/pt | Х | - | Х | - |
| | Pt asked re symp auto dysfxn | Х | - | Х | - |
| | Pt asked re sleep disturb | Х | - | Х | - |
| | Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi) | Х | - | Х | - |
| | Counseling for women of childbearing potential with epilepsy (epi) | Х | - | Х | - |
| | Counseling provided on symptom management, end of life decisions, and palliation (dem) | Х | - | Х | - |
| | Rehab thxpy options w/pt | Х | - | Х | - |
| | Self-care education provided to patient (hf) | Х | - | Х | - |
| | Implantable cardioverter-defibrillator (icd) counseling provided (hf) | Х | - | Х | - |
| | Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf) | Х | - | Х | - |
| 4481F | Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf) | Х | - | Х | - |
| 4500F | Referred to an outpatient cardiac rehabilitation program (cad) | Х | - | Х | - |
| | Previous cardiac rehabilitation for qualifying cardiac event completed (cad) | X | - | X | - |
| | Neuropsychiatric intervention ordered (dem) | X | - | X | - |
| | Neuropsychiatric intervention received (dem) | X | - | X | - |
| | Disease modified pharmacothxpy | X | - | X | _ |
| | Pt offered tx for pseudobulb | X | - | X | _ |
| | Noninvas resp support talk | X | - | X | - |
| | Nutritional support of the seas. Limit depends on plan/provider type. | X | - | X | - |



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| 4552F | Pt ref for speech lang path | Х | - | Х | - |
| 4553F | Pt asst re end life issues | Χ | - | Х | - |
| 4554F | Pt recvd inhal anesthetic | Χ | - | Χ | • |
| 4555F | Pt recvd no inhal anesthic | Χ | - | Χ | • |
| 4556F | Ptw/3+ post-op nausea and vommiting | Χ | - | Χ | • |
| 4557F | Pt w/o 3+ pot-op nausea and vommiting | Х | - | Х | - |
| 4558F | Pt recvd 2 rx anti-emetagnts | Х | - | Х | - |
| 4559F | 1 bodytemp >=35.5 cw/in 30 mins | Χ | - | Χ | - |
| | Anesth w/o general or neurax anesth | Х | - | Х | - |
| 4561F | Pt w/ cornonary artery stent | Χ | - | Х | - |
| | Patient does not have coronary artery stent | Χ | - | Х | - |
| 4563F | Pt recvd aspirin w/in 24 hours | Х | - | Х | - |
| 5005F | Patient counseled on self - examination for new or changing moles (ml) | Х | - | Х | - |
| 5010F | Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec) | Х | - | Х | - |
| 5015F | Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for oste | Х | - | Х | - |
| 5020F | Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of co | Х | - | Х | - |
| 5050F | Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5 | Х | - | Х | - |
| 5060F | Findings from diagnostic mammogram communicated to practice managing patient; s on-going care within 3 business days of e | Х | - | Х | - |
| 5062F | Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imag | Х | - | Х | - |
| 5100F | Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study (nuc med) | Х | - | Х | - |
| 5200F | Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy | Х | - | Х | - |
| 5250F | Asthma discharge plan present (asthma) | Х | - | Х | _ |
| 6005F | Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented. | Х | - | X | - |
| 6010F | Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str) | Х | - | Х | - |
| 6015F | Patient receiving or eligible to receive foods, fluids or medication by mouth (str) | Х | - | Х | _ |
| | eblace (tentilities laying en englishe to recest, natas of means and by mean (ett) | X | _ | X | _ |



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| 6030F | All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves a | Х | - | Х | - | |
| 6040F | Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure, documen | Х | - | Х | - | |
| 6045F | Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5 | Х | - | Х | - | |
| 6070F | Patient queried and counseled about anti-epileptic drug (aed) side effects (epi) | Х | - | Х | - | |
| | Pt/caregiver queried falls | X | - | X | - | |
| | Pt/caregiver counsel safety | X | - | X | - | |
| | Timeout to verify correct patient, correct site, and correct procedure, documented (path)9 | X | _ | X | _ | |
| | Safety counsel dementia prov | X | _ | X | _ | |
| | Safety counsel dementia ord | X | _ | X | _ | |
| | Counsel risks driving and alternatives | Х | - | X | - | |
| | Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd) | X | _ | X | - | |
| | Patient information entered into a recall system that includes: target date for the next exam specified and a process to | Х | - | Х | - | |
| 7020F | Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for a | Х | - | Х | - | |
| 7025F | Patient information entered into a reminder system with a target due date for the next mammogram (rad)5 | Х | - | Х | - | |
| 9001F | Immunohisto antibod add slid | Х | - | Х | - | |
| 9002F | Aortic aneurysm 5-5.4cm diam | Х | - | Х | - | |
| | Aortic anrysm5.5-5.9cm diam | Х | - | Х | - | |
| | Aortic anrysm 6/> cm diam | Х | - | Х | - | |
| 9005F | Asympt carot/vrtbrbas sten | Х | - | Х | - | |
| 9006F | Sympt sten-tia/strk<120days | Х | - | Х | - | |
| | Other carot sten 120 days/> | Х | - | Х | - | |
| | Liver disease, 10 biochem assays | Х | - | Х | - | |
| | Liver disease, 10 biochem assays | Х | - | Х | - | |
| 0004M | Scoliosis dna alys | Х | - | Х | - | |
| | Onc hep gene risk classifier | Х | - | Х | - | |
| | Onc gastro 51 gene nomogram | Х | - | Х | - | |
| | Onc prst8 ca mrna 12 genes bld plsm &/ur alg | - | Х | - | Х | |
| | Onc mrna 5 genes ur alg risk urothelial cancer | Х | - | Х | - | |
| | Onc mrna 5 genes ur alg risk recr urothelial ca | Х | - | Х | - | |

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



| | Description | Small Er | nployer / Individual | Large Employer | |
|--------------------------------|---|------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| Disclaimer: P drugs, or spe | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| 0014M | Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using Immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years | х | - | х | - |
| 0015M | Adrnl cortcl tum bchm asy 25 | Х | - | Х | - |
| 0016M | Onc bladder mrna 219 gen alg | Х | - | Х | - |
| 0017M | Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin | Х | - | Х | - |
| 0018M | Trnsplj rnl meas cd154+cll | Х | - | Х | - |
| | Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations | Х | - | Х | - |
| 0020M | Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass | х | - | х | - |
| 0054T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image- guidance based on fluoroscopic | Х | - | Х | - |
| 0055T | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image- guidance based on ct/mri images | Х | - | Х | - |
| 0071T | Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of | Х | - | Х | - |
| 0072T | Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of | Х | - | Х | - |
| 0100T | Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina | Х | - | Х | - |
| 0101T | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy | Х | - | Х | - |
| 0102T | Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later | Х | - | Х | - |
| 0106T | Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar | Х | - | Х | - |
| 0107T | Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di | Х | - | Х | - |

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| | | Small Employer / Individual | | Large Employer | | |
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| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| Disclaimer: P drugs, or spe | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists de | o not reflect information r | egarding immur | nizations, injectable | |
| 0108T | Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv | Х | - | Х | - | |
| 0109T | Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n | Х | - | Х | - | |
| 0110T | Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation | Х | - | Х | - | |
| 0163T | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for | - | Х | - | Х | |
| 0174T | Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy | Х | | Х | - | |
| 0175T | Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy | Х | - | Х | - | |
| 0200T | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de | Х | - | Х | - | |
| 0201T | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic | Х | - | Х | - | |
| 0202T | Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin | Х | - | Х | - | |
| 0207T | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral | Х | - | Х | - | |
| 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х | |
| 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х | |
| 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х | |
| 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х | |
| 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х | |
| 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi | - | Х | - | Х | |
| 0219T | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) | Х | - | Х | - | |

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

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



| Description Not Covered Present notice that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information repurring immunizations, injectiable rates, or specially redictations are about be directed to the Pharmacy lisk option within the velocities. Proceeding Procedure of posterior intrafaces implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) X | | | Small En | nployer / Individual | Large Employer | | |
|--|-------|--|-------------------|-----------------------------|----------------|------------------------------|--|
| Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) | Codes | Description | | | | Preauthorization Required | |
| placement of bone graft(s) | | | e coding lists de | o not reflect information r | egarding immu | nizations, injectable | |
| placement of bone graft(s) Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and X | 0220T | | Х | - | Х | - | |
| placement of bone graft(s) | 0221T | | Х | - | Х | - | |
| preparation when performed | 0222T | | Х | - | Х | - | |
| D264T m autol b1 mmv cel ther 1 leg compl xcl hrvst X | 0232T | | Х | - | Х | - | |
| 0265T mautol b1 mmw cell ther uni/bi hrvst only X | 0263T | Im autol b1 mrw cel ther 1 leg compl incl hrvst | Х | - | Х | - | |
| D266T Implti/rplcmt crtd sns brorflx actv dev tot sys | 0264T | Im autol b1 mrw cel ther 1 leg compl xcl hrvst | X | - | Х | - | |
| 0267T Impltj/rplcmt crtd sns brorflx actv dev lead uni | 0265T | Im autol b1 mrw cel ther uni/bi hrvst only | Χ | - | Х | - | |
| 0268T | 0266T | Impltj/rplcmt crtd sns brorflx actv dev tot sys | Χ | - | Х | - | |
| New/remvl crtd sns brorflx actv dev tot sys | 0267T | Impltj/rplcmt crtd sns brorflx actv dev lead uni | Χ | - | Х | - | |
| New/remvl crtd sns brorflx actv dev tot sys | 0268T | Impltj/rplcmt crtd sns brorflx actv dev pls gen | Χ | - | Х | - | |
| 0270T Rev/remvl crtd sns brorflx actv dev lead uni X - X - X - X - 0271T Rev/remvl crtd sns brorflx actv dev pls gen X - | 0269T | Rev/remvl crtd sns brorflx actv dev tot sys | Χ | - | Х | - | |
| O271T Rev/remvl crtd sns brorflx actv dev pls gen | | | Χ | - | Х | - | |
| Interrogation eval crtd sns brorflx actv sys X | 0271T | Rev/remvl crtd sns brorflx actv dev pls gen | Χ | - | Х | - | |
| Description of the percent of the properties o | | | Χ | - | Х | - | |
| Description of the perquence of the pe | 0273T | Interrogation eval crtd sns brorflx w/progrmg | Χ | - | Х | - | |
| 0275T Perq lamot/lam any meth single/mlt lvl lumbar X - X - 0278T Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes). X - X - 0308T Insertion of ocular telescope prothesis including removal of crystalline lens X - X - 0312T Laps impltj nstim vagus X - X - 0313T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator X - X - 0314T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator X - X - 0315T Rmvl vagus nerve pls gen X - X - 0316T Replc vagus nerve pls gen X - X - 0317T Elec analysis vagus nerve pls gen X - X - 0329T Mntr io press 24hrs/> uni/bi X - X - 0330T Tear film img uni/bi wii&r X - X - 0331T Heart symp image plnr X - X - | | | Χ | - | Х | - | |
| Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes). 308T Insertion of ocular telescope prothesis including removal of crystalline lens X - X - OSTICL Laps impltj nstim vagus Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator National Processing State of the process of th | | | | - | | - | |
| 0312TLaps impltj nstim vagusX-X-0313TVagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generatorX-X-0314TVagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulatorX-X-0315TRmvl vagus nerve pls genX-X-0316TReplc vagus nerve pls genX-X-0317TElec analysis vagus nerve pls genX-X-0329TMntr io press 24hrs/> uni/biX-X-0330TTear film img uni/bi w/i&rX-X-0331THeart symp image plnrX-X- | | Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment | Х | - | Х | - | |
| 0313T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator X - X - 0314T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator X - X - 0315T Rmvl vagus nerve pls gen X - X - 0316T Replc vagus nerve pls gen X - X - 0317T Elec analysis vagus nerve pls gen X - X - 0329T Mntr io press 24hrs/> uni/bi X - X - 0330T Tear film img uni/bi w/i&r X - X - 0331T Heart symp image plnr X - X - | 0308T | Insertion of ocular telescope prothesis including removal of crystalline lens | Χ | - | Х | - | |
| neurostimulator electrode array and pulse generator 0314T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator 0315T Rmvl vagus nerve pls gen 0316T Replc vagus nerve pls gen 0317T Elec analysis vagus nerve pls gen 0329T Mntr io press 24hrs/> uni/bi 0330T Tear film img uni/bi w/i&r 0331T Heart symp image plnr | 0312T | Laps implti nstim vagus | Χ | - | Х | - | |
| 0314TVagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulatorX-X-0315TRmvl vagus nerve pls genX-X-0316TReplc vagus nerve pls genX-X-0317TElec analysis vagus nerve pls genX-X-0329TMntr io press 24hrs/> uni/biX-X-0330TTear film img uni/bi w/i&rX-X-0331THeart symp image plnrX-X- | 0313T | 1 0 11 1 | Х | - | Х | - | |
| 0315T Rmvl vagus nerve pls gen X - X - 0316T Replc vagus nerve pls gen X - X - 0317T Elec analysis vagus nerve pls gen X - X - 0329T Mntr io press 24hrs/> uni/bi X - X - 0330T Tear film img uni/bi w/i&r X - X - 0331T Heart symp image plnr X - X - | 0314T | Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk | Х | - | Х | - | |
| 0316T Replc vagus nerve pls gen X - X - 0317T Elec analysis vagus nerve pls gen X - X - 0329T Mntr io press 24hrs/> uni/bi X - X - 0330T Tear film img uni/bi w/i&r X - X - 0331T Heart symp image plnr X - X - | 0315T | | Х | - | Х | - | |
| 0317T Elec analysis vagus nerve pls gen X - X - 0329T Mntr io press 24hrs/> uni/bi X - X - 0330T Tear film img uni/bi w/i&r X - X - 0331T Heart symp image plnr X - X - | | | | - | | - | |
| 0329T Mntr io press 24hrs/> uni/bi X - X - 0330T Tear film img uni/bi w/i&r X - X - 0331T Heart symp image plnr X - X - | | | | - | | - | |
| 0330T Tear film img uni/bi w/i&r X - X - 0331T Heart symp image plnr X - X - | | | | | | - | |
| 0331T Heart symp image plnr X - X - | | | | - | | - | |
| | | | | - | | - | |
| | | <u> </u> | | - | | - | |



| | | Small En | nployer / Individual | Large Employer | |
|-------|---|-------------------|------------------------------|----------------|------------------------------|
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| 0333T | Visual ep acuity screen auto | Х | - | Х | - |
| 0338T | Trnscth renal symp denry unl | Х | - | Х | - |
| 0339T | Trnscth renal symp denry bil | Х | - | Х | - |
| 0347T | Ins bone device for rsa | Х | - | Х | - |
| 0348T | Rsa spine exam | Х | - | Х | - |
| 0349T | Rsa upper extr exam | Χ | - | Х | - |
| 0350T | Rsa lower extr exam | Χ | - | Х | - |
| 0351T | Intraop oct brst/node spec | Χ | - | Х | - |
| 0352T | Oct brst/node i&r per spec | Χ | - | Х | - |
| 0353T | Intraop oct breast cavity | Χ | - | Х | - |
| 0354T | Oct breast surg cavity i&r | Χ | - | Х | - |
| 0358T | Bia whole body | Х | - | Х | - |
| 0394T | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic | Х | | V | |
| | dosimetry, when performed | ^ | - | X | - |
| | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed | Х | - | Х | - |
| | Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure) | Х | - | Х | - |
| | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting | х | - | - | - |
| 0408T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa | Х | - | Х | - |
| 0409T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa | Х | - | Х | - |
| 0410T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa | Х | - | Х | - |
| 0411T | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa | Х | - | Х | - |
| 0412T | Removal of permanent cardiac contractility modulation system; pulse generator only | Χ | - | Х | - |
| 0413T | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular) | Х | - | Х | - |
| 0414T | Removal and replacement of permanent cardiac contractility modulation system pulse generator only | Х | - | Х | - |

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| 0415T | Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead) | Х | - | Х | - |
| 0416T | Relocation of skin pocket for implanted cardiac contractility modulation pulse generator | Х | - | Х | - |
| | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values | Х | - | Х | - |
| 0418T | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr | Х | - | Х | - |
| 0422T | Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral | Χ | - | Х | - |
| 0439T | Myocrd contrast prfuj echo | Х | - | Х | - |
| | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve | Х | - | Х | - |
| 0441T | Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve | Х | - | Х | - |
| 0442T | Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve) | Х | - | Х | - |
| | Real time spectral analysis of prostate tissue by fluorescence spectroscopy | Х | - | Х | - |
| 0444T | Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral | Х | - | Х | - |
| 0445T | Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including retraining, and removal of existing insert, unilateral or bilateral | Х | - | Х | - |
| 0446T | Crtj subq insj impltbl glucose sensor sys | Χ | - | Х | - |
| 0447T | Rmvl impltbl glucose sensor subq pocket via inc | Χ | - | Х | - |
| 0448T | Rmvl insj impltbl gluc sensor dif anatomic site | Х | - | Х | - |
| 0464T | Visual ep testing for glaucoma w/interpj & reprt | Х | - | Х | - |
| 0470T | Oct skn img acquisj i&r 1st | Χ | - | Χ | - |
| 0471T | Oct skn img acquisj i&r addl | Χ | - | Χ | - |
| 0472T | Prgrmg io rta eltrd ra | Х | - | Х | - |
| 0473T | Reprgrmg io rta eltrd ra | Χ | - | Χ | - |
| | Insj aqueous drg dev io rsvr | Х | - | Χ | - |
| 0483T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed | - | Х | - | Х |
| 0484T | Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical) | - | Х | - | Х |
| 0485T | Oct middle ear with i&r unilateral | Х | - | Х | _ |
| 0486T | Oct middle ear with i&r bilateral | Χ | - | Х | - |
| P0486The | Diabetesepenynonline de lestsonisitorerendro 20 lalenysovider type. | Χ | - | Х | - |



| | | Small Employer / Individual | | Large Employer | |
|-------|--|-----------------------------|------------------------------|----------------|------------------------------|
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| 0489T | Autol regn cell tx scleroderma hands | Х | - | Х | - |
| 0490T | Autol regn cell tx scldr mlt inj one or both hands | Х | - | Х | - |
| 0510T | Removal of sinus tarsi implant | Χ | - | Χ | - |
| 0511T | Removal and reinsertion of sinus tarsi implant | Х | - | Х | - |
| 0512T | Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound | Х | - | Х | - |
| 0513T | Esw integ wnd hlg ea addl | Х | - | Х | - |
| | Ev cath dir chem ablti w/img | Х | - | Х | - |
| 0543T | Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae | Х | - | Х | - |
| 0544T | Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture | Х | - | Х | - |
| 0545T | Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach | - | Х | - | Х |
| 0547T | Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score | Х | - | Х | - |
| 0552T | Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional | Х | - | Х | - |
| 0554T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report | Х | - | Х | - |
| 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 | Х | - | Х | - |
| 0556T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density | Х | - | Х | - |
| 0557T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report | Х | - | Х | - |
| 0558T | Computed tomography scan taken for the purpose of biomechanical computed tomography analysis | Х | - | Х | - |
| 0559T | Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure | Х | - | Х | - |

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|-------|--|-------------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
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| 0560T | Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (list separately in addition to code for primary procedure) | Х | - | Х | - | |
| 0561T | Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide | Х | _ | X | - | |
| 0562T | Anatomic guide 3d-printed and designed from image data set(s); must anatomic guide Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide (list separately in addition to code for primary procedure) | X | <u>-</u> | X | - | |
| 0563T | Evac meibomian glnd heat bi | Х | _ | Х | - | |
| 0565T | Autol cell implt adps hrvg | X | - | X | - | |
| | Autol cell implt adps nix | X | - | X | - | |
| 0569T | Ttvr perq appr 1st prosth | - | Х | - | Х | |
| 0570T | Ttvr perg ea addl prosth | - | Х | - | Х | |
| | Perg islet cell transplant | Х | - | Х | - | |
| | Laps islet cell transplant | Х | - | Х | - | |
| | Open islet cell transplant | X | _ | Х | _ | |
| | Hlth&wb coaching indiv 1st | X | _ | Х | _ | |
| | Hlth&wb coaching indiv f-up | X | _ | Х | _ | |
| | Hith&wb coaching group | X | _ | Х | - | |
| 0594T | Osteot hum xtrnl Ingth dev | Х | - | Х | - | |
| 0596T | Temp fml iu vlv-pmp 1st insj | Х | - | Х | - | |
| 0597T | Temp fml iu valve-pmp rplcmt | Х | - | Х | - | |
| | Ncntc r-t fluor wnd img 1st | Х | - | Х | - | |
| | Ncntc r-t fluor wnd img ea | Х | - | Х | - | |
| | Ire abltj 1+tum organ perq | Х | - | Х | - | |
| | Ire ablti 1+tumors open | Х | - | Х | - | |
| 0602T | Transdermal gfr measurements | Х | - | Х | - | |
| 0603T | Transdermal gfr monitoring | Х | - | Х | - | |
| | Rem oct rta dev setup&educaj | Х | - | Х | - | |
| | Rem oct rta techl sprt min 8 | Х | - | Х | - | |
| | Rem oct rta phys/qhp ea 30d | Х | - | Х | - | |
| | Rem mntr pulm flu mntr setup | Х | - | Х | - | |
| | Rem mntr pulm flu mntr alys | Х | - | Х | - | |
| | Mrs disc pain acquisi data | Х | - | Х | - | |
| | Mrs disc pain transmis data | Х | - | Х | - | |
| | Mrs disc pain alg alys data | X | - | Х | - | |
| | Mrs discogenic pain i&r | X | - | Х | - | |
| | Regarticate intratrinsent is histis. Limit depends on plan/provider type. | X | _ | Х | - | |



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| 0615T | Eye mvmt alys w/o calbrj i&r | Х | - | Х | - |
| 0621T | Trabeculostomy interno laser | Х | - | Х | - |
| 0622T | Trabeculostomy int lsr w/scp | Х | - | Х | - |
| 0623T | Auto quantification c plaque | Χ | - | Х | - |
| 0624T | Auto quan c plaq data prep | Χ | - | Х | - |
| 0625T | Auto quan c plaq cptr alys | Χ | - | Х | - |
| 0626T | Auto quan c plaq i&r | Х | - | Х | - |
| 0627T | Perq njx algc fluor lmbr 1st | Х | - | Х | - |
| 0628T | Perq njx algc fluor lmbr ea | Χ | - | Х | - |
| 0629T | Perq njx algc ct lmbr 1st | Χ | - | Х | - |
| 0630T | Perq njx algc ct lmbr ea | Х | - | Х | - |
| 0632T | Perq tcat us abltj nrv p-art | Х | - | Х | - |
| 0633T | Ct breast w/3d uni c | Χ | - | Х | - |
| 0634T | Ct breast w/3d uni c+ | Χ | - | Х | - |
| 0635T | Ct breast w/3d uni c-/c+ | Χ | - | Х | - |
| 0636T | Ct breast w/3d bi c | Χ | - | Х | - |
| 0637T | Ct breast w/3d bi c+ | Χ | - | Х | - |
| 0638T | Ct breast w/3d bi c-/c+ | Χ | - | Х | - |
| 0639T | Wrls skn snr anisotropy meas | Χ | - | Х | - |
| 0640T | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound | Х | - | Х | - |
| 0643T | Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach | Х | - | Х | - |
| 0644T | Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed | Х | - | Х | - |
| 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 | Х | - | Х | - |
| 0647T | Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report | Х | - | Х | - |
| | Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report | Х | - | Х | - |
| | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of ജൈങ്ങയം(ള)നിഴുപിഷ്യങ്ങളെ washigളപൂഴി ഒറു ഉണ്ടിയുടെ parate procedure) | Х | - | Х | - |



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| 0653T | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple | Х | - | Х | - |
| 0654T | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter | Х | - | Х | - |
| 0655T | Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused images or other enhanced ultrasound imaging | Х | - | Х | - |
| 0656T | Vertebral body tethering, anterior; up to 7 vertebral segments | Х | _ | Х | _ |
| 0657T | Vertebral body tethering, anterior; 8 or more vertebral segments | X | _ | X | - |
| 0658T | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score | Х | - | Х | - |
| 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 | х | - | Х | - |
| 0660T | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach | Х | - | Х | - |
| 0661T | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant | Х | - | Х | - |
| 0662T | Scalp cooling, mechanical; initial measurement and calibration of cap | Χ | - | Χ | - |
| 0663T | Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 0664T | Donor hysterectomy (including cold preservation); open, from cadaver donor | Χ | - | Х | - |
| 0665T | Donor hysterectomy (including cold preservation); open, from living donor | Χ | - | Χ | - |
| 0666T | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor | Х | - | Х | - |
| 0667T | Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor | Х | - | Х | - |
| 0668T | Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary | Х | - | Х | - |
| 0669T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each | Х | - | Х | - |
| 0670T | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each | Х | - | Х | - |
| 0672T | Ndovag cryg rf remdl tiss | Х | - | Х | _ |
| 0673T | Abltj b9 thyr ndul perq lasr | Х | - | Х | |

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| 0674T | Laps insj nw/rpcmt prm isdss | Х | - | Х | - | |
| 0675T | Laps insj nw/rpcmt isdss 1ld | Χ | • | Χ | - | |
| 0676T | Laps insj nw/rpcmt isdss ea | Χ | • | Χ | - | |
| 0677T | Laps repos lead isdss 1st ld | Х | • | Х | - | |
| 0678T | Laps repos lead isdss ea add | Χ | • | Χ | - | |
| 0679T | Laps rmvl lead isdss | Χ | • | Χ | - | |
| 0680T | Insj/rplcmt pg only isdss | Χ | • | Χ | - | |
| 0681T | Rlcj pulse gen only isdss | Х | - | Х | - | |
| 0682T | Removal pulse gen only isdss | Х | - | Х | - | |
| 0683T | Prgrmg dev eval isdss ip | Х | - | Х | - | |
| 0684T | Peri-px dev eval isdss ip | Х | - | Х | - | |
| 0685T | Interrog dev eval isdss ip | Χ | • | Χ | - | |
| 0686T | Histotripsy mal hepatcel tis | Х | - | Х | - | |
| 0687T | Tx amblyopia dev setup 1st | Х | - | Х | - | |
| 0688T | Tx amblyopia assmt w/report | Х | - | Х | - | |
| 0689T | Quan us tis charac w/o dx us | Х | - | Х | - | |
| 0690T | Quan us tis charac w/dx us | Х | - | Х | - | |
| 0691T | Auto alys xst ct std vrt fx | Х | - | Х | - | |
| 0692T | Therapeutic ultrafiltration | Х | - | Х | - | |
| 0693T | Compre ful bdy 3d mtn alys | Х | - | Х | - | |
| 0694T | 3d vol img&rcnstj brst/ax | Х | - | Х | - | |
| 0695T | Bdy srf mpg pm/cvdfb tm impl | Х | - | Х | - | |
| 0696T | Bdy surf mapg pm/cvdfb f/up | Х | - | Х | - | |
| 0697T | Quan mr tis wo mri mlt orgn | Х | - | Х | - | |
| 0698T | Quan mr tiss w/mri mlt orgn | Х | - | Х | - | |
| 0700T | Molec fluor img sus nev 1st | Х | - | Х | - | |
| 0701T | Molec fluor img sus nev ea | Х | - | Х | - | |
| 0704T | Rem tx amblyopia setup&edu | Х | - | Х | - | |
| 0705T | Rem tx amblyopia tech sprt | Х | - | Х | - | |
| | Rem tx amblyopia i&r phy/qhp | Χ | - | Х | - | |
| 0707T | Njx b1 sub mtrl sbchdrl dfct | Χ | - | Х | - | |
| 0708T | ld ca immntx prep & 1st njx | Χ | - | Х | - | |
| | ld ca immntx each addl njx | Χ | - | Х | - | |
| | N-invas artl plaq alys | Χ | - | Х | - | |
| 0711T | N-nvs artl plaq alys dat prp | Х | - | Х | - | |
| *P0212Te | NEDVE ACTURATION OF THE PROPERTY OF THE PROPER | Х | - | Х | - | |



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| 0713T | N-nvs artl plaq alys rvw i&r | Х | - | Х | - |
| 0714T | Tprnl Isr ablt b9 prst8 hypr | Х | - | Х | - |
| 0716T | Car acous wavfrm rec cad rsk | Х | - | Х | - |
| 0717T | Adrc ther prtl rc tear | Х | - | Х | - |
| 0718T | Adrc ther prtl rc tear njx | Х | - | Х | - |
| 0719T | Pst vrt jt rplcmt lmbr 1 sgm | Х | - | Х | - |
| 0720T | Prq elc nrv stim cn wo implt | Х | - | Х | - |
| 0721T | Quan ct tiss charac w/o ct | Х | - | Х | - |
| 0722T | Quan ct tiss charac w/ct | Х | - | Х | - |
| 0723T | Qmrcp w/o dx mri sm anat ses | Х | - | Х | - |
| 0724T | Qmrcp w/dx mri same anatomy | Х | - | Х | - |
| 0725T | Vestibular dev impltj uni | Х | - | Х | - |
| 0726T | Rmvl implt vstibular dev uni | Х | - | Х | - |
| 0727T | Rmvl&rplcmt implt vstblr dev | Х | - | Х | - |
| 0728T | Dx alys vstblr implt uni 1st | Х | - | Х | - |
| 0729T | Dx alys vstblr implt uni sbq | Х | - | Х | - |
| 0730T | Trabeculotomy Isr w/oct gdn | Х | - | Х | - |
| 0731T | Augmnt ai-based fcl phnt a/r | Х | - | Х | - |
| 0732T | Immntx admn electroporatn im | Х | - | Х | - |
| 0733T | Rem bdy&lmb knmtc ther sply | Х | - | Х | - |
| 0734T | Rem bdy&lmb knmtc tx mgmt | Х | - | Х | - |
| 0736T | Colonic lavage 35+l water | Х | - | Х | - |
| 0737T | Xenograft impltj artclr surf | Х | - | Х | - |
| 0738T | Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (mri) examination | Х | - | Х | - |
| 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 | х | - | х | - |
| | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education | Х | - | Х | - |
| 0741T | Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days | Х | - | х | - |

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

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



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|---------------------------------|--|-------------------|------------------------------|----------------|------------------------------|
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| 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) | х | - | х | - |
| 0743T | Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report | х | - | х | - |
| 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 | х | - | х | - |
| 0748T | Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings) | Х | - | Х | - |
| 0749T | Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray, retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk and bmd, interpretation and report; | Х | - | X | - |
| 0750T | Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray, retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk and bmd, interpretation and report; with single-view digital x-ray examination of the hand taken for the purpose of dxr-bmd | х | - | х | - |
| 0751T | Digitization of glass microscope slides for level ii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 0752T | Digitization of glass microscope slides for level iii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 0753T | Digitization of glass microscope slides for level iv, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 0754T | Digitization of glass microscope slides for level v, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure) | Х | _ | Х | - |
| 0755T | Digitization of glass microscope slide for level vi, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure) | Х | - | Х | - |

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| 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) | х | - | х | - |
| 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) | Х | - | х | - |
| 0758T | Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 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) | Х | - | Х | - |
| 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) | Х | - | Х | - |
| 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) | Х | - | Х | - |
| 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) | Х | - | Х | - |
| 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) | Х | - | х | - |
| 0764T | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 0765T | Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram | х | - | х | - |

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| 0766T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve | Х | - | Х | - |
| 0767T | Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (list separately in addition to code for primary procedure) | х | - | x | - |
| 0770T | Virtual reality technology to assist therapy (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 0771T | Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older | х | - | х | - |
| 0772T | Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (list separately in addition to code for primary service) | х | - | х | - |
| 0773T | Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older | х | - | х | - |
| 0774T | Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older each additional 15 minutes intraservice time (list separately in addition to code for primary service | x | - | х | - |

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| 0776T | Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [scat5]), 30 minutes of treatment | Х | - | Х | - |
| 0777T | Real-time pressure-sensing epidural guidance system (list separately in addition to code for primary procedure) | Х | - | Х | - |
| 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 | Х | - | Х | - |
| 0779T | Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report | Х | - | Х | - |
| 0780T | Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract | Х | - | Х | - |
| 0781T | Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi | Х | - | Х | - |
| 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 | Х | - | х | - |
| 0783T | Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment | Х | - | Х | - |
| 0784T | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed | Х | - | Х | - |
| 0785T | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator | Х | • | Х | • |
| 0786T | Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed | Х | - | Х | - |
| 0787T | Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator | Х | | Х | |
| 0790T | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed | Х | - | Х | - |
| 0791T | Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to code for primary procedure) | - | X* | - | X* |

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| 0794T | Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately | х | - | х | - |
| 0809T | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s) | Х | - | Х | - |
| 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) | Х | - | Х | - |
| 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 | х | - | Х | - |
| 0867T | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or equal to 50 mL | Х | - | Х | - |
| 0868T | High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report | Х | - | Х | - |
| 0877T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging | Х | - | х | - |
| 0878T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure | Х | - | Х | - |
| 0879T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission | х | - | Х | - |
| 0880T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report | Х | - | Х | - |

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As of: 06/17/25

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|--------------------------------|---|-----------------------------|------------------------------|----------------|------------------------------|
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| Disclaimer: P drugs, or spe | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists de | o not reflect information r | egarding immu | nizations, injectable |
| 0882T | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure) | Х | - | Х | - |
| 0883T | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure) | х | - | х | - |
| 0888T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance | Х | - | Х | - |
| 0889T | Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation | х | - | х | - |
| 0890T | Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day | х | - | х | ı |
| 0891T | Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day | х | - | Х | - |
| 0892T | Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day | х | - | Х | - |
| 0898T | Noninvasive prostate cancer estimation map, derived from augmentative analysis of image- guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report | Х | - | Х | - |
| 0902T | QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device | Х | - | Х | - |
| 0903T | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report | Х | - | Х | - |
| 0904T | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only | Х | - | Х | - |
| 0905T | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only | Х | - | Х | - |
| 0906T | Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm | Х | - | Х | - |

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



| | | Small En | nployer / Individual | Large Employer | |
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| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| 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) | х | - | х | - |
| 0915T | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation) | Х | - | Х | - |
| 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 | Х | - | Х | - |
| 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 | х | - | х | - |
| 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 | х | - | х | - |
| 0919T | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only | Х | - | Х | - |
| 0920T | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only | Х | - | Х | - |
| 0921T | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only | Х | - | Х | - |
| 0922T | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only | Х | - | Х | - |
| 0923T | Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only | Х | - | Х | - |
| 0924T | Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters | Х | - | Х | - |
| 0925T | Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator | Х | - | Х | - |
| 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 | Х | - | х | - |

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| 0927T | Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system | Х | - | х | - |
| 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 | Х | - | х | - |
| 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 | Х | • | X | 1 |
| 0930T | Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator | Х | - | Х | 1 |
| 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 | Х | - | Х | - |
| 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 | Х | - | х | • |
| 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 | Х | - | х | - |
| | Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional | Х | - | Х | - |
| 0935T | Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral | Х | - | Х | - |
| 0936T | Photobiomodulation therapy of retina, single session | Х | - | Х | - |

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| 0941T | Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization | Х | - | Х | - |
| 0942T | Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold | Х | - | Х | - |
| 0943T | Cystourethroscopy, flexible; with removal of prostatic urethral scaffold | Х | - | Х | - |
| 0944T | 3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation | Х | - | Х | - |
| 0946T | Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views) | х | - | Х | - |
| 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 | Х | - | Х | - |
| 0948T | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional | Х | - | Х | - |
| 0949T | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results | Х | - | Х | - |
| 0950T | Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance | Х | - | Х | - |
| 0951T | Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor | Х | - | Х | - |
| 0952T | revision or replacement, with mastoidectomy and replacement of sound processor | Х | - | Х | - |
| 0953T | revision or replacement, without mastoidectomy and replacement of sound processor | Х | - | Х | - |
| 0954T | replacement of sound processor only, with attachment to existing transducers | Х | - | Х | - |
| 0955T | removal, including removal of sound processor and all implant components | Х | - | Х | - |
| 0961T | Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure) | Х | - | Х | _ |
| | Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional | Х | - | х | - |
| 0963T | Anoscopy with directed submucosal injection of bulking agent into anal canal | Χ | - | Χ | - |

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| 0964T | Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism | Х | - | х | - |
| 0965T | dual arch, with additional mandibular advancement, non-fixed hinge mechanism | Х | _ | Х | - |
| | dual arch, with additional mandibular advancement, fixed hinge mechanism | Х | - | X | - |
| | Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor | Х | - | Х | - |
| 0971T | Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral | Х | - | Х | - |
| 0972T | Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report | х | - | Х | - |
| 0977T | Upper gastrointestinal blood detection, sensor capsule, with interpretation and report | Х | - | Х | - |
| 0978T | Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil | Х | - | Х | - |
| 0979T | soft palate only | Х | - | Х | - |
| 0980T | base of tongue and lingual tonsil only | Х | - | Χ | - |
| 0981T | Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed | Х | - | Х | - |
| 0982T | Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment | х | - | Х | - |
| 0983T | Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional | Х | ı | х | 1 |
| 0984T | Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure) | Х | - | x | - |
| 0985T | each additional vessel (List separately in addition to code for primary procedure) | Х | - | Х | - |
| 0986T | Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure) | Х | - | X | - |

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| 0987T | each additional vessel (List separately in addition to code for primary procedure) | Х | - | Х | - |
| 0001U | Rbc dna hea 35 ag 11 bld grp whl bld cmn allel | - | Х | - | Х |
| 0002U | Onc clrct quan 3 ur metabolites alg adnmts plp | Χ | - | Х | - |
| 0003U | Onc ovarian assay 5 proteins serum alg scor | Χ | - | Х | - |
| 0005U | Onco prst8 3 gene ur alg | - | Х | - | Х |
| 0007U | Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including dna authentication in | Х | - | Х | - |
| U8000 | Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rrna, gyra, pbp1, rdxa and rpob, next generation sequencing, formalin-fixed paraffin-embedded or fres | Х | - | Х | - |
| 0009U | Oncology (breast cancer), erbb2 (her2) copy number by fish, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (dep) sorting | Х | - | Х | - |
| 0010U | Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate | Х | - | Х | - |
| 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 inclu | Х | - | Х | - |
| 0012U | Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s) | - | Х | - | Х |
| 0013U | Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next- generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra | - | Х | - | Х |
| 0014U | Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next- generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra | - | Х | - | Х |
| 0018U | Oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to | - | X | - | Х |
| 0019U | Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential | - | Х | - | Х |
| 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 | Х | - | Х | - |
| 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 pr | Х | - | Х | - |
| 0024U | Glyca nuc mr spectroscopy quantitative | Х | - | Х | - |
| | Tenofovir liq chrom tandem mass spect ur quan | Х | - | X | - |
| | Onc thyr dna&mrna 112 genes fna ndul alg alys | - | Х | - | Х |
| | Rx metab advrs rx rxn & rspse trgt seq alys | - | X | - | X |

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| 0030U | Rx metab warfarin rx response trgt seq alys | - | Х | - | Х |
| | Comt gene analysis c.472g>a variant | - | Х | - | Х |
| 0033U | Htr2a htr2c gene analysis common variants | - | Χ | - | Χ |
| | Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative | Х | - | Х | - |
| 0036U | Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses | - | Х | - | Х |
| 0037U | Trgt gen seg alys sld orgn neo dna 324 genes | - | Х | - | Х |
| | Vitamin d, 25 hydroxy d2 and d3, by lc-ms/ms, serum microsample, quantitative | Х | - | Х | - |
| | Deoxyribonucleic acid (dna) antibody, double stranded, high avidity | Х | - | Х | - |
| | Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative | - | Х | - | Х |
| 0045U | Onc brst dux carc is mrna 12 genes alg rsk scor | - | Х | - | Х |
| | Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative | - | Х | - | Х |
| 0047U | Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor | _ | Х | - | Х |
| | Onc sld org neo dna 468 cancer associated genes | - | X | - | X |
| 0050U | Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements | - | Х | - | Х |
| 0052U | Lpoprtn bld w/5 maj class auto prfl ucentrfugtn | Х | - | Х | - |
| | Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen, algorithm reported as probability of higher tumor grade | Х | - | Х | - |
| 0054U | Rx mntr 14+ class drugs & sbsts capillary blood | Х | - | Х | - |
| 0055U | Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism targets and two control targets), plasma | - | Х | - | Х |
| 0056U | Hem aml dna gene rearrangement blood/bone marrow | - | Х | - | Х |
| | Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus oncoprotein (small t antigen), serum, quantitative | Х | - | Х | - |
| 0059U | Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus capsid protein (vp1), serum, reported as positive or negative | Х | - | Х | - |
| 0060U | Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal blood | Х | - | Х | - |
| 0061U | Tc meas 5 biomarkers w/sfdi multi-spectral alys | Х | _ | Х | - |
| | Cyp2d6 gen com&slct rar vrnt | _ | Х | - | Х |
| | Cyp2d6 full gene sequence | - | X | - | X |
| | କ୍ରେମ୍ପ୍ରକ୍ୟୁନ୍ତି ଓ ଜୁଣ୍ଡାନ୍ନ୍ୟୁନ୍ତି - ହୁମ୍ଭ ନ୍ୟୁନ୍ତି - ହୁମ୍କ ନ୍ୟୁନ୍କ ନ୍ୟୁନ୍ତି - ହୁମ୍କ ନ୍ୟୁନ୍ତି - ହୁମ୍କ ନ୍ୟୁନ୍ତି - ହୁମ୍କ ନ୍ୟ | - | Χ | - | Х |



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| | Cyp2d6 gen cyp2d7-2d6 hybrid | - | Х | - | X | |
| 0074U | Cyp2d6 nonduplicated gene | - | Χ | - | Χ | |
| 0075U | Cyp2d6 5' gene dup/mlt | - | Χ | - | Χ | |
| | Cyp2d6 3' gene dup/mlt | - | X | - | Χ | |
| 0079U | Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification | - | X | - | X | |
| U080U | Onc Ing 5 clin rsk factr alg | Χ | - | Χ | - | |
| 0082U | Rx test def 90+ rx/sbsts ur | Χ | • | Χ | _ | |
| 0083U | Onc rspse chemo cntrst tomog | Χ | - | Χ | - | |
| 0084U | Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens | Х | - | Х | - | |
| 0086U | Infectious disease (bacterial and fungal), organism identification, blood culture, using rrna fish, 6 or more organism targets, reported as positive or negative with phenotypi | Х | - | Х | - | |
| 0087U | Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro | - | X | - | Х | |
| 0088U | Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil | - | Х | - | Х | |
| 0089U | Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es) | Х | - | Х | - | |
| 0090U | Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit | Х | - | Х | - | |
| 0091U | Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive o | Х | 1 | Х | - | |
| 0092U | Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy | Х | - | Х | - | |
| 0093U | Prescription drug monitoring, evaluation of 65 common drugs by lc-ms/ms, urine, each drug reported detected or not detected | Х | - | Х | - | |
| 0094U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis | - | Х | - | Х | |
| 0095U | Inflammation (eosinophilic esophagitis), elisa analysis of eotaxin-3 (ccl26 [c-c motif chemokine ligand 26]) and major basic protein (prg2 [proteoglycan 2, pro eosinophil majo | Х | - | Х | - | |
| 0097U | Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (campylobacter [c. jejuni/c. coli/c. | Х | - | Х | - | |

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

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



| | | Small Er | nployer / Individual | Large Employer | |
|-------------|---|--------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | ese coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| 0101U | Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden | | | | |
| | syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a | - | Х | - | X |
| 0102U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian | _ | Х | _ | Х |
| | cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing | | Λ | | Λ |
| 0103U | Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), | _ | Х | _ | X |
| | genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and arr | | | _ | ^ |
| | Neph ckd mult eclia tum nec | X | - | Χ | - |
| | C diff tox ag detcj ia stool | X | - | Χ | - |
| | Gi barrett esoph 9 prtn bmrk | X | - | Χ | - |
| 0109U | Id aspergillus dna 4 species | X | - | Χ | - |
| 0110U | Rx mntr 1+oral onc rx&sbsts | X | - | Χ | - |
| 0112U | ladi 16s&18s rrna genes | X | - | Χ | - |
| 0113U | Onc prst8 pca3&tmprss2- erg | - | Χ | - | Χ |
| 0114U | Gi barretts esoph vim&ccna1 | - | X | - | Χ |
| 0115U | Respir iadna 18 viral&2 bact | Х | - | Χ | 1 |
| 0116U | Rx mntr nzm ia 35+oral flu | Х | - | Χ | 1 |
| 0117U | Pain mgmt 11 endogenous anal | Х | - | Х | - |
| 0118U | Trnsplj don-drv cll-fr dna | - | Χ | - | Χ |
| 0119U | Crd ceramides liq chrom plsm | Х | - | Х | - |
| 0120U | Onc b cll lymphm mrna 58 gen | - | Х | - | Χ |
| 0121U | Sc dis vcam-1 whole blood | Х | - | Х | - |
| 0122U | Sc dis p-selectin whl blood | Х | - | Х | - |
| 0123U | Mchnl fragility rbc prflg | Х | - | Х | - |
| 0129U | Hered brst ca rltd do panel | - | Х | - | Χ |
| 0130U | Hered colon ca do mrna pnl | - | Х | - | Χ |
| 0131U | Hered brst ca rltd do pnl 13 | - | Х | - | Χ |
| 0132U | Hered ova ca rltd do pnl 17 | - | Χ | - | Χ |
| 0133U | Hered prst8 ca rltd do 11 | - | Χ | - | Χ |
| 0134U | Hered pan ca mrna pnl 18 gen | - | Х | - | Х |
| 0135U | Hered gyn ca mrna pnl 12 gen | - | Х | - | X |
| 0136U | Atm mrna seq alys | - | Х | _ | Х |
| 0137U | Palb2 mrna seq alys | - | Х | - | X |
| 0138U | Brca1 brca2 mrna seq alys | - | Х | _ | X |
| 0140U | Nfct ds fungi dna 15 trgt | Х | - | Χ | - |
| *PReadthUne | Nectors bactiffingheter in 1998. Limit depends on plan/provider type. | Х | - | Х | _ |



| Codes Socialmer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Ad ugs, or specialty medications and should be directed to the Pharmacy link option within the website. D1442U Nfct ds bact&fing gram neg D143U Drug assay 120+ rx/metablt D144U Drug assay 160+ rx/metablt D145U Drug assay 65+ rx/metablt D145U Drug assay 80+ rx/metablt D145U Drug assay 80+ rx/metablt D147U Drug assay 85+ rx/metablt D148U Drug assay 100+ rx/metablt D149U Drug assay 100+ rx/metablt D150U Drug assay 120+ rx/metablt D150U Preast mrna 101 genes D155U Pik3ca gene analysis D155U Pik3ca gene analysis D156U Copy number sequence alys D158U Mlh1 mrna seq alys D159U Msh2 mrna seq alys D159U Msh2 mrna seq alys | Not Covered Iditionally, these coding lists do X X X X X X X X X X X X X | - - - - - | X X X X | Preauthorization Required nizations, injectable |
|--|--|-----------------------|------------------|---|
| ngs, or specialty medications and should be directed to the Pharmacy link option within the website. 10142U Nfct ds bact&fng gram neg 10143U Drug assay 120+ rx/metablt 10144U Drug assay 160+ rx/metablt 10145U Drug assay 65+ rx/metablt 10146U Drug assay 80+ rx/metablt 10147U Drug assay 85+ rx/metablt 10148U Drug assay 100+ rx/metablt 10149U Drug assay 100+ rx/metablt 10150U Drug assay 120+ rx/metablt 10150U Drug assay 120+ rx/metablt 10150U Drug assay 120+ rx/metablt 10150U Prig assay 120+ rx/metablt 10150U Prig assay 120+ rx/metablt 10150U Drug assay 120+ rx/metablt 10150U Dru | X X X X X X X | - - - - - | X X X X | - |
| D143U Drug assay 120+ rx/metablt D144U Drug assay 160+ rx/metablt D145U Drug assay 65+ rx/metablt D146U Drug assay 80+ rx/metablt D147U Drug assay 85+ rx/metablt D148U Drug assay 100+ rx/metablt D149U Drug assay 60+ rx/metablt D150U Drug assay 120+ rx/metablt D152U Nfct bct fng prst dna >1000 D153U Onc breast mrna 101 genes D154U Fgfr3 gene analysis D155U Pik3ca gene analysis D156U Copy number sequence alys D157U Apc mrna seq alys D158U Mlh1 mrna seq alys | X X X X X X | - - - - - | X X X | |
| 0144U Drug assay 160+ rx/metablt 0145U Drug assay 65+ rx/metablt 0146U Drug assay 80+ rx/metablt 0147U Drug assay 85+ rx/metablt 0148U Drug assay 100+ rx/metablt 0149U Drug assay 60+ rx/metablt 0150U Drug assay 120+ rx/metablt 0152U Nfct bct fng prst dna >1000 0153U Onc breast mrna 101 genes 0154U Fgfr3 gene analysis 0155U Pik3ca gene analysis 0155U Popy number sequence alys 0157U Apc mrna seq alys 0158U Mlh1 mrna seq alys | X X X X X | - - - - | X X X | |
| 0145U Drug assay 65+ rx/metablt 0146U Drug assay 80+ rx/metablt 0147U Drug assay 85+ rx/metablt 0148U Drug assay 100+ rx/metablt 0149U Drug assay 60+ rx/metablt 0150U Drug assay 120+ rx/metablt 0152U Nfct bct fng prst dna >1000 0153U Onc breast mrna 101 genes 0154U Fgfr3 gene analysis 0155U Pik3ca gene analysis 0156U Copy number sequence alys 0157U Apc mrna seq alys 0158U Mlh1 mrna seq alys | X X X X | - - - | X | |
| 0146U Drug assay 80+ rx/metablt 0147U Drug assay 85+ rx/metablt 0148U Drug assay 100+ rx/metablt 0149U Drug assay 60+ rx/metablt 0150U Drug assay 120+ rx/metablt 0152U Nfct bct fng prst dna >1000 0153U Onc breast mrna 101 genes 0154U Fgfr3 gene analysis 0155U Pik3ca gene analysis 0156U Copy number sequence alys 0157U Apc mrna seq alys 0158U Mlh1 mrna seq alys | X X X X | | Х | |
| 0147U Drug assay 85+ rx/metablt 0148U Drug assay 100+ rx/metablt 0149U Drug assay 60+ rx/metablt 0150U Drug assay 120+ rx/metablt 0152U Nfct bct fng prst dna >1000 0153U Onc breast mrna 101 genes 0154U Fgfr3 gene analysis 0155U Pik3ca gene analysis 0156U Copy number sequence alys 0157U Apc mrna seq alys 0158U Mlh1 mrna seq alys | X X X | - | | - |
| 0148U Drug assay 100+ rx/metablt 0149U Drug assay 60+ rx/metablt 0150U Drug assay 120+ rx/metablt 0152U Nfct bct fng prst dna >1000 0153U Onc breast mrna 101 genes 0154U Fgfr3 gene analysis 0155U Pik3ca gene analysis 0155U Copy number sequence alys 0157U Apc mrna seq alys 0158U Mlh1 mrna seq alys | X | - | | - |
| D149U Drug assay 60+ rx/metablt D150U Drug assay 120+ rx/metablt D152U Nfct bct fng prst dna >1000 D153U Onc breast mrna 101 genes D154U Fgfr3 gene analysis D155U Pik3ca gene analysis D156U Copy number sequence alys D157U Apc mrna seq alys D158U Mlh1 mrna seq alys | Х | | X | - |
| D150U Drug assay 120+ rx/metablt D152U Nfct bct fng prst dna >1000 D153U Onc breast mrna 101 genes D154U Fgfr3 gene analysis D155U Pik3ca gene analysis D156U Copy number sequence alys D157U Apc mrna seq alys D158U Mlh1 mrna seq alys | | | Χ | - |
| D150U Drug assay 120+ rx/metablt D152U Nfct bct fng prst dna >1000 D153U Onc breast mrna 101 genes D154U Fgfr3 gene analysis D155U Pik3ca gene analysis D156U Copy number sequence alys D157U Apc mrna seq alys D158U Mlh1 mrna seq alys | Х | - | Χ | _ |
| 0152U Nfct bct fng prst dna >1000 0153U Onc breast mrna 101 genes 0154U Fgfr3 gene analysis 0155U Pik3ca gene analysis 0156U Copy number sequence alys 0157U Apc mrna seq alys 0158U Mlh1 mrna seq alys | | - | Х | - |
| O153U Onc breast mrna 101 genes O154U Fgfr3 gene analysis O155U Pik3ca gene analysis O156U Copy number sequence alys O157U Apc mrna seq alys O158U Mlh1 mrna seq alys | Х | - | Х | - |
| 0154U Fgfr3 gene analysis 0155U Pik3ca gene analysis 0156U Copy number sequence alys 0157U Apc mrna seq alys 0158U Mlh1 mrna seq alys | - | Х | - | Х |
| 0155U Pik3ca gene analysis 0156U Copy number sequence alys 0157U Apc mrna seq alys 0158U Mlh1 mrna seq alys | - | Х | - | Х |
| O156U Copy number sequence alys O157U Apc mrna seq alys O158U Mih1 mrna seq alys | - | Х | _ | Х |
| O157U Apc mrna seq alys O158U Mlh1 mrna seq alys | Х | - | Х | - |
| 0158U Mlh1 mrna seq alys | - | Х | _ | Х |
| | _ | X | - | X |
| * · * * * · · · · · · · · · · · · · · | _ | X | - | X |
| 0160U Msh6 mrna seq alys | _ | X | - | X |
| 0161U Pms2 mrna seg alys | - | Х | _ | Х |
| 0162U Hered colon ca trgt mrna pnl | _ | X | - | X |
| 0163U Onc circt scr 3 prtn alg | Х | - | Х | - |
| 0164U Gi ibs ia anticdtb&vinculin | X | _ | X | _ |
| 0165U Peanut allg spec asmt 64 epi | X | _ | X | - |
| 0166U Liver ds 10 biochem asy srm | X | - | X | - |
| 0168U Ftl aneuploidy dna seg alys | - | Х | _ | Х |
| 0170U Neuro asd rna next gen seg | Х | - | Х | - |
| 0171U Trgt gen seq alys pnl dna 23 | - | Х | _ | Х |
| 0172U Onc sld tum alys brca1 brca2 | _ | X | - | X |
| 0173U Psyc gen alys panel 14 genes | Х | - | Х | - |
| 0174U Onc solid tumor 30 prtn trgt | X | - | X | _ |
| 0175U Psyc gen alys panel 15 genes | X | _ | X | _ |
| 0176U Cdtb&vinculin igg antb ia | X | _ | X | - |
| 0177U Onc brst ca dna pik3ca 11 | - | X | - | Х |
| 0178U Peanut allg asmt epi clin rx | Х | - | Х | - |
| 0179U Onc nonsm cll lng ca alys 23 | - | Х | | Х |
| 2180 Vet About In Ting ea dry's 20 2180 Vet About In Ting ea dry's 20 2180 Vet About In Ting ea dry's 20 | Х | - | Х | |



| | Description | Small En | nployer / Individual | Large Employer | |
|-------|---|--|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quar cialty medications and should be directed to the Pharmacy link option within the website. | erly. Additionally, these coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| 0181U | Co gnotyp aqp1 exon 1 | Х | - | Х | - |
| 0182U | Crom gnotyp cd55 exons 1-10 | X | - | Х | - |
| 0183U | Di gnotyp slc4a1 exon 19 | X | - | Х | - |
| | Do gnotyp art4 exon 2 | Х | - | Х | - |
| | Fut1 gnotyp fut1 exon 4 | Х | - | Х | - |
| | Fut2 gnotyp fut2 exon 2 | Х | - | Х | - |
| | Fy gnotyp ackr1 exons 1-2 | Х | - | Х | - |
| | Ge gnotyp gypc exons 1-4 | Х | - | Х | - |
| | Gypa gnotyp ntrns 1 5 exon 2 | X | _ | Х | - |
| | Gypb gnotyp ntrns 1 5 seux 3 | X | _ | X | - |
| | | X | _ | X | _ |
| | Jk gnotyp slc14a1 exon 9 | X | - | X | _ |
| | Jr gnotyp abcg2 exons 2-26 | X | _ | X | - |
| | Kel gnotyp kel exon 8 | X | _ | X | _ |
| 0195U | Klf1 targeted sequencing | X | _ | X | _ |
| | Lu gnotyp bcam exon 3 | X | _ | X | _ |
| | Lw gnotyp icam4 exon 1 | X | _ | X | _ |
| | | X | _ | X | _ |
| | Sc gnotyp ermap exons 4 12 | X | _ | X | _ |
| | Xk gnotyp xk exons 1-3 | X | _ | X | _ |
| | Yt gnotyp ache exon 2 | X | _ | X | _ |
| 0203U | Ai ibd mrna xprsn prfl 17 | X | _ | X | - |
| 0204U | One thyr mrna xprsn alys 593 | | X | | Х |
| | Oph amd alys 3 gene variants | X | - | X | - |
| | Neuro alzheimer cell aggregi | X | _ | X | _ |
| | Neuro alzheimer quan imaging | X | | X | |
| | Cytog const alys interrog | | X | | X |
| | Syphilis tst antb ia quan | X | - | X | - |
| | Onc pan-tum dna&rna gnrj seg | | X | | X |
| 0211U | Rare ds gen dna alys proband | | X | - - | X |
| | Rare ds gen dna alys ea comp | | X | - | X |
| | Rare ds xom dna alys proband | - | X | - | X |
| | Rare ds xom dna alys ea comp | - | X | - | X |
| | Neuro inh ataxia dna 12 com | <u> </u> | X | - | X |
| | Neuro inh ataxia dha 12 com Neuro inh ataxia dha 51 gene | - | X | - | X |
| | | | X | - | X |
| | Neuronussidus dand segtellymit depends on plan/provider type | <u> </u> | λ | - | Å |



| | Description | Small Employer / Individual | | Large Employer | |
|-------|---|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists de | o not reflect information r | egarding immu | nizations, injectable |
| 0219U | Nfct agt hiv gnrj seq alys | Х | - | Х | - |
| | Onc brst ca ai assmt 12 feat | Χ | - | Х | - |
| 0221U | Abo gnotyp next gnrj seq abo | Χ | - | Χ | - |
| | Rhd&rhce gntyp next gnrj seq | Χ | - | Χ | - |
| 0227U | Rx asy prsmv 30+rx/metablt | Χ | - | Χ | - |
| 0228U | Onc prst8 ma molec prfl alg | Χ | - | Χ | - |
| 0229U | Bcat1 promoter mthyltn alys | Χ | - | Χ | - |
| | Ar full sequence analysis | - | Χ | - | Χ |
| 0231U | Cacna1a full gene analysis | - | Χ | - | Χ |
| 0232U | Cstb full gene analysis | - | Χ | - | Χ |
| | Fxn gene analysis | - | Χ | - | Χ |
| 0235U | Pten full gene analysis | - | Χ | - | Χ |
| 0237U | Car ion chnlpthy gen seq pnl | - | Χ | - | Χ |
| 0239U | Trgt gen seq alys pnl 311+ | - | Χ | - | Χ |
| 0242U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements | - | X | - | Х |
| 0243U | Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia | Х | - | Х | - |
| 0244U | Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue | Х | - | Х | - |
| 0245U | Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage | - | Х | - | Х |
| 0246U | Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens | Х | - | Х | - |
| 0247U | Obstetrics (preterm birth), insulin-like growth factor–binding protein 4 (ibp4), sex hormone–binding globulin (shbg), quantitative measurement by lc-ms/ms, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth | Х | - | Х | - |
| 0248U | Onc brn sphrd cll 12 rx pnl | Х | - | Х | - |
| | Onc brst alys 32 phsprtn alg | X | - | X | _ |

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

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



| | Description | Small En | nployer / Individual | Large Employer | | |
|-------|---|------------------------------------|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. cialty medications and should be directed to the Pharmacy link option within the website. | Additionally, these coding lists d | o not reflect information r | egarding immui | nizations, injectable | |
| 0250U | Onc sld org neo dna 505 gene | - | Х | - | Х | |
| 0251U | Hepcidin-25 elisa serum/plsm | Х | - | Х | - | |
| 0252U | Ftl aneuploidy str alys dna | - | Х | - | Х | |
| 0253U | Rprdtve med rna gen prfl 238 | - | Х | - | Х | |
| 0254U | Reprdtve med alys 24 chrmsm | - | Х | - | Х | |
| 0255U | Andrology infertility assmt | Х | - | Χ | - | |
| 0256U | Tma/tmao prfl ms/ms ur alg | Х | - | Х | - | |
| 0257U | Vlcad leuk nzm actv whl bld | Х | - | Χ | - | |
| 0258U | Ai psor mrna 50-100 gen alg | Х | - | Χ | - | |
| 0259U | Neph ckd nuc mrs meas gfr | X | - | Х | - | |
| 0260U | Rare ds id opt genome mapg | - | Χ | - | Х | |
| 0261U | Onc clrct ca img alys w/ai | Х | - | Х | - | |
| 0262U | Onc sld tum rtpcr 7 gen | - | Χ | - | Χ | |
| 0263U | Neuro asd meas 16 c metblt | X | - | Х | - | |
| 0264U | Rare ds id opt genome mapg | - | Χ | - | Χ | |
| | Rar do whl gn&mtcdrl dna als | - | Χ | - | Χ | |
| 0266U | Unxpl cnst hrtbl do gn xprsn | - | Χ | - | Х | |
| 0267U | Rare do id opt gen mapg&seq | - | Χ | - | Χ | |
| 0268U | Hem ahus gen seg alys 15 gen | - | Х | - | Х | |
| 0269U | Hem aut dm cgen trmbctpna 14 | - | Χ | - | Χ | |
| 0270U | Hem cgen coagi do 20 genes | - | Χ | - | Χ | |
| 0271U | Hem cgen neutropenia 23 gen | - | Χ | - | Χ | |
| | Hem genetic bld do 51 genes | - | Χ | - | Χ | |
| 0273U | Hem gen hyprfibrnlysis 8 gen | - | Χ | - | Х | |
| 0274U | Hem gen pltlt do 43 genes | - | Χ | - | Χ | |
| 0275U | Hem heprn nduc trmbctpna srm | X | - | Х | - | |
| 0276U | Hem inh thrombocytopenia 23 | - | Χ | - | Χ | |
| 0277U | Hem gen pltlt funcj do 31 | - | Χ | - | Χ | |
| | Hem gen thrombosis 12 genes | - | Х | - | Х | |
| | Hem vw factor&clgn iii bndg | X | - | Х | - | |
| | Hem vw factor&clgn iv bndg | X | - | Х | - | |
| | Hem vwd propeptide ag lvl | X | - | Х | - | |
| | Rbc dna gntyp 12 bld grp gen | X | - | Х | - | |
| | Vw factor type 2b eval plsm | X | - | Х | - | |
| 0284U | Vw factor type 2n eval plsm | X | - | Х | - | |
| | PagafisPseradi Allafadna texs. Limit depends on plan/provider type | - | Х | - | Х | |



| | Description | Small Er | nployer / Individual | Large Employer | |
|-------|--|------------------|-------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | lo not reflect information re | egarding immu | nizations, injectable |
| 0287U | Onc thyr dna&mrna 112 genes | - | Х | - | Х |
| 0288U | Onc lung mrna quan pcr 11&3 | - | Х | - | Х |
| 0289U | Neuro alzheimer mrna 24 gen | Х | - | Х | - |
| 0290U | Pain mgmt mrna gen xprsn 36 | Х | - | Х | - |
| 0291U | Psyc mood do mrna 144 genes | Х | - | Х | - |
| 0292U | Psyc strs do mrna 72 genes | Х | - | Х | - |
| | Psyc suicidal idea mrna 54 | Х | - | Х | - |
| 0294U | Lngvty&mrtlty rsk mrna 18gen | Х | - | Х | - |
| | Onc brst dux carc 7 proteins | Х | - | Х | - |
| 0296U | Onc orl&/orop ca 20 mlc feat | - | X | - | Χ |
| 0297U | Onc pan tum whl gen seq dna | - | X | - | Χ |
| | Onc pan tum whi trns seg rna | - | X | - | Χ |
| 0299U | Onc pan tum whl gen opt mapg | - | X | - | Χ |
| | Onc pan tum whl gen seg&opt | - | X | - | Χ |
| | Adna bartonella ddpcr | Х | - | Х | - |
| 0302U | Adna brtnla ddpcr flwg liq | Х | - | Х | - |
| | Hem rbc ads whl bld hypoxic | Х | - | Х | - |
| | Hem rbc ads whl bld normoxic | Х | - | Х | - |
| | Hem rbc fnclty&dfrm shr strs | Х | - | Х | - |
| | Onc mrd nxt-gnrj alys 1st | - | X | - | Χ |
| | Onc mrd nxt-gnrj alys sbsq | - | X | - | Χ |
| | Crd cad alys 3 prtn plsm alg | Х | - | Х | - |
| | Crd cv ds aly 4 prtn plm alg | Х | - | Х | - |
| | Ped vsclts kd alys 3 bmrks | Х | - | Х | - |
| 0311U | Nfct ds bct quan antmcrb sc | Х | - | Х | - |
| | Ai ds sle alys 8 igg autoant | Х | - | Х | - |
| 0313U | Onc pncrs dna&mrna seq 74 | - | Х | - | Χ |
| 0314U | Onc cutan mlnma mrna 35 gene | Х | - | Х | - |
| 0315U | Onc cutan sq cll ca mrna 40 | Х | - | Х | - |
| | B brgdrferi lyme ds ospa evl | Х | - | Х | - |
| | Onc lung ca 4-prb fish assay | - | Х | - | Х |
| | Ped whl gen mthyltn alys 50+ | - | Х | - | Х |
| | Neph rna pretrnspl perph bld | - | Х | - | Х |
| | Neph rna psttrnspl perph bld | - | Х | - | Х |
| | ladna gu pthgn 20bct&fng org | Х | - | Х | - |
| | Neuro aschmens 14 acvis Garnmit depends on plan/provider type | Х | - | Х | - |



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| 0323U | ladna cns pthgn next gen seq | Х | - | Х | - |
| 0324U | Onc ovar sphrd cell 4 rx pnl | Х | - | Х | - |
| 0325U | Onc ovar sphrd cell parp | Х | - | Х | - |
| | Trgt gen seq alys pnl 83+ | - | Χ | - | Χ |
| 0328U | Drug assay 120+ rx&metablt | Х | - | Χ | - |
| 0329U | Onc neo xome&trns seq alys | - | X | - | Х |
| 0330U | ladna vag pthgn panel 27 org | Х | - | Х | - |
| 0331U | Onc hl neo opt gen mapping | - | Χ | - | Χ |
| 0332U | Onc pan tum gen prflg 8 dna | - | X | - | Χ |
| 0333U | Onc lvr surveilanc hcc cfdna | - | X | - | Х |
| 0334U | Onc sld orgn tgsa dna 84/+ | - | X | - | Х |
| 0335U | Rare ds whl gen seq fetal | - | Х | - | Х |
| 0336U | Rare ds whl gen seq bld/slv | - | Х | - | Х |
| 0337U | Onc plsm cell do & myeloma id | Χ | - | Х | - |
| 0338U | Onc sld tum crcg tum cl slct | Χ | - | Х | - |
| 0339U | Onc prst8 mrna hoxc6 & dlx1 | - | X | - | Х |
| 0340U | Onc pan ca alys mrd plasma | - | X | - | Х |
| 0341U | Ftl aneup dna seq cmpr alys | - | Х | - | Х |
| 0342U | Onc pncrtc ca mult ia eclia | Χ | - | Х | - |
| 0343U | Onc prst8 xom aly 442 sncrna | Χ | - | Х | - |
| 0344U | Hep nafld semiq evl 28 lipid | Χ | - | Х | - |
| 0345U | Psyc genom alys pnl 15 gen | Χ | - | Х | - |
| 0347U | Rx metab/pcx dna 16 gen alys | Χ | - | Х | - |
| 0348U | Rx metab/pcx dna 25 gen alys | Х | - | Х | - |
| 0349U | Rx metab/pcx dna 27gen rx ia | Χ | - | Χ | - |
| | Rx metab/pcx dna 27 gen alys | Χ | - | Χ | - |
| 0351U | Nfct ds bct/viral trail ip10 | Χ | - | Χ | - |
| 0354U | Hpv hi rsk qual mrna e6/e7 | Χ | - | Χ | - |
| | Apol1 (apolipoprotein l1) (eg, chronic kidney disease), risk variants (g1, g2) | Χ | - | Χ | - |
| 0356U | Oncology (oropharyngeal), evaluation of 17 dna biomarkers using droplet digital pcr (ddpcr), cell-free dna, algorithm reported as a prognostic risk score for cancer recurrence | Х | - | Х | - |
| | Oncology (melanoma), artificial intelligence (ai)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents | х | - | х | - |

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| 0358U | Neurology (mild cognitive impairment), analysis of β-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative | Х | - | Х | - |
| 0359U | Oncology (prostate cancer), analysis of all prostate-specific antigen (psa) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer | Х | - | Х | - |
| 0360U | Oncology (lung), enzyme-linked immunosorbent assay (elisa) of 7 autoantibodies (p53, ny-eso-1, cage, gbu4-5, sox2, mage a4, and hud), plasma, algorithm reported as a categorical result for risk of malignancy | Х | - | Х | - |
| | Neurofilament light chain, digital immunoassay, plasma, quantitative | Χ | - | Χ | - |
| 0362U | Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment rna sequencing of 82 content genes and 10 housekeeping genes, formalinfixed paraffin embedded (ffpe) tissue, algorithm reported as one of three molecular subtypes | - | Х | - | Х |
| 0363U | Oncology (urothelial), mrna, geneexpression profiling by real-time quantitative pcr of 5 genes (mdk, hoxa13, cdc2 [cdk1], igfbp5, and cxcr2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma | - | х | - | х |
| 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 | Х | - | Х | - |
| 0365U | Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of bladder cancer | Х | - | Х | - |
| 0366U | Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer | Х | - | Х | - |
| 0367U | Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection | Х | - | Х | - |
| 0368U | Oncology (colorectal cancer), evaluation for mutations of apc, braf, ctnnb1, kras, nras, pik3ca, smad4, and tp53, and methylation markers (myo1g, kcnq5, c9orf50, fli1, clip4, znf132 and twist1), multiplex quantitative polymerase chain reaction (qpcr), circulating cell-free dna (cfdna), plasma, report of risk score for advanced adenoma or colorectal cancer | Х | - | Х | - |

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| 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 | х | - | х | - |
| 0370U | Infectious agent detection by nucleic acid (dna and rna), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibioticresistance genes, multiplex amplified probe technique, wound swab | Х | - | Х | - |
| 0371U | | Х | - | х | - |
| 0372U | Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score | х | - | Х | - |
| 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 | х | - | х | - |
| | Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine | Х | - | Х | - |
| 0375U | Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein a-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score | Х | - | х | - |
| 0376U | Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancerspecific mortality, includes predictive algorithm to androgen deprivationtherapy response, if appropriate | х | - | Х | - |
| 0377U | Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (nmr) spectrometry with report of a lipoprotein profile (including 23 variables) | х | - | х | - |
| 0378U | Rfc1 (replication factor c subunit 1), repeat expansion variant analysis by traditional and repeat- primed pcr, blood, saliva, or buccal swab | Х | - | Х | - |

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| 0379U | Targeted genomic sequence analysis panel, solid organ neoplasm, dna (523 genes) and rna (55 genes) by nextgeneration sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden | Х | - | Х | - |
| 0381U | Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of alloisoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (lcms/ms) | х | - | х | - |
| 0382U | Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (lc-ms/ms) | Х | - | х | - |
| 0383U | Tyrosinemia type i monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (lc-ms/ms) | х | - | х | - |
| 0384U | Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (lcms/ms) and hba1c and estimated glomerular filtration rate (gfr), with risk score reported for predictive progression to high-stage kidney disease | х | - | Х | - |
| 0385U | Nephrology (chronic kidney disease), apolipoprotein a4 (apoa4), cd5 antigen-like (cd5l), and insulin-like growth factor binding protein 3 (igfbp3) by enzyme-linked immunoassay (elisa), plasma, algorithm combining results with hdl, estimated glomerular filtration rate (gfr) and clinical data reported as a risk score for developing diabetic kidney disease | х | - | х | - |
| 0386U | Gastroenterology (barrett's esophagus), p16, runx3, hpp1, and fbn1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer | х | - | х | - |
| | Oncology (melanoma), autophagy and beclin 1 regulator 1 (ambra1) and loricrin (amlo) by immunohistochemistry, formalinfixed paraffin-embedded (ffpe) tissue, report for risk of progression | Х | - | х | - |
| | Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection | Х | - | Х | - |
| 0389U | Pediatric febrile illness (kawasaki disease [kd]), interferon alphainducible protein 27 (ifi27) and mast cell-expressed membrane protein 1 (mcemp1), rna, using reverse transcription polymerase chain reaction (rt-qpcr), blood, reported as a risk score for kd | х | - | х | <u>-</u> |

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| 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 | х | - | Х | - |
| 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, splicesite variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score | - | X | - | Х |
| 0392U | Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [adhd]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of cyp2d6, reported as impact of gene-drug interaction for each drug | - | Х | - | Х |
| 0393U | Neurology (eg, parkinson disease, dementia with lewy bodies), cerebrospinal fluid (csf), detection of misfolded α-synuclein protein by seed amplification assay, qualitative | Х | - | Х | - |
| 0394U | Perfluoroalkyl substances (pfas) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 pfas compounds by liquid chromatography with tandem mass spectrometry (lc-ms/ms), plasma or serum, quantitative | х | - | х | - |
| 0395U | Oncology (lung), multi-omics (microbial dna by shotgun nextgeneration sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease | х | - | х | - |
| 0397U | Oncology (non-small cell lung cancer), cell-free dna from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations | х | - | х | - |
| 0399U | Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor iggbinding antibody and blocking autoantibodies by enzyme-linked immunoassay (elisa), qualitative, and blocking autoantibodies, using a functional blocking assay for igg or igm, quantitative, reported as positive or not detected | Х | - | Х | - |
| 0400U | Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, dna, reported as carrier positive or negative | - | Х | - | X |
| 0401U | Cardiology (coronary heart disease [cad]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event | х | - | Х | - |
| 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 | - | Х | - | Х |

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| 0404U | Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression | Х | • | Х | - |
| 0405U | Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected | Х | 1 | Х | - |
| 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 | Х | - | Х | - |
| 0407U | Nephrology (diabetic chronic kidney disease [ckd]), multiplex electrochemiluminescent immunoassay (eclia) of soluble tumor necrosis factor receptor 1 (stnfr1), soluble tumor necrosis receptor 2 (stnfr2), and kidney injury molecule 1 (kim-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function | Х | - | х | - |
| 0408U | Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) | Х | - | Х | - |
| 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 | - | Х | - | x |
| 0410U | Oncology (pancreatic), dna, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected | Х | - | Х | - |
| 0411U | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [adhd]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of cyp2d6 (for additional pla code with identical clinical descriptor, see 0345u. see appendix o to determine appropriate code assignment) | х | - | Х | - |
| 0412U | Beta amyloid, aβ42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (lc-ms/ms) and qualitative apoe isoformspecific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology | х | - | Х | - |
| 0413U | Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, dna from blood or bone marrow, report of clinically significant alterations | | Х | | Х |
| 0414U | Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker | - | Х | - | Х |

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| 0416U | Infectious agent detection by nucleic acid (dna), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine | Х | - | Х | - |
| 0417U | Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder—associated genetic variants | х | - | x | - |
| 0418U | Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score | Х | - | Х | - |
| | Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype | Х | - | Х | - |
| 0420U | Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma | - | Х | - | Х |
| 0421U | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk | Х | - | х | - |
| 0422U | Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate | х | - | х | 1 |
| 0423U | Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition | Х | - | х | ı |
| 0424U | Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer | х | - | Х | - |
| 0425U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings) | - | Х | - | Х |
| 0426U | Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis | - | Х | - | Х |

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| 0427U | Monocyte distribution width, whole blood (List separately in addition to code for primary procedure) | Х | - | Х | - |
| 0429U | Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68) | Х | - | Х | - |
| 0431U | Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative | Х | - | Х | - |
| 0432U | Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative | Х | - | Х | - |
| 0433U | Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer | Х | - | Х | - |
| 0434U | Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes | Х | - | Х | - |
| 0435U | Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations | Х | - | Х | - |
| 0436U | Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy | Х | - | Х | - |
| 0437U | Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score | Х | - | Х | - |
| 0438U | Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions | Х | - | Х | - |
| 0439U | Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD | X | - | х | - |

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| 0440U | Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD | х | - | x | - |
| 0441U | Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index | х | - | х | - |
| 0442U | Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent | х | - | х | - |
| 0443U | Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid | Х | - | Х | - |
| 0444U | Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s) | - | X | ı | Х |
| 0445U | β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology | Х | - | Х | - |
| 0449U | Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2) | Х | - | х | - |
| 0450U | Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides | х | - | х | - |

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| 0451U | Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance | Х | - | Х | - | |
| 0452U | Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer | Х | - | Х | - | |
| 0453U | Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA) | Х | - | Х | - | |
| 0454U | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA codes with identical clinical descriptor, see 0260U, 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment) | Х | - | × | - | |
| 0457U | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative | Х | - | Х | - | |
| 0458U | Oncology (breast cancer), S100A8 and S100A9, by enzymelinked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score | Х | - | Х | - | |
| 0459U | β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology | Х | - | Х | - | |
| 0460U | Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes | Х | - | Х | - | |
| 0461U | Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes | Х | - | Х | - | |
| 0462U | Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzymelinked immunosorbent assay (ELISA), saliva, screening/preliminary | Х | - | Х | - | |
| 0463U | Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker | Х | - | х | - | |
| 0464U | Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result | - | Х | - | Х | |

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| 0465U | Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative | Х | - | Х | - |
| 0466U | Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease | Х | - | х | - |
| 0467U | Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden | х | - | х | - |
| 0468U | Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis | Х | 1 | Х | - |
| 0469U | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination | - | Х | - | X |
| 0470U | Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma | х | - | Х | - |
| 0471U | Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations | - | Х | - | Х |
| 0472U | Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome | Х | - | Х | - |
| 0473U | Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden | - | Х | - | Х |

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| 0474U | Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene | - | Х | - | Х |
| 0475U | Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer | - | Х | - | X |
| 0476U | Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes | х | - | Х | - |
| 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 | X | - | X | 1 |
| 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 paraffinembedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection | - | х | - | Х |
| 0479U | Tau, phosphorylated, pTau217 | Х | - | Х | - |
| 0480U | Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification | Х | - | Х | - |
| 0481U | IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions) | - | Х | - | Х |
| 0482U | Obstetrics (preeclampsia), biochemical assay of soluble fmslike tyrosine kinase 1 (sFlt-1) and placental growth factor (PIGF), serum, ratio reported for sFlt1/PIGF, with risk of progression for preeclampsia with severe features within 2 weeks | х | - | х | - |

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| 0483U | Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance | х | - | Х | - |
| 0484U | Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance | Х | - | Х | - |
| 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 | - | х | - | х |
| 0486U | Oncology (pan-solid tumor), nextgeneration sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction | Х | - | Х | - |
| 0487U | Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidycorrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability | х | - | Х | - |
| 0488U | Obstetrics (fetal antigen noninvasive prenatal test), cellfree DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected | - | Х | - | х |
| 0489U | Obstetrics (single-gene noninvasive prenatal test), cellfree DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia) | - | Х | - | Х |
| 0490U | Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular–weight melanomaassociated antigen, CD34 and CD45 protein biomarkers, peripheral blood | Х | 1 | Х | - |
| 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 | Х | - | Х | - |

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| 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 | х | - | х | - |
| 0493U | Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using nextgeneration sequencing, plasma, reported as percentage of donorderived cell-free DNA | - | Х | - | Х |
| 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 | х | - | Х | - |
| 0496U | Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk | х | - | х | - |
| 0497U | Oncology (prostate), mRNA geneexpression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalinfixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer | - | Х | - | Х |
| 0498U | Oncology (colorectal), nextgeneration sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation | - | Х | - | Х |
| 0499U | Oncology (colorectal and lung), DNA from formalin-fixed paraffinembedded (FFPE) tissue, nextgeneration sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection | - | Х | - | Х |
| 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) | х | - | х | - |
| | Oncology (colorectal), blood, quantitative measurement of cellfree DNA (cfDNA) | Х | - | Χ | - |
| 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 | х | - | х | - |
| | Neurology (Alzheimer disease), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/nptau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques | х | - | х | - |
| 0504U | Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, realtime PCR, reported as positive or negative for each organism | Х | - | Х | - |

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| 0505U | Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism | Х | - | Х | - |
| 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 | Х | - | Х | - |
| 0507U | Oncology (ovarian), DNA, wholegenome sequencing with 5- hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected | Х | - | Х | - |
| 0508U | Transplantation medicine, quantification of donor-derived cell-free DNA using 40 singlenucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cellfree DNA with risk for active rejection | - | Х | - | Х |
| 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 | - | Х | - | X |
| 0510U | Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA wholetranscriptome data, reported as probability of predicted molecular subtype | Х | - | Х | - |
| 0511U | Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug | Х | - | Х | - |
| 0512U | Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffinembedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H) | Х | - | Х | - |
| 0513U | Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalinfixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker | Х | - | Х | - |
| 0514U | Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (μg/mL) | Х | - | Х | - |
| 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 (µg/mL) | х | - | х | - |

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| | Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status | Х | - | Х | - |
| | Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications | Х | - | Х | - |
| 0518U | Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications | Х | - | х | - |
| 0519U | Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LCMS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation | Х | - | Х | - |
| 0520U | Therapeutic drug monitoring, 200 or more drugs or substances, LCMS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications | Х | - | Х | - |
| 0521U | Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood | Х | - | Х | - |
| 0522U | Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiqualitative, blood | Х | - | Х | - |
| 0523U | Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change | - | Х | - | Х |
| 0524U | Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value | Х | - | Х | - |
| 0525U | Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug | х | - | х | - |
| 0526U | Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time | Х | - | Х | - |
| 0527U | Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected | Х | - | Х | - |

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| 0528U | Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobialresistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria | Х | - | Х | - |
| 0529U | Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE | Х | - | Х | - |
| 0530U | Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association | Х | - | Х | - |
| 0531U | Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), nextgeneration sequencing, plasma | X | - | х | - |
| 0533U | Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function | Х | - | х | - |
| 0534U | Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score | Х | - | Х | - |
| 0535U | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative | Х | - | х | - |
| 0536U | Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status | Х | - | Х | - |
| 0537U | Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, nextgeneration sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative | Х | - | Х | - |
| 0538U | Oncology (solid tumor), nextgeneration targeted sequencing analysis, formalin-fixed paraffinembedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant | Х | - | Х | - |

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| 0539U | Oncology (solid tumor), cellfree circulating tumor DNA (ctDNA), 152 genes, nextgeneration sequencing, interrogation for singlenucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant | х | - | х | - |
| 0541U | Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score | Х | 1 | Х | ı |
| 0542U | Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status | Х | - | Х | - |
| 0543U | Oncology (solid tumor), next generation sequencing of DNA from formalin-fixed paraffin- embedded (FFPE) tissue of 517 genes, interrogation for single nucleotide variants, multi nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden | Х | 1 | Х | 1 |
| 0544U | Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection | Х | - | Х | - |
| 0545U | Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative | Х | - | Х | - |
| 0546U | Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative | Х | - | Х | - |
| 0547U | Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative | Х | - | Х | - |
| 0548U | Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma | Х | - | Х | - |
| 0549U | Oncology (urothelial), DNA, quantitative methylated real time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC) | х | - | х | - |

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| | | Small Employer / Individual | | Large Employer | |
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| 0550U | Oncology (prostate), enzyme linked immunosorbent assays (ELISA) for total prostate specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer | х | - | x | - |
| 0551U | Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma | Х | - | Х | - |
| 0552U | Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder | - | Х | - | Х |
| | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested | - | Х | - | Х |
| 0554U | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested | | Х | - | х |
| 0555U | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested | - | Х | - | X |
| | Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression | Х | - | х | - |
| 0559U | Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression | Х | - | Х | - |

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| 0560U | Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments | Х | - | х | - | | |
| 0561U | Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD | - | Х | - | Х | | |
| 0562U | Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants | - | Х | - | Х | | |
| | Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell free DNA, plasma, algorithm reported as cancer signal detected or not detected | ı | X | - | Х | | |
| 0566U | Oncology (lung), qPCR based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result | 1 | X | 1 | x | | |
| 0567U | Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants | 1 | X | , | Х | | |
| | Neurology (dementia), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology | Х | - | Х | - | | |
| 0569U | Oncology (solid tumor), next generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate | - | Х | - | х | | |

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| 0570U | Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl terminal hydrolase L1 (UCH L1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-elevated based on threshold comparison | х | - | Х | - |
| 0571U | Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants | - | Х | - | Х |
| 0572U | Oncology (prostate), high throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer | - | Х | - | Х |
| 0573U | Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous | Х | - | Х | - |
| 0574U | Mycobacterium tuberculosis, culture filtrate protein–10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS | Х | - | Х | - |
| A0080 | Noninterest escort in non er | Х | - | Х | - |
| A0090 | Interest escort in non er | Х | - | Х | - |
| A0100 | Nonemergency transport taxi | Х | - | Х | - |
| A0110 | Nonemergency transport bus | Χ | - | Х | - |
| | Noner transport mini-bus | Χ | ı | Χ | - |
| A0160 | Noner transport case worker | Χ | ı | Χ | - |
| | Noner transport parking fees | X | - | Х | - |
| | Noner transport lodgng recip | X | - | X | - |
| | Noner transport meals recip | X | - | Х | - |
| | Noner transport lodgng escrt | X | - | Х | - |
| | Noner transport meals escort | Х | - | Х | - |
| | Ambulance waiting 1/2 hr | X | - | X | - |
| | Extra ambulance attendant | X | - | Х | - |
| | Pi volunteer ambulance co | X | - | Х | - |
| | Noncovered ambulance mileage | Х | - | Х | - |
| | Mirragen adv wnd mat per sq | X | - | Х | - |
| | Bio-connekt wound matrix | X | - | Χ | - |
| | Xcellistem, 1 mg | X | - | Χ | - |
| | Microlyte matrix, per sq cm | Х | - | Х | - |
| | Novosorb synpath per sq cm | X | - | Х | - |
| | Theragenesis, per sq cm | X | - | X | - |
| *PA201991e | sedrane Queytap ભլության բանում և Limit depends on plan/provider type. | X | - | Χ | - |



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| A2010 | Apis, per square centimeter | Х | - | Χ | - |
| A2011 | Supra sdrm, per square cm | Х | - | Χ | - |
| | Suprathel, per sq cm | Х | - | Χ | - |
| A2014 | Omeza collagen matrix, per 100 mg | Χ | • | Χ | • |
| A2015 | Phoenix wound matrix, per square centimeter | Χ | • | Χ | • |
| A2016 | Permeaderm b, per square centimeter | Χ | • | Χ | • |
| A2017 | Permeaderm glove, each | Χ | - | Χ | - |
| | Permeaderm c, per square centimeter | Χ | - | Χ | - |
| A2019 | Kerecis marigen shld sq cm | Х | - | Χ | - |
| A2020 | Ac5 wound system | Х | - | Χ | - |
| A2021 | Neomatrix per sq cm | Х | - | Χ | - |
| A2022 | Innovaburn or innovamatrix xl, per square centimeter | Х | - | Х | - |
| | Innovamatrix pd, 1 mg | Х | - | Х | - |
| A2024 | Resolve matrix, per square centimeter | Х | - | Х | - |
| A2025 | Miro3d, per cubic centimeter | Х | - | Χ | - |
| A2027 | Matriderm, per square centimeter | Х | - | Χ | - |
| A2028 | Micromatrix flex, per mg | Х | - | Χ | - |
| A2029 | Mirotract wound matrix sheet, per cubic centimeter | Х | - | Χ | - |
| A2030 | Miro3d fibers, per milligram | Х | - | Х | - |
| A2031 | Mirodry wound matrix, per square centimeter | Х | - | Х | - |
| A2032 | Myriad matrix, per square centimeter | Х | - | Х | - |
| A2033 | Myriad morcells, 4 milligrams | Х | - | Х | - |
| A2034 | Foundation drs solo, per square centimeter | Х | - | Х | - |
| A2035 | Corplex p or theracor p or allacor p, per milligram | Х | - | Х | - |
| A4100 | Skin sub fda clrd as dev nos | Х | - | Х | - |
| A4226 | Supplies for maintenance of insulin infusion pump | Х | - | Х | - |
| A4238 | Adju cgm supply allowance | - | Х | - | Х |
| A4239 | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes | | V | | V |
| | all supplies and accessories, 1 month supply = 1 unit of service | | Х | - | X |
| A4253 | Blood glucose/reagent strips | Х | - | _ | - |
| | Replacement lens shield cartridge for use with laser skin piercing device, each | Χ | - | Х | - |
| A4262 | Temporary tear duct plug | Х | - | Х | - |
| | Permanent tear duct plug | Х | - | Х | - |
| | Paraffin | Х | - | Х | - |

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| A4267 | Contraceptive supply, condom, male, each | Х | - | Х | - |
| | Contraceptive supply, condom, female, each | Χ | - | Χ | - |
| A4269 | Contraceptive supply, spermicide (e.g., foam, gel), each | Χ | - | Χ | - |
| A4270 | Disposable endoscope sheath | Χ | - | Χ | - |
| A4281 | Tubing for breast pump, replacement | Χ | - | Χ | - |
| | Adapter for breast pump, replacement | Х | - | Х | - |
| | Cap for breast pump bottle, replacement | Х | - | Х | - |
| | Breast shield and splash protector for use with breast pump, replacement | Х | - | Х | - |
| | Polycarbonate bottle for use with breast pump, replacement | Х | - | Х | - |
| | Locking ring for breast pump, replacement | Х | - | Х | - |
| | Disposable collection and storage bag for breast milk, any size, any type, each | Х | _ | Х | - |
| | Cath impl vasc access portal | Х | - | Х | - |
| | Incontinence supply | Х | - | Х | - |
| | Enema tube, with or without adapter, any type, replacement only, each | X | - | X | _ |
| | Enema bag with tubing, reusable | X | _ | X | - |
| | Non-elastic extremity binder | X | _ | X | - |
| | Exsufflation belt, includes all supplies and accessories | X | _ | X | - |
| | Incontinence garment anytype | X | _ | X | _ |
| | Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist | X | - | Х | - |
| A4543 | Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month | Х | - | Х | - |
| A4544 | Electrode for external lower extremity nerve stimulator for restless legs syndrome | Х | - | Х | - |
| A4545 | Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month | Х | - | Х | - |
| A4550 | Surgical trays | Х | - | Х | - |
| | Nondisp underpads, all sizes | Х | _ | Х | - |
| | Disposable underpads | Х | _ | Х | - |
| | Conductive paste or gel | X | - | X | _ |
| | Nmes disposable | X | _ | X | - |
| | Hyperbaric o2 chamber disps | X | _ | X | - |
| | Cast supplies (plaster) | X | | X | |
| | Special casting material | X | | X | |
| | Cranial electrotherapy stimulation (ces) system supplies and accessories, per month | X | | X | |
| 44546 | Poramai dicononidapy simulation (des) system supplies and addessories, per month | | | | - |
| | Lithium ion battery for non-prosthetic use, replacement | Χ | _ | Х | _ |



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| A4612 | Battery cables | Х | - | Х | - | |
| A4613 | Battery charger | Χ | - | Х | - | |
| | Repl bat t.e.n.s. own by pt | Χ | - | Х | - | |
| | Replacement bulb for therapeutic light box, tabletop model | Χ | - | Х | - | |
| A4638 | Replacement battery for patient-owned ear pulse generator, each | Х | - | Х | - | |
| A4639 | Replacement pad for infrared heating pad system, each | Χ | - | Х | - | |
| | Satumomab pendetide per dose | Χ | - | Х | - | |
| A4660 | Esrd blood pressure device | Χ | - | Х | - | |
| A4663 | Esrd blood pressure cuff | Х | - | Х | - | |
| A4670 | Auto blood pressure monitor | Χ | - | Х | - | |
| A4680 | Activated carbon filters | Χ | - | Х | - | |
| A4690 | Dialyzers | Χ | - | Х | - | |
| | Oral thermometer, reusable, any type, each | Χ | - | Х | - | |
| | Rectal thermometer, reusable, any type, each | Χ | - | Х | - | |
| | Percutaneous catheter anchor | Χ | - | Х | - | |
| A5503 | Diabetic shoe w/roller/rockr | Χ | - | Х | - | |
| A5504 | Diabetic shoe with wedge | Χ | - | Х | - | |
| A5505 | Diab shoe w/metatarsal bar | Х | - | Х | - | |
| A5506 | Diabetic shoe w/off set heel | Χ | - | Х | - | |
| A5507 | Modification diabetic shoe | Χ | - | Х | - | |
| A5508 | Diabetic deluxe shoe | Χ | - | Х | - | |
| A5510 | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density i | Х | - | Х | - | |
| A6000 | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card | Х | - | Х | - | |
| A6413 | Adhesive bandage, first-aid type, any size, each | Х | - | Х | - | |
| | Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each | - | Х | - | Х | |
| A7020 | Interface, cough stim device | - | Х | - | Х | |
| | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical | Х | - | Х | - | |
| | Epap nasal valve | X | - | Х | - | |
| | Misc/exper non-prescript dru | Х | - | Х | - | |
| | Single vitamin nos | X | - | Х | - | |
| | Multi-vitamin nos | X | - | Х | - | |
| | Artificial saliva, 1 ml | Х | - | Х | - | |

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| A9155 | Artificial saliva, 30 ml | Х | _ | Х | - | |
| A9180 | Naturopaths | Χ | - | Х | - | |
| | Programmer for transient, orally ingested capsule | Χ | - | Х | - | |
| | Programable, transient, orally ingested capsule, for use with external programmer, per month | Х | - | Х | - | |
| A9270 | Non-covered item or service | Х | - | Х | - | |
| | Mechanical wound suction, disposable, includes dressing, all accessories and components, each | - | Х | - | Х | |
| A9273 | Hot/cold h2obot/cap/col/wrap | Х | _ | Х | - | |
| | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories | - | Х | - | Х | |
| A9275 | Home glucose disposable monitor, includes test strips | Х | _ | Х | _ | |
| | Transmitter; external, for use with interstitial continuous glucose monitoring system | - | X | - | Х | |
| | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system | _ | X | - | X | |
| | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no | Х | - | Х | - | |
| A9281 | Reaching/grabbing device, any type, any length, each | Х | | Х | _ | |
| | Wig, any type, each | X | - | X | - | |
| | Foot pressure off loading/supportive device, any type, each | X | <u> </u> | X | - | |
| | Inversion eversion cor devic | X | | X | - | |
| | Any hygienic item, device | X | - | X | - | |
| | Pres digital behav thera fda | X | - | X | - | |
| | Prescription digital visual therapy, software-only, fda cleared, per course of treatment | X | <u> </u> | X | - | |
| | Exercise equipment | X | - | X | - | |
| | Technetium tc-99m teboroxime, diagnostic, per study dose | X | | X | - | |
| | Technetium to 99m apoitide | X | | X | - | |
| | Indium/111 capromab pendetid | X | - | X | <u> </u> | |
| | lobenguane sulfate i-131 | X | | X | | |
| | Supply of radiopharmaceutical therapeutic agent, iodinated i-125, serumm albumin, 5 microcuries | Х | - | X | - | |
| A9536 | Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries | Х | _ | Х | _ | |
| | Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie | X | - | X | - | |
| | Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries | X | - | X | - | |
| | Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie | X | - | X | _ | |
| | Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries | X | - | X | - | |
| | Technetium it-թգրազմերը արդեն անագրագրան անագրագրան անագրագրան անագրագրան անագրագրան անագրագրան անագրագրան անագրագրան անագրագրագրան անագրագրագրան անագրագրագրան անագրագրագրան անագրագրագրացում անագրագրագրագրացում անագրագրագրագրագրացում անագրագրագրագրագրացում անագրագրագրագրացում անագրագրագրագրագրացում անագրագրագրագրագրագրագրագրագրագրագրագրագրա | X | - | X | - | |



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| A9574 | Air poly intrauterine foam | Х | - | Х | - |
| A9586 | Florbetapir f18, diagnostic, per study dose, up to 10 millicuries | Х | - | Х | - |
| | Strontium-89 chloride | Х | - | Х | - |
| | Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie | - | Χ | - | Х |
| | Delivery/set up/dispensing | Х | - | Х | - |
| B4100 | Food thickener, administered orally, per ounce | Х | - | Х | - |
| | In-line cartridge containing digestive enzyme(s) for enteral feeding, each | Х | - | Х | - |
| | Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), | - | Х | - | Х |
| 04704 | rate-responsive, including all necessary components for implantation | V | | V | |
| | Orth/devic/drug bn/bn,tis/bn | Х | - | X | - |
| | Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components | X | - | Х | - |
| C1736 | Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components | Х | - | Х | - |
| C1737 | Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components | _ | Х | - | X |
| 04747 | (implantable) | | | | |
| C1747 | Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable) | X | - | Х | - |
| C1748 | Endoscope, single, ugi | Х | - | Х | - |
| C1749 | Endoscope, retrograde imaging/illumination colonoscope device implantable) | Х | - | Х | - |
| | Catheter, intradiscal | Х | - | Х | - |
| C1770 | Imaging coil, magnetic resonance (insertable) | Х | - | Х | - |
| C1773 | Retrieval device, insertable (used to retrieve fractured medical devices) | Х | - | Х | - |
| C1813 | Prothesis, penile, inflatable | Х | - | - | - |
| C1815 | Prothesis, urinary sphincter (implantable) | - | Χ | - | Х |
| C1819 | Tissue localization excision | Х | - | Х | - |
| C1821 | Interspinous process distraction device (implantable) x-stop | Х | - | Х | - |
| | Generator, ccm, implant | Х | - | Х | - |
| | Gen, neuro, carot sinus baro | - | Х | - | Х |
| | Personalized interbody cage | Х | - | Х | - |
| | Auto cell process sys | Х | - | Х | - |
| | Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application | - | Х | - | Х |
| C18//0 | Lens, intraocular (telescopic) | Х | _ | Х | _ |
| | Retinal prosthesis, includes all internal and external components; add-on | X | - | X | - |
| | Retinal prostriesis, includes an internal and external components, add-on Retinal pensithesisber of visits. Limit depends on plan/provider type. | X | - | X | - |



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| C1849 | Skin substitute, synthetic | Х | - | Х | - |
| C1881 | Dialysis access system (implantable) | Х | - | Х | - |
| C1890 | No implantable/insertable device used with device-intensive procedures | Χ | - | Χ | - |
| C1891 | Infusion pump, non-programmable, permanent (implantable) | - | Χ | - | Χ |
| C2613 | Lung bx plug w/deliv sys | Χ | - | Χ | - |
| C2614 | Probe, percutaneous lumbar discectomy | Х | - | Х | - |
| C2622 | Prothesis, penile, non-inflatable | Х | - | - | - |
| C2624 | Wireless pressure sensor | - | Х | - | X |
| C7504 | Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic | | | | |
| | and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral | - | Χ | - | X |
| | injection, inclusive of all imaging guidance | | | | |
| C7505 | Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and | | | | |
| | any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, | - | X | - | X |
| | inclusive of all imaging guidance | | | | |
| C7507 | Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance | - | Х | - | х |
| C7508 | Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance | - | Х | - | Х |
| C8001 | 3d anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy | х | - | Х | - |
| C8002 | Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation) | Х | - | Х | - |
| 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 (eg, fluoroscopy) | Х | - | Х | - |
| C9293 | Injection, glucarpidase, 10 units | Х | - | Х | - |
| | Skin substitute, integra meshed bilayer wound matrix, per square centimeter | X | - | - | - |
| | Placement of endorectal intracavitary applicator for high intensity brachytherapy | X | - | Х | _ |
| | Placement and removal (if performed) of applicator into therapy | X | - | X | - |
| | Insertion of implants into the soft palate; minimum of three implants | Х | _ | Х | _ |

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| | Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (icg) (list separately in addition to code for primary procedure) | Х | - | Х | - |
| C9757 | Spine/lumbar disk surgery | Х | - | Х | - |
| | Interatrial shunt ide | - | Χ | - | Х |
| | Non-blind interatrial shunt | - | Х | - | Х |
| C9776 | Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (icg) (list separately in addition to code for primary procedure) | х | - | х | - |
| C9781 | Arthro/shoul surg; w/spacer | - | Χ | - | Х |
| C9782 | Blind myocar trpl bon marrow | Χ | - | Χ | - |
| C9783 | Blind cor sinus reducer impl | Χ | - | Χ | - |
| | Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components | Х | - | Х | - |
| | Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components | - | Х | - | Х |
| | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance | Х | - | Х | - |
| C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent | Х | - | Х | - |
| C9792 | Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study) | х | - | х | - |
| C9793 | 3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report | Х | - | Х | - |
| C9807 | Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023) | - | Х | - | Х |
| C9899 | Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage | Х | - | Х | - |

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| D0120 | Periodic oral examination | Х | - | Х | _ |
| D0140 | Limited oral evaluation - problem-focused | Χ | - | Χ | - |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | Х | - | Х | - |
| D0150 | Comprehensive oral evaluation | Х | - | Х | _ |
| D0160 | Detailed and extensive oral evaluation - problem-focused, by report | Х | - | Х | - |
| D0170 | Re-evaluation - limited problem focused (established patient; not post-operative visit) | Х | - | Х | - |
| D0171 | Re-evaluation- post operative office visit | Χ | - | Χ | - |
| D0180 | Comprehensive periodontal evaluation - new or established patient | Х | - | Х | - |
| D0190 | A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist | Х | - | Х | - |
| | A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagno | Х | - | Х | - |
| | Intraoral- complete series of radiographic images | Х | - | Х | - |
| | Intraoral- periapical first radiographic image | Х | - | Х | - |
| | Intraoral- periapical each additional radiographic image | Х | - | Х | - |
| D0240 | Intraoral- occlusal radiographic image | Χ | - | Χ | - |
| | Extra-oral 2d projection radiographic image created using a stationary radiation source, and detector | Х | - | Х | - |
| D0251 | Extra-oral posterior dental radiographic image | Х | - | Х | - |
| | Bitewing- single radiographic image | Х | - | Х | - |
| | Bitewings- two radiographic images | Х | - | Х | - |
| | Bitewings- three radiographic images | Х | - | Х | - |
| D0274 | Bitewings- four radiographic images | Χ | - | Χ | - |
| D0277 | Vertical bitewings- 7 to 8 radiographic images | Χ | - | Χ | - |
| | Sialography | Χ | - | Χ | - |
| D0322 | Tomographic survey | Χ | - | Χ | - |
| D0330 | Panoramic radiographic image | Χ | - | Χ | - |
| D0340 | 2d cephalometric radiographic image-acquisition, measurement and analysis | Χ | - | Χ | - |
| | 2d oral/facial photographic image obtained intra-orally or extra-orally | Χ | - | Х | - |
| | 3d photographic image | Χ | - | Х | - |
| | Cone beam ct capture and interpretation with limited field of view-less than one whole jaw | Х | - | Х | - |
| | Cone beam ct capture and interpretation with field of view of one dental arch-mandible | Х | - | Х | - |
| D0366 | Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium | Х | - | Х | - |

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| D0367 | Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium | Х | - | Х | - | |
| D0368 | Cone beam ct capture and interpretation for tmj series including two or more exposures | Х | - | Х | - | |
| | Maxillofacial mri capture and interpretation | Х | - | Х | - | |
| | Maxillofacial ultrasound capture and interpretation | Х | - | Х | - | |
| | Sialoendoscopy capture and interpretation | Х | - | Х | - | |
| | Intraoral tomosynthesis - comprehensive seris of rediographic images | Х | - | Х | - | |
| | Intraoral tomosynthesis - bitewing radiographic image | Х | - | Х | - | |
| | Intraoral tomosynthesis - periapical radiographic image | Х | - | Х | - | |
| | Cone beam ct image capture with limited field of view- less than one whole jaw | Х | - | Х | - | |
| | Cone beam ct image capture with field of view of one full dental arch-mandilbe | X | - | X | _ | |
| | Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without | | | | | |
| | cranium | X | - | Х | - | |
| | Cone beam ct image capture with field of view of both jaws, with or without cranium | Х | - | Х | _ | |
| | Cone beam ct image capture for tmj series including two or more exposures | X | - | X | _ | |
| | Maxillofacial mri image capture | X | - | X | _ | |
| | Maxillofacial ultrasound image capture | X | _ | X | | |
| | Intraoral tomosynthesis - comprehensive seris of rediographic images - image capture only | Х | - | Х | - | |
| D0388 | Intraoral tomosynthesis - bitewing radiographic image - image capture only | Х | - | Х | _ | |
| | Intraoral tomosynthesis - periapical radiographic image- image capture only | X | - | X | _ | |
| | Interpretation of diagnostic image by a practitioner not associated with capture of the image, | | | | | |
| | including report | Х | - | X | - | |
| | Treatment simulation using 3d image volume | Х | _ | Х | _ | |
| | Digital subtraction of two or more images or image volumes of the same modality | X | _ | X | _ | |
| | Fusion of two or more 3d image volumes of one or more modalities | X | - | X | _ | |
| | 3D printing of a 3D dental surface scan | X | - | X | _ | |
| | Hba1c in-office point of service testing | X | _ | X | _ | |
| | Blood glucose level test-in-office using a glucose meter | X | _ | X | _ | |
| | Laboratory processing of microbial specimen to include culture and sensitivity studies, | | | | | |
| | preparation and transmission of written report | X | - | X | - | |
| | Bacteriologic studies for determination of pathologic agents | Х | _ | Х | | |
| | Viral culture | X | | X | | |
| | Collection and preparation of saliva sample for laboratory diagnostic testing | X | | X | - | |
| | Analysis of saliva sample | X | <u> </u> | X | <u> </u> | |
| D04 10 | Assassment of salivary lay incastus mention or type. | X | - | X | | |



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| D0422 | Collection and preparation of genetic sample material for laboratory analysis and report | Х | - | Х | - |
| D0423 | Genetic test for susceptibility to diseases- specimen analysis | Х | - | Х | - |
| D0425 | Caries susceptibility tests | Χ | - | Х | - |
| D0431 | Diag tst detect mucos abnorm | Х | - | Х | - |
| D0460 | Pulp vitality tests | Х | - | Х | - |
| D0470 | Diagnostic casts | Х | - | Х | - |
| D0472 | Accession of tissue gross examination prep/transmission of written report | Χ | - | Х | - |
| | Accession of tissue gross and microscopic examination prep/trans of report | Χ | - | Х | - |
| D0474 | Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report | Х | - | Х | - |
| D0475 | Decalcification procedure | Х | _ | Х | - |
| | Spec stains for microorganis | X | _ | X | - |
| | Spec stains not for microorg | X | _ | X | - |
| | Immunohistochemical stains | X | _ | X | - |
| | Tissue in-situ hybridization | X | _ | X | - |
| | Processing and interpretation of cytologic smears incl the prep/trans of written report | X | _ | X | - |
| | Electron microscopy | X | _ | X | - |
| | Direct immunofluorescence | X | - | X | - |
| | Indirect immunofluorescence | X | - | X | - |
| | Consult slides prep elsewher | X | _ | X | - |
| | Consult inc prep of slides | X | _ | X | - |
| | Laboratory accession of transepithelial cytologic sample, microscopic examination preparation | | | | |
| 20.00 | and transmission of written report | Х | - | Х | - |
| D0502 | Other oral pathology procedures, by report | Х | _ | Х | - |
| D0600 | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum | Х | - | X | - |
| | Caries risk assessment and documentation, with a finding of low risk | Х | | Х | |
| | Caries risk assessment and documentation, with a finding of now risk Caries risk assessment and documentation, with a finding of moderate risk | X | - | X | - |
| | | X | - | X | - |
| | Caries risk assessment and documentation, with a finding of high risk | ^ | - | ^ | - |
| | Cone beam - three-dimensional image reconstruction using existing data, includes multiple images | Х | - | Х | - |
| | Panoramic radiographic image – image capture only | Х | - | Х | - |
| | 2-d cephalometric radiographic image – image capture only | Х | - | Х | - |
| | 2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only | Χ | - | X | - |
| D0704 | 3-d photographic image – image capture only | Х | - | Х | - |
| PRQ7tP4e | Extratoral posterios dental redingraphic image/orimage/sapture only | Χ | - | Х | - |



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| D0706 | Intraoral – occlusal radiographic image – image capture only | Х | - | Х | - | |
| D0707 | Intraoral – periapical radiographic image – image capture only | Х | - | Х | - | |
| D0708 | Intraoral – bitewing radiographic image – image capture only | Х | - | Х | - | |
| D0709 | Intraoral – complete series of radiographic images – image capture only | Х | - | Х | - | |
| D0801 | 3d dental scan direct | Х | - | Χ | - | |
| D0802 | 3d dental scan indirect | Х | - | Х | - | |
| D0803 | 3d facial scan direct | Х | - | Х | - | |
| D0804 | 3d facial scan indirect | Х | - | Х | - | |
| D0999 | Unspecified diagnostic procedure, by report | Х | - | Х | - | |
| D1110 | Prophylaxis-adult | Х | - | Х | - | |
| D1120 | Prophylaxis-child | Х | - | Х | - | |
| D1206 | Topical application of fluoride varnish | Х | - | Х | - | |
| D1208 | Topical application of fluoride- excluding varnish | Х | - | Х | - | |
| D1301 | Immunization counseling | Х | - | Х | - | |
| D1310 | Nutritional counseling for the control of dental disease | Х | - | Х | - | |
| D1320 | Tobacco counseling for the control and prevention of oral disease | Х | - | Х | - | |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health | V | | V | | |
| | effects associated with high-risk substance use | X | - | X | - | |
| D1330 | Oral hygiene instruction | Х | - | Х | - | |
| | Sealant-per tooth | Х | - | Х | - | |
| D1352 | Prev resin rest, perm tooth | Х | - | Х | - | |
| D1353 | Sealant repair- per tooth | Х | - | Х | - | |
| D1354 | Interim caries arresting medicament application-per tooth | Х | - | Х | - | |
| D1355 | Caries preventive medicament application – per tooth | Х | - | Х | - | |
| D1510 | Space maintainer-fixed unilateral | Х | - | Х | - | |
| D1516 | Space maintainer-fixed-bilateral, maxillary | Х | - | Х | - | |
| D1517 | Space maintainer-fixed-bilateral, mandibular | Х | - | Х | - | |
| D1520 | Space maintainer-removable unilateral | Х | - | Χ | <u>-</u> | |
| D1526 | Space maintainer -removable-bilateral, maxillary | Х | - | Χ | - | |
| D1527 | Space maintainer -removable-bilateral, mandibular | Х | - | Χ | <u>-</u> | |
| D1551 | Re-cement or re-bond bilateral space maintainer-maxillary | Х | - | Χ | - | |
| D1552 | Re-cement or re-bond bilateral space maintainer-mandibular | Х | - | Χ | <u>-</u> | |
| D1553 | Re-cement or re-bond unilateral space maintainer-per quadrant | Х | - | Χ | - | |
| D1556 | Removal of fixed unilateral space maintainer- per quadrant | Х | - | Χ | <u>-</u> | |
| D1557 | Removal of fixed bilateral space maintainer- maxillary | Х | - | Χ | - | |
| *PP21558e | Remeyal of fixed bilatevals page maintainest amandibulare | Х | - | Х | - | |



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| D1575 | Distal shoe space maintainer-fixed-unilateral | X | - | Х | - | |
| D1781 | Vaccine administration - human papillomavisrus - dose 1 | X | - | Х | - | |
| D1782 | Vaccine administration - human papillomavisrus - dose 2 | X | - | Х | = | |
| D1783 | Vaccine administration - human papillomavisrus - dose 3 | X | - | Х | - | |
| D1999 | Unspecified preventive procedure, by report | X | - | Х | - | |
| D2140 | Amalgam-one surface, permanent | X | - | Х | - | |
| D2150 | Amalgam-two surfaces, permanent | X | - | Χ | - | |
| D2160 | Amalgam-three surfaces, permanent | X | - | Χ | - | |
| D2161 | Amalgam-fouror more surfaces, permanent | X | - | Χ | - | |
| D2330 | Resin-one surface, anterior | X | - | Χ | - | |
| D2331 | Resin-two surfaces, anterior | X | - | Χ | - | |
| D2332 | Resin-three surfaces, anterior | X | - | Х | - | |
| D2335 | Resin-fouror more surfacesor involving incisal angle (anterior) | X | - | Х | - | |
| D2390 | Resin-based composite crown, anterior | Х | - | Х | - | |
| | Resin-based composite - one surface, posterior | Х | - | Х | - | |
| D2392 | Resin-based composite - two surfaces, posterior | Х | - | Х | - | |
| | Resin-based composite - three surfaces, posterior | X | - | Х | - | |
| | Resin-based composite - four or more surfaces, posterior | X | - | Х | - | |
| | Gold foil-one surface | X | - | Х | - | |
| D2420 | Gold foil-two surfaces | X | - | Х | - | |
| | Gold foil-three surfaces | X | - | Х | - | |
| D2510 | Inlay-metallic-one surface | X | - | Х | - | |
| | Inlay-metallic-two surfaces | Х | - | Х | - | |
| | Inlay-metallic-three surfaces | X | - | Х | - | |
| | Onlay - metallic - two surfaces | X | - | Х | - | |
| | Onlay - metallic - three surfaces | X | - | Х | - | |
| D2544 | Onlay - metallic - four or more surfaces | Х | - | Х | - | |
| D2610 | Inlay-porcelain/ceramic-one surface | Х | - | Х | - | |
| | Inlay-porcelain/ceramic-two surfaces | X | - | Х | - | |
| | Inlay-porcelain/ceramic-three surfaces | Х | - | Х | - | |
| D2642 | Onlay - porcelain/ceramic - two surfaces | X | - | Х | - | |
| | Onlay - porcelain/ceramic - three surfaces | X | - | Х | - | |
| | Onlay - porcelain/ceramic - four or more surfaces | X | - | Х | - | |
| | Inlay-composite/resin-one surface (laboratory processed) | X | - | X | - | |
| | Inlay-composite/resin-two surfaces (laboratory processed) | X | - | X | - | |
| | Inlay-composite/resin-three surfaces (Jaboratory processed) | X | - | X | - | |



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| D2662 | Onlay - composite/resin - two surfaces (laboratory processed) | Х | - | Х | - | |
| D2663 | Onlay - composite/resin - three surfaces (laboratory processed) | X | - | Х | - | |
| D2664 | Onlay - composite/resin - four or more surfaces (laboratory processed) | X | - | Х | - | |
| D2710 | Crown resin (laboratory) | X | - | Х | - | |
| D2712 | Crown 3/4 resin-based compos | X | - | Х | - | |
| D2720 | Crown-resin with high noble metal | X | - | Х | - | |
| D2721 | Crown-resin with predominantly base metal | Х | - | Х | - | |
| D2722 | Crown-resin with noble metal | X | - | Х | - | |
| D2740 | Crown-porcelain/ceramic | Х | - | Х | - | |
| | Crown-porcelain fused to high noble metal | Х | - | Х | - | |
| D2751 | Crown-procelain fused to predominantly base metal | Х | - | Х | - | |
| D2752 | Crown-porcelain fused to noble metal | Х | - | Х | - | |
| | Crown-porcelain fused to titanium and titanium alloys | Х | - | Х | - | |
| | Crown - 3/4 cast high noble metal | Х | - | Х | - | |
| | Crown - 3/4 cast predominately base metal | Х | - | Х | - | |
| | Crown - 3/4 cast noble metal | Х | - | Х | - | |
| | Crown - 3/4 porcelain/ceramic | Х | - | Х | - | |
| | Crown-full cast high noble metal | Х | - | Х | - | |
| | Crown-full cast predominantly base metal | Х | - | Х | - | |
| | Crown-full cast noble metal | Х | - | Х | - | |
| D2794 | Crown-titanium | Х | - | Х | - | |
| D2799 | Provisional crown- further treatment or completion of diagnosis necessary prior to final | | | ., | | |
| | impression | X | - | X | - | |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | Х | - | Х | - | |
| | Re-cement or re-bond indirectly fabricated or prefabricated post and core | Х | - | Х | - | |
| | Re-cement or re-bond crown | Х | - | Х | - | |
| | Reattachment of tooth fragment, incisal edge or cusp | Х | - | Х | - | |
| | Prefabricated porcelain/ceramic crown – permanent tooth | Х | - | Х | - | |
| | Prefabricated porcelain/ceramic crown- primary tooth | Х | - | Х | - | |
| | Prefabricated stainless steel crown-primary tooth | X | - | X | - | |
| | Prefabricated stainless steel crown-permanent tooth | X | - | X | - | |
| | Prefabricated resin crown | X | - | X | - | |
| | Prefabricated stainless steel crown with resin window | X | - | X | - | |
| | Prefab steel crown primary | X | - | X | _ | |
| | Protective restoration | X | - | X | - | |
| | Intering the apprutices to a tight in the continuous dentition ovider type. | X | - | X | _ | |



| | Description | Small En | nployer / Individual | Large Employer | | |
|-------|--|---------------------|------------------------------|----------------|------------------------------|--|
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| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | ese coding lists de | o not reflect information r | egarding immu | nizations, injectable | |
| D2949 | Restorative foundation for an indirect restoration | Х | - | Х | - | |
| D2950 | Core buildup, including any pins when required | Х | - | Х | - | |
| D2951 | Pin retention-per tooth, in addition to restoration | Х | - | Х | - | |
| D2952 | Cast post and core in addition to crown | Х | - | Х | - | |
| D2953 | Each additional cast post - same tooth | Х | - | Х | - | |
| D2954 | Prefabricated post and core in addition to crown | Х | - | Х | - | |
| D2955 | Post removal | Х | - | Х | - | |
| D2956 | Removal of an indirect restoration on a natural tooth | Х | - | Х | - | |
| D2957 | Each additional prefabricated post - same tooth | Х | - | Х | - | |
| D2960 | Labial veneer (laminate)-chairside | Х | - | Х | - | |
| D2961 | Labial veneer (resin laminate)-laboratory | Х | - | Х | - | |
| D2962 | Labial veneer (porcelain laminate)-laboratory | X | - | Х | - | |
| D2971 | Add proc construct new crown | X | - | Х | - | |
| D2975 | Coping | X | - | Х | - | |
| | band stabilization – per tooth | Х | - | Х | - | |
| D2980 | Crown repair necessitated by restorative material failure | Х | - | Х | - | |
| D2981 | Inlay repair necessitated by restorative material failure | X | - | Х | - | |
| | Onlay repair necessitated by restorative material failure | Х | - | Х | - | |
| D2983 | Veneer repair necessitated by restorative material failure | X | - | Х | - | |
| D2989 | excavation of a tooth resulting in the determination of non-restorability | Х | - | Х | - | |
| D2990 | Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion | Х | - | Х | - | |
| D2991 | application of hydroxyapatite regeneration medicament – per tooth | Х | _ | Х | _ | |
| | Unspecified restorative procedure, by report | Х | - | Х | - | |
| | Pulp cap-direct (excluding final restoration) | Х | - | Х | - | |
| | Pulp cap-indirect (excluding final restoration) | Х | - | Х | - | |
| | Therapeutic pulpotomy (excluding final restoration) | Х | - | Х | - | |
| | Gross pulpal debridement primary and permanent teeth | Х | - | Х | - | |
| | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | Х | - | Х | - | |
| | Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud | Х | - | Х | - | |
| | Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu | X | - | X | - | |
| | Anterior (excluding final restoration) | X | - | X | - | |
| | Endodontic therapy, premolar tooth (excluding final restoration) | X | - | X | - | |
| | Endodontic therapy, molar tooth (excluding final restoration) | X | - | X | - | |
| | Treatment of root canal obstruction; non-surgical access | X | - | X | - | |
| | lagomplete-endodortic-therapy: inoperable or fractured to oth | X | - | X | - | |



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| D3333 | Internal root repair of perforation defects | Х | - | Х | - |
| | Retreatment-anterior, by report | Χ | - | Х | - |
| D3347 | Retreatment of previous root canal therapy-premolar | Χ | - | Х | - |
| D3348 | Retreatment-molar, by report | Χ | - | Х | - |
| D3351 | Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | Х | - | Х | - |
| D3352 | Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | Х | - | Х | - |
| D3353 | Apexification/recalcification-final visit (includes completed root can | Х | - | Х | - |
| | Pulpal regeneration- initial visit | Х | - | Х | - |
| | Pulpal regeneration- interim medication replacement | Х | - | Х | - |
| | Pulpal regeneration- completion of treatment | Х | - | Х | - |
| | Apicoectomy-anterior | Х | - | Х | - |
| | Apicoectomy-premolar (first root) | Х | - | Х | - |
| | Apicoectomy - molar (first root) | Х | - | Х | - |
| | Apicoectomy - (each additional root) | Х | - | Х | - |
| | Bone graft in conjunction with periradicular surgery- per tooth, single site | Х | - | Х | - |
| | Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site | Х | - | Х | - |
| D3430 | Retrograde filling-per root | Х | - | Х | - |
| | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | X | - | X | - |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | Х | - | Х | - |
| D3450 | Root amputation-per root | Х | - | Х | - |
| | Endodontic endosseous implant | Х | - | Х | - |
| | Intentional replantation (including necessary splinting) | Х | - | Х | - |
| | Surgical repair of root resorption - anterior | Х | - | Х | - |
| | Surgical repair of root resorption – premolar | Х | - | Х | - |
| | Surgical repair of root resorption – molar | Х | - | Х | - |
| | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | Х | - | Х | - |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | Х | - | Х | - |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | Х | - | Х | - |
| | Seurgical prignardurise for irangation to detend a wither wisher led appe. | Х | - | Х | - |



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| D3911 | Intraorifice barrier | Х | - | Х | - |
| D3920 | Hemisection (including any root removal), not including root canal the | Х | - | Х | - |
| D3921 | Decoronation or submergence of an erupted tooth | Х | - | Х | - |
| | Canal preparation and fitting of preformed dowelor post | Х | - | Х | - |
| D3999 | Unspecified endodontic procedure, by report | Х | - | Х | - |
| | Gingivectomyor gingivoplasty-per quadrant | Х | - | Х | - |
| | Gingivectomyor gingivoplasty-per tooth | Х | - | Х | - |
| | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | Х | - | Х | - |
| | Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant | Х | - | Х | - |
| D4231 | Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant | Х | - | Х | - |
| | Gingival flap procedure, including root planing-per quadrant | Х | - | Х | - |
| | Gingival flap procedure, including root planing - one to three teeth, perquadrant | Х | - | Х | - |
| | Apically positioned flap | Х | _ | Х | - |
| | Crown lengthening-hard and soft tissue, by report | Х | - | Х | - |
| | Osseous surgery (including elevation of a full thickness flap and closure)- four or more | Х | _ | Х | _ |
| | contiguous teeth or tooth bounded spaces per quadrant | ^ | | ^ | |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure)- one to three | Х | | Х | |
| | contiguous teeth or tooth bounded spaces per quadrant | | - | ^ | - |
| D4263 | Bone replacement graft - retained natural tooth - first site in quadrant | Χ | - | Χ | - |
| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | Х | - | Х | - |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration | Х | - | Χ | - |
| D4266 | Guided tissue regeneration - resorbable barrier, per site, per tooth | Х | - | Х | - |
| D4267 | Guided tissue regeneration - non-resorbable barrier, per site, per too | X | - | Х | - |
| D4268 | Surgical revision procedure per tooth | Х | - | Х | - |
| D4270 | Pedicle soft tissue graft procedure | Х | - | Х | - |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first | Х | _ | Х | _ |
| | tooth, implant, or edentulous tooth position in graft | | | , , | |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical | X | _ | X | _ |
| D.16== | procedures in the same anatomical area) | - | | | |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | Х | - | Х | - |
| D4276 | Combined connective tissue and double pedicle graft | Х | | Х | |
| | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, | 1 | - | | |
| | or edentulous tooth position in graft | Х | - | X | - |

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| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site | Х | - | Х | - |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same gra | Х | - | Х | - |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position | Х | - | Х | - |
| D4286 | Removal of non-resorbable barrier | Х | - | Х | - |
| D4320 | Provisional splinting-intracoronal | Х | - | Х | - |
| | Provisional splinting-extracoronal | Х | - | Х | - |
| D4322 | Splint - intra-coronal; natural teeth or prosthetic crowns | Χ | - | Х | - |
| | Splint - extra-coronal; natural teeth or prosthetic crowns | Χ | - | Х | - |
| D4341 | Periodontal scaling and root planing-per quadrant | Χ | - | Х | - |
| D4342 | Periodontal scaling and root planing - one to three teeth, per quadrant | Χ | - | Х | - |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation | Х | - | Х | - |
| D4355 | Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit | Х | - | Х | - |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth | Х | - | Х | - |
| D4910 | Periodontal maintenance procedures (following active therapy) | Х | - | Х | - |
| | Unscheduled dressing change (by someone other than treating dentist) | Х | - | Х | - |
| D4921 | Gingival irrigation- per quadrant | Х | - | Х | - |
| D4999 | Unspecified periodontal procedure, by report | Х | - | Х | - |
| | Complete upper | Х | - | Х | - |
| D5120 | Complete lower | Х | - | Х | - |
| | Immediate upper | Х | - | Х | - |
| D5140 | Immediate lower | Χ | - | Х | - |
| D5211 | Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth) | Х | - | Х | - |
| D5212 | Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth) | Х | - | Х | - |
| D5213 | Upper partial-cast metal base with resin saddles (including any conven | Х | - | Х | - |
| | Lower partial-cast metal base with resin saddles (including any conven | X | - | X | - |
| | Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth) | X | - | X | - |

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|--|---|------------------|------------------------------|----------------|------------------------------|--|
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| D5222 | Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth) | Х | - | Х | - | |
| D5223 | Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth | Х | - | Х | - | |
| D5224 | Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth | Х | - | Х | - | |
| D5225 | Maxillary part denture flex | Χ | - | Х | - | |
| D5226 | Mandibular part denture flex | Χ | - | Х | - | |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | Х | - | Х | - | |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | Х | - | Х | - | |
| D5282 | Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary | Х | - | Х | - | |
| D5283 | Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular | Х | - | Х | - | |
| D5284 | Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant | Х | - | Х | - | |
| D5286 | Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant | Х | - | Х | - | |
| D5410 | Adjust complete denture-upper | Х | - | Х | - | |
| D5411 | Adjust complete denture-lower | Χ | - | Х | - | |
| D5421 | Adjust partial denture-upper | Χ | - | Х | - | |
| D5422 | Adjust partial denture-lower | Х | - | Х | - | |
| D5511 | Repair broken complete denture base, mandibular | Х | - | Χ | - | |
| D5512 | Repair broken complete denture base, maxillary | Х | - | Χ | - | |
| D5520 | Replace missingor broken teeth-complete denture (each tooth) | Χ | - | Χ | • | |
| D5611 | Repair resin partial denture base, mandibular | Χ | - | Χ | • | |
| | Repair resin partial denture base, maxillary | Х | - | Χ | - | |
| D5621 | Repair cast partial framework, mandibular | Х | • | Χ | • | |
| | Repair cast partial framework, maxillary | Χ | - | Х | - | |
| D5630 | Repair or replace broken retentive/clasping materials per tooth | Χ | - | Χ | - | |
| | Replace broken teeth-per tooth | Χ | - | Х | - | |
| | Add tooth to existing partial denture | Χ | - | Х | - | |
| | Add clasp to existing partial denture- per tooth | Χ | - | Х | - | |
| | Replace all teeth and acrylic on cast metal framework (maxillary) | Χ | - | X | - | |
| ₽₽₽₽₽ ₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽ | Replace at teath and accretic and east metal frampowerk (mandibular) | Χ | - | Χ | • | |



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|----------|---|----------------|------------------------------|----------------|------------------------------|--|--|--|--|--|
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| | Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. | | | | | | | | | |
| D5710 | Rebase complete upper denture | Х | - | Х | - | | | | | |
| D5711 | Rebase complete lower denture | X | - | Х | - | | | | | |
| D5720 | Rebase upper partial denture | X | - | Х | - | | | | | |
| D5721 | Rebase lower partial denture | X | - | Х | - | | | | | |
| D5725 | Rebase hybrid prosthesis | X | - | Х | - | | | | | |
| D5730 | Reline upper complete denture (chairside) | X | - | Х | - | | | | | |
| D5731 | Reline lower complete denture (chairside) | X | - | Х | - | | | | | |
| D5740 | Reline upper partial denture (chairside) | X | - | Х | - | | | | | |
| D5741 | Reline lower partial denture (chairside) | X | - | Х | - | | | | | |
| D5750 | Reline upper complete denture (laboratory) | X | - | Х | - | | | | | |
| | Reline lower complete denture (laboratory) | X | - | Х | - | | | | | |
| | Reline upper partial denture (laboratory) | X | - | Х | - | | | | | |
| | Reline lower partial denture (laboratory) | Х | - | Х | - | | | | | |
| | Soft liner for complete or partial removable denture - indirect | Х | - | Х | - | | | | | |
| | Interim complete denture (upper) | Х | - | Х | - | | | | | |
| | Interim complete denture (lower) | Х | - | Х | - | | | | | |
| | Interim partial denture (upper) | Х | - | Х | - | | | | | |
| | Interim partial denture (lower) | Х | - | Х | - | | | | | |
| | Tissue conditioning, upper-per denture unit | Х | - | Х | - | | | | | |
| | Tissue conditioning, lower-per denture unit | X | - | Х | - | | | | | |
| | Precision attachment, by report | Х | - | Х | - | | | | | |
| D5863 | Overdenture- complete maxillary | Х | - | Х | - | | | | | |
| D5864 | Overdenture- partial maxillary | Х | - | Х | - | | | | | |
| | Overdenture- complete mandibular | Х | - | Х | - | | | | | |
| D5866 | Overdenture- partial mandibular | Х | - | Х | - | | | | | |
| | Replacement of replaceable part of semi-precision/attachment (m/f component) | Х | - | Х | - | | | | | |
| | Modification of removable prosthesis following implant surgery | Х | - | Х | - | | | | | |
| D5876 | Add metal substructure to acrylic full denture (per arch) | Х | - | Х | - | | | | | |
| D5899 | Unspecified removable prosthodontic procedure, by report | Х | - | Х | - | | | | | |
| | Facial moulage (sectional) | Х | - | Х | - | | | | | |
| | Facial moulage (complete) | Х | - | Х | - | | | | | |
| | Nasal prosthesis | X | - | Х | - | | | | | |
| D5914 | Auricular prosthesis | X | - | Х | - | | | | | |
| D5915 | Orbital prosthesis | X | - | Х | - | | | | | |
| D5916 | Ocular prosthesis | X | - | Х | - | | | | | |
| *PP59192 | Facial Prosthesishber of visits. Limit depends on plan/provider type | X | - | Х | - | | | | | |



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| D5922 | Nasal septal prosthesis | Х | - | Х | - | |
| D5923 | Ocular prosthesis, interim | Х | - | Х | _ | |
| D5924 | Cranial prosthesis | X | - | Χ | - | |
| D5925 | Facial augmentation implant prosthesis | Х | - | Χ | - | |
| D5926 | Nasal prosthesis, replacement | X | - | Χ | - | |
| D5927 | Auricular prosthesis, replacement | X | - | Χ | - | |
| D5928 | Orbital prosthesis, replacement | Х | - | Х | - | |
| D5929 | Facial prosthesis, replacement | X | - | Χ | - | |
| D5931 | Obturator prosthesis, surgical | Х | - | Х | - | |
| D5932 | Obturator prosthesis, definitive | Х | - | Х | - | |
| D5933 | Obturator prosthesis, modification | Х | - | Х | - | |
| D5934 | Mandibular resection prosthesis with guide flange | Х | - | Х | - | |
| | Mandibular resection prosthesis without guide flange | Х | - | Х | - | |
| D5936 | Obturator/prosthesis, interim | Х | - | Х | - | |
| D5937 | Trismus appliance (not for tm treatment) | Х | - | Х | - | |
| D5951 | Feeding aid | Х | - | Х | - | |
| | Speech aid prosthesis, pediatric | Х | - | Х | - | |
| | Speech aid prosthesis, adult | Х | - | Х | - | |
| D5954 | Palatal augmentation prosthesis | Х | - | Х | - | |
| D5955 | Palatal lift prosthesis, definitive | Х | - | Х | - | |
| | Palatal lift prosthesis, interim | Х | - | Х | - | |
| | Palatal lift prosthesis, modification | Х | - | Х | - | |
| D5960 | Speech aid prosthesis, modification | Х | - | Х | - | |
| D5982 | Surgical stent | Х | - | Х | - | |
| D5983 | Radiation carrier | Х | - | Х | - | |
| D5984 | Radiation shield | Х | - | Х | - | |
| D5985 | Radiation cone locator | Х | - | Х | - | |
| D5986 | Fluoride gel carrier | Х | - | Х | - | |
| D5987 | Commissure splint | Х | - | Х | - | |
| D5988 | Surgical splint | Х | - | Х | - | |
| D5991 | Vesiculobullous disease medicament carrier | Х | - | Х | - | |
| | Adjust max prost appliance | Х | - | Х | - | |
| | Main/clean max prosthesis | Х | - | Х | - | |
| | Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary | Х | - | Х | - | |
| | Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular | Х | - | Х | - | |
| | Huspecified maxillofacial prosthesis by seport/provider type | Х | - | Х | - | |



| drugs, or specialty medications D6010 Surgical plate D6011 Second state D6012 Surgical plate D6013 Surgical plate D6040 Subperioste D6050 Transossect D6051 Includes plate D6055 Implant control D6056 Prefabricate D6057 Custom fabre D6058 Abutment state D6059 Abutment state D6059 Abutment state D6050 D6050 Surgical plate D6050 Prefabricate D6051 Abutment state D6059 Abutment state D6059 Abutment state D6051 Surgical plate D6051 Surgical plate D6052 Surgical plate D6053 Surgical plate D6054 Surgical plate D6055 Surgical plate D6056 Surgical plate D6056 Surgical plate D6056 Surgical plate D6056 Surgical plate D6057 Surgical plate D6058 Surgical plate D6058 Surgical plate D6059 Surgical plate D6059 Surgical plate D6059 Surgical plate D6059 Surgical plate D6050 Surgical plate D605 | ous implant acement and removal. a healing cap is not an interim abutment | X X X X X X | Preauthorization Required o not reflect information r | X X X X | Preauthorization Required Inizations, injectable |
|--|--|----------------------------|---|------------------|---|
| drugs, or specialty medications D6010 Surgical plate D6011 Second state D6012 Surgical plate D6013 Surgical plate D6040 Subperioste D6050 Transossect D6051 Includes plate D6055 Implant control D6056 Prefabricate D6057 Custom fabre D6058 Abutment state D6059 Abutment state | and should be directed to the Pharmacy link option within the website. Incement of implant body: endosteal implant. see also 21248 Ige implant surgery Incement of interim implant body for transitional prosthesis: endosteal implant Incement of mini implant Incement of mini implant Incement and removal. a healing cap is not an interim abutment Incenting bar Incedia de abutment- includes modification and placement | X X X X X X | - - - - | X X X X | - - - |
| D6011 Second state D6012 Surgical plate D6013 Surgical plate D6040 Subperioste D6050 Transossect D6051 Includes plate D6055 Implant composition D6056 Prefabricate D6057 Custom fabrus D6058 Abutment state D6059 Abutment state D6059 Abutment state D60512 Surgical Page 12 Surgical Page 12 Surgical Page 13 Surgical Page 14 Surgical Page 14 Surgical Page 14 Surgical Page 15 Surgical | ge implant surgery scement of interim implant body for transitional prosthesis: endosteal implant scement of mini implant eal implant sus implant scement and removal. a healing cap is not an interim abutment necting bar ed abutment- includes modification and placement | X X X X X X | - - - - | X X X | - |
| D6012 Surgical pla D6013 Surgical pla D6040 Subperioste D6050 Transossec D6051 Includes pla D6055 Implant con D6056 Prefabricate D6057 Custom fab D6058 Abutment s D6059 Abutment s | icement of interim implant body for transitional prosthesis: endosteal implant icement of mini implant eal implant bus implant icement and removal. a healing cap is not an interim abutment inecting bar ed abutment- includes modification and placement | X X X X X | - - - | X X X | - |
| D6013 Surgical plate D6040 Subperioste D6050 Transossed D6051 Includes plate D6055 Implant composition D6056 Prefabricate D6057 Custom fabrus D6058 Abutment second D6059 Abutment second D6059 Abutment second D6050 Supplement Second D6050 Suppleme | cement of mini implant cal implant cus implant accement and removal. a healing cap is not an interim abutment necting bar ced abutment- includes modification and placement | X X X X | | X | - |
| D6040 Subperioste D6050 Transossec D6051 Includes pla D6055 Implant con D6056 Prefabricate D6057 Custom fab D6058 Abutment s D6059 Abutment s | eal implant bus implant acement and removal. a healing cap is not an interim abutment necting bar ed abutment- includes modification and placement | X X X | - | Х | _ |
| D6050 Transossed D6051 Includes pla D6055 Implant con D6056 Prefabricate D6057 Custom fab D6058 Abutment s D6059 Abutment s | ous implant acement and removal. a healing cap is not an interim abutment necting bar ed abutment- includes modification and placement | X X X | - | | 4 |
| D6051 Includes plate D6055 Implant control D6056 Prefabricate D6057 Custom fabrus D6058 Abutment state D6059 Abutm | ncement and removal. a healing cap is not an interim abutment necting bar ed abutment- includes modification and placement | X | | - | - |
| D6055 Implant con D6056 Prefabricate D6057 Custom fab D6058 Abutment s D6059 Abutment s | necting bar ed abutment- includes modification and placement | Х | _ | X | - |
| D6055 Implant con D6056 Prefabricate D6057 Custom fab D6058 Abutment s D6059 Abutment s | necting bar ed abutment- includes modification and placement | | - | Х | - |
| D6056 Prefabricate D6057 Custom fab D6058 Abutment s D6059 Abutment s | ed abutment- includes modification and placement | | - | Х | - |
| D6058 Abutment s D6059 Abutment s | ricated abutment- includes placement | X | - | Х | - |
| D6058 Abutment s D6059 Abutment s | | X | - | Х | - |
| D6059 Abutment s | upported porcelain/ceramic crown | Х | - | Х | - |
| | upported porcelain fused to metal crown (high noble metal) | Х | - | Х | - |
| | upported porcelain fused to metal crown (predominantly base metal) | Х | - | Х | - |
| | upported porcelain fused to metal crown (noble metal) | Х | - | Х | - |
| | upported cast metal crown (high noble metal) | Х | - | Х | - |
| | upported cast metal crown (predominantly base metal) | Х | - | Х | - |
| | upported cast metal crown (noble metal) | Х | - | Х | - |
| | ported porcelain/ceramic crown | Х | - | Х | - |
| | ported porcelain fused to metal crown (titanium/alloy high noble metal) | Х | - | Х | - |
| | ported metal crown (titanium/alloy high noble metal) | Х | - | Х | - |
| | upported retainer for porcelain/ceramic fpd | Х | - | Х | - |
| | upported retainer for porcelain fused to metal fpd (high noble metal) | Х | - | Х | - |
| | upported retainer for porcelain fused to metal fpd (predominately base metal) | Х | - | Х | - |
| | upported retainer for porcelain fused to metal fpd (noble metal) | Х | - | Х | - |
| | upported retainer for cast metal fpd (high noble metal) | Х | - | Х | - |
| | upported retainer for cast metal fpd (predominately base metal) | Х | - | Х | - |
| | upported retainer for cast metal fpd (noble metal) | Х | - | Х | - |
| | ported retainer for ceramic fpd | Х | - | Х | - |
| | ported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal) | Х | - | Х | - |
| D6077 Implant sup | ported retainer for cast metal fpd (titanium/alloy or high noble metal) | Х | - | Х | - |
| D6080 Implant ma | ntenance procedures, when prostheses are removed and reinserted, including f prostheses and abutments | Х | - | Х | - |
| D6081 Scaling and | debridement in the presence of inflammation of mucositis of a single implant, eaning of the implant surfaces, without flap entry and closure | Х | _ | Х | |
| PRESURAL SURPLANTS CHI | carina or the inipiant surfaces. Without hav CIIII V allu CiUSUIC | 1 | | ^ | - |



| | | Small En | nployer / Individual | Large Employer | | |
|--------------------------------|---|-------------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| Disclaimer: P drugs, or spe | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists d | o not reflect information r | egarding immu | nizations, injectable | |
| D6083 | Implant supported crown-porcelain fused to noble alloys | Х | - | Х | - | |
| D6084 | Implant supported crown-porcelain fused to titanium and titanium alloys | Х | - | Х | - | |
| D6085 | Provisional implant crown | Х | - | Х | - | |
| D6086 | Implant supported crown-predominantly base alloys | Х | - | Х | - | |
| D6087 | Implant supported crown-noble alloys | Х | - | Х | - | |
| D6088 | Implant supported crown-titanium and titanium alloys | X | - | Х | - | |
| D6089 | Accessing and retorquing loose implant screw - per screw | Х | - | Х | - | |
| | Repair implant, by report | Х | - | Х | - | |
| D6091 | Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesi | Х | - | Х | - | |
| D6092 | Re-cement or re-bond implant/abutment supported crown | Х | _ | Х | _ | |
| | Re-cement or re-bond implant/abutment supported fixed partial denture | X | _ | X | _ | |
| | Abut support crown titanium | X | _ | X | _ | |
| | Repair implant abutment, by report. see also code 21299 | X | _ | X | _ | |
| | Remove broken implant retaining screw | X | _ | X | - | |
| | Abutment supported crown-porcelain fused to titanium and titanium alloys | X | _ | X | _ | |
| | Implant supported retainer-porcelain fused to predominantly base alloys | X | _ | X | - | |
| | Implant supported retainer for fpd-porcelain fused to noble alloys | X | - | X | _ | |
| | Implant removal, by report | X | _ | X | _ | |
| | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure | X | - | X | - | |
| D6102 | Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces | Х | - | Х | - | |
| D6103 | Bone graft for repair of peri-implant defect- does not include flap entry and closure. | X | _ | Х | _ | |
| | Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately | X | - | X | - | |
| D6105 | Removal of implant body not requiring bone removal nor flap elevation | X | _ | Х | | |
| | Guided tissue regeneration - resorbable barrier, per implant | X | | X | - | |
| | | X | - | X | - | |
| | Guided tissue regeneration - non-resorbable barrier, per implant | X | | X | - | |
| | Implant/abutment supported removable denture for edentulous arch-maxillary | | - | X | - | |
| D6111 | Implant/ abutment supported removable denture for edentulous arch- mandibular | X | - | | - | |
| | Implant/ abutment supported removable denture for partially edentulous arch- maxillary | X | - | X | - | |
| | Implant/ abutment supported removable denture for partially edentulous arch- mandibular | X | - | X | - | |
| | Implant/ abutment supported fixed denture for edentulous arch- maxillary | X | - | X | - | |
| | Implant/ abutment supported fixed denture for edentulous arch- mandibular | X | - | X | - | |
| <u>PleButh he</u> | Լիթթեթե/շցերկրոցոեց վթրջըեց վանագերել վեր բեր բեր բեր բեր բեր բեր բեր և հերական հետև հետև հետև հետև հետև հետև | X | - | X | - | |



| | | Small Employer / Individual | | Large Employer | |
|----------------------------------|--|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| D6117 | Implant/ abutment supported fixed denture for partially edentulous arch- mandibular | Х | - | Х | - |
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular | Χ | - | Х | - |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary | Χ | - | Х | - |
| D6120 | Implant supported retainer -porcelain fused to titanium and titanium alloys | Χ | - | Х | - |
| D6121 | Implant supported retainer for metal fpd -predominantly base alloys | Χ | - | Х | - |
| D6122 | Implant supported retainer for metal fpd -noble alloys | Χ | - | Χ | - |
| D6123 | Implant supported retainer for metal fpd -titanium and titanium alloys | Χ | - | Χ | - |
| D6180 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, | Х | | Х | |
| | including cleansing of prosthesis and abutments | | _ | ^ | |
| D6190 | Radio/surgical implant index | Χ | - | Χ | - |
| D6191 | Semi-precision abutment – placement | Χ | - | Χ | ı |
| D6192 | Semi-precision attachment – placement | Χ | - | Χ | - |
| D6193 | Replacement of an implant screw | Χ | - | Χ | - |
| D6194 | Abut support retainer titani | Χ | - | Χ | - |
| D6195 | Abutment supported retainer-porcelain fused to titanium and titanium alloys | Χ | - | Χ | - |
| | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant | Х | - | Х | - |
| | Remove interim implant component | Х | | Х | |
| | Unspecified implant procedure, by report | X | | X | |
| | Pontic-indirect resin based | X | <u>-</u> | X | |
| | Pontic-cast high noble metal | X | <u>-</u> | X | |
| | Pontic-cast right hobie metal Pontic-cast predominantly base metal | X | | X | |
| | Pontic-cast noble metal | X | | X | |
| | Pontic titanium | X | | X | |
| | Pontic trainium Pontic-porcelain fused to high noble metal | X | <u>-</u> | X | |
| | Pontic-porcelain fused to predominantly base metal | X | | X | |
| | Pontic-porcelain fused to predominantly base metal | X | | X | - |
| | Pontic-porcelain fused to titanium and titanium alloys | X | _ | X | |
| | Pontic - porcelain/ceramic | X | | X | - |
| | Pontic-resin with high noble metal | X | _ | X | _ |
| | Pontic-resin with predominantly base metal | X | | X | |
| | Pontic-resin with noble metal | X | | X | |
| | Provisional pontic- further treatment or completion of diagnosis necessary prior to final | | | | |
| | impression | Х | - | Х | - |
| | Retainer-cast metal for acid etched fixed prosthesis | Х | _ | Х | - |
| | Retainer and find the unit of the sin bounded fixed prostness | X | _ | X | _ |



| | Description | Small En | nployer / Individual | Large Employer | | | | | | |
|-----------|--|----------------|------------------------------|----------------|------------------------------|--|--|--|--|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | | | | | |
| | Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectably under the properties of the prope | | | | | | | | | |
| D6549 | Resin retainer- for resin bonded fixed prosthesis | X | - | Х | - | | | | | |
| D6600 | Retainer inlay-porcelain/ceramic, two surfaces | X | - | Х | - | | | | | |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | Х | - | Х | - | | | | | |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | X | - | Χ | - | | | | | |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | Х | - | Х | - | | | | | |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | Х | - | Х | - | | | | | |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | Х | - | Х | - | | | | | |
| D6606 | Retainer inlay - cast noble metal, two surfaces | Х | - | Х | - | | | | | |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | X | - | Χ | - | | | | | |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | Х | - | Х | - | | | | | |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | Х | - | Х | - | | | | | |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | Х | - | Х | - | | | | | |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | Х | - | Х | - | | | | | |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | Х | - | Х | - | | | | | |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | Х | - | Х | - | | | | | |
| D6614 | Retainer onlay - cast noble metal, two surfaces | Х | - | Х | - | | | | | |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | Х | - | Х | - | | | | | |
| D6624 | Retainer inlay titanium | Х | - | Х | - | | | | | |
| D6634 | Retainer onlay titanium | X | - | Χ | - | | | | | |
| D6710 | Retainer crown-indirect resin based composite | X | - | Χ | - | | | | | |
| D6720 | Retainer crown-resin with high noble metal | X | - | Χ | - | | | | | |
| D6721 | Retainer crown-resin with predominantly base metal | X | - | Χ | - | | | | | |
| D6722 | Retainer crown-resin with noble metal | X | - | Χ | - | | | | | |
| D6740 | Retainer crown - porcelain/ceramic | X | - | Χ | - | | | | | |
| D6750 | Retainer crown-porcelain fused to high noble metal | X | • | Χ | • | | | | | |
| D6751 | Retainer crown-porcelain fused to predominantly base metal | X | • | Χ | • | | | | | |
| D6752 | Retainer crown-porcelain fused to noble metal | X | • | Χ | • | | | | | |
| | Retainer crown-porcelain fused to titanium and titanium alloys | X | • | Χ | • | | | | | |
| D6780 | Retainer crown-3/4 cast high noble metal | X | • | Χ | • | | | | | |
| | Retainer crown - 3/4 cast predominately based metal | X | - | Х | - | | | | | |
| | Retainer crown - 3/4 cast noble metal | X | - | Х | - | | | | | |
| | Retainer crown - 3/4 porcelain/ceramic | X | - | Х | - | | | | | |
| | Retainer crown 3/4-titanium and titanium alloys | X | - | Х | - | | | | | |
| | Retainer crown-full cast high noble metal | X | - | Х | - | | | | | |
| | Retainer crown-full cast predominantly base metal | X | - | X | - | | | | | |
| *PP67792e | Retainer crown-full-cast inche metal-nds on plan/provider type | X | - | X | - | | | | | |



| | | Small En | nployer / Individual | Large Employer | | |
|----------------------------------|--|------------------|------------------------------|----------------|------------------------------|--|
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| D6793 | Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression | Х | - | Х | - | |
| D6794 | Retainer crown titanium | Х | - | Х | - | |
| D6920 | Connector bar | Х | - | Х | - | |
| D6930 | Re-cement or re-bond fixed partial denture | Х | - | Х | - | |
| | Stress breaker | Х | - | Х | - | |
| | Precision attachment | Х | - | Х | - | |
| D6980 | Fixed partial denture repair, necessitated by restorative material failure | Х | - | Х | - | |
| | Pediatric partial denture, fixed | Х | - | Х | - | |
| | Unspecified fixed prosthodontic procedure, by report | Х | - | Х | - | |
| | Extraction, coronal remnants - primary tooth | Х | - | Х | - | |
| | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Х | - | Х | - | |
| | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiopsteal flap if indicated. | Х | - | Х | - | |
| D7220 | Removal of impacted tooth-soft tissue | Х | _ | Х | | |
| | Removal of impacted tooth-partially bony | X | _ | X | | |
| | Removal of impacted tooth-completely bony | X | - | X | - | |
| | Removal of impacted tooth-completely bony, with unusual surgical compl | X | _ | X | _ | |
| | Removal of residual tooth roots (cutting procedure) | X | _ | X | _ | |
| | Coronectomy | X | _ | X | _ | |
| | Partial extraction for immediate implant placement | X | _ | X | _ | |
| | Nerve dissection | X | _ | X | _ | |
| | Oral antral fistula closure | X | _ | Х | _ | |
| | Primary closure of a sinus perforation | Х | - | Х | - | |
| | Tooth re-implantation and/or stabilization of accidentally evulsedor d | Х | - | Х | - | |
| | Tooth transplantation | Х | - | Х | - | |
| | Exposure of an unerupted tooth | Х | - | Х | - | |
| | Mobilization of erupted or malpositioned tooth to aid eruption | Х | - | Х | - | |
| | Place device impacted tooth | Х | - | Х | - | |
| | Excisional biopsy of minor salivary glands | Х | - | Х | - | |
| | Incisional biopsy of oral tissue-hard (bone, tooth) | Х | - | Х | - | |
| | Incisional biopsy of oral tissue-soft | Х | - | Х | - | |
| | Cytology sample collection | Х | - | Х | - | |
| | Brush biopsy | Х | - | Х | - | |
| | Surgical repositioning of teeth | Х | - | Х | - | |
| | Transectal if heroterowisits. Limit depends on plan/provider type. | X | - | Х | - | |



| | Description | Small En | nployer / Individual | Large Employer | |
|---------------------|--|-------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| D7292 | Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal | Х | - | Х | - |
| D7293 | Placement of temporary anchorage device requiring flap; includes device removal | Х | _ | Х | _ |
| | Placement of temporary anchorage device without flap; includes device removal | X | _ | X | - |
| | Bone harvest,auto graft proc | X | _ | X | - |
| | Corticotomy ¿ one to three teeth or tooth spaces, per quadrant | Х | _ | Х | - |
| D7297 | Corticotomy ¿ four or more teeth or tooth spaces, per quadrant | X | _ | X | - |
| | Removal of temporary anchorage device (screw retained plate), requiring flap | X | _ | X | - |
| | Removal of temporary anchorage device, requiring flap | X | _ | X | - |
| | Removal of temporary anchorage device without flap | Х | - | Х | - |
| | Alveoloplasty in conjunction with extractions - per quadrant | Х | - | Х | - |
| | Alveoloplasty w/extract 1-3 | Х | - | Х | - |
| | Alveoloplasty not in conjunction with extractions - per quadrant | Х | - | Х | - |
| D7321 | Alveoloplasty not w/extracts | Х | - | Х | - |
| | Vestibuloplasty-ridge extension (second epithelialization) | Х | - | Х | - |
| | Vestibuloplasty-ridge extension (including soft tissue grafts, muscle | Х | - | Х | - |
| | Radical excision-lesion diameter up to 1.25 cm | Х | - | Х | - |
| | Excision of benign lesion greater than 1.25 cm | X | _ | Х | - |
| | Excision of benign lesion, complicated | Х | - | Х | - |
| | Excision of malignant lesion up to 1.25 cm | Х | - | Х | - |
| | Excision of malignant lesion greater than 1.25 cm | Х | - | Х | - |
| | Excision of malignant lesion, complicated | Х | - | Х | - |
| | Excision of malignant tumor-lesion diameter up to 1.25 cm | Х | - | Х | - |
| | Excision of malignant tumor-lesion diameter greater than 1.25 cm | Х | - | Х | - |
| | Removal of odontogenic cystor tumor-lesion diameter up t0 1.25 cm | Х | - | Х | - |
| | Removal of odontogenic cystor tumor-lesion diameter greater than 1.25 | Х | - | Х | - |
| | Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm | Х | - | Х | - |
| | Removal of nonodontogenic cystor tumor-lesion diameter greater than 1. | Х | - | Х | - |
| | Destruction of lesion(s) by physicalor chemical methods, by report | Х | - | Х | - |
| D7471 | Removal of exostosis - per site | Х | - | Х | - |
| D7472 | Removal of torus palatinus | Х | - | Х | - |
| D7473 | Removal of torus mandibularis | Х | - | Х | - |
| | Reduction of osseous tuberosity | Х | - | Х | - |
| D7490 | Radical resection of mandible with bone graft | Х | - | Х | - |
| | Marsupialization of odontogenic cyst | Х | - | Х | - |
| -Q751Q ₋ | Ingision and drainage of absorassintragral soft tissue type. | Х | - | Х | - |



| Covered Required Covered Required Covered Required Covered Required Covered | | | Small En | nployer / Individual | Large Employer | | |
|--|-------|--|--------------------|-----------------------------|----------------|------------------------------|--|
| drugs, or specially medications and alrivable directed to the Pharmacy lisk option within the website. D7511 Incision/drain abscess intra | Codes | Description | | | | Preauthorization Required | |
| D7520 | | | se coding lists de | o not reflect information r | egarding immu | nizations, injectable | |
| D7521 | D7511 | Incision/drain abscess intra | Х | - | Х | - | |
| D7530 Removal of foreign body, skin,or subcutaneous areolar tissue X | D7520 | Incision and drainage of abscess-extraoral soft tissue | Х | - | Х | - | |
| D7540 | D7521 | Incision/drain abscess extra | Х | - | Х | - | |
| D7550 Sequestrectomy for osteomyelitis X | D7530 | Removal of foreign body, skin,or subcutaneous areolar tissue | Х | - | Х | - | |
| D7550 Sequestrectomy for osteomyelitis X - X - D7560 Maxillary sinusotomy for removal of tooth fragmentor foreign body X - X - D7670 Maxilla-open reduction (teeth immobilized if present) X - X< | D7540 | Removal of reaction-producing foreign bodies-musculoskeletal system | Х | - | Х | - | |
| D7560 Maxillary sinusotomy for removal of tooth fragmentor foreign body | | | Х | - | Х | - | |
| D7610 Maxilla-open reduction (teeth immobilized if present) | | | Х | - | Х | - | |
| D7630 Mandible-open reduction (teeth immobilized if present) D7640 Mandible-closed reduction (teeth immobilized if present) D7650 Malar and/or zygomatic arch-open reduction D7650 Malar and/or zygomatic arch-closed reduction D7670 Alveolus-stabilization of teeth, open reduction splinting D7671 Alveolus - open reduction, may include stabilization of teeth D7671 Alveolus - open reduction, may include stabilization of teeth D7671 Alveolus - open reduction, may include stabilization of teeth D7680 Facial bones-complicated reduction with fixation and mul- tiple surgic D7710 Maxilla-open reduction D7710 Maxilla-open reduction D7730 Mandible-open reduction D7730 Mandible-open reduction D7730 Malar and/or zygomatic arch-open reduction D7760 Malar and/or zygomatic arch-closed reduction D7760 Malar and/or zygomatic arch-closed reduction D7770 Alveolus-stabilization of teeth, open reduction splinting D7771 Alveolus-stabilization of teeth, open reduction splinting D7771 Alveolus-stabilization of teeth D7771 Alveolus-stabilization of teeth D7780 Facial bones - complicated reduction with fixation and multiple approaches D7810 Open reduction dislocation D7810 Open reduction dislocation D7810 Open reduction dislocation D7811 Complicated suture-up to 5 cm D7912 Suture of recent small wounds up to 5 cm D7912 Six grafts (identify defect covered, location, and type of graft) D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7930 Osteoplasty-for orthognathic deformities X - X - X - X - X - X - X - X - X - X | | | Х | - | Х | - | |
| D7630 Mandible-open reduction (teeth immobilized if present) D7640 Mandible-closed reduction (teeth immobilized if present) D7650 Malar and/or zygomatic arch-open reduction D7650 Malar and/or zygomatic arch-closed reduction D7670 Alveolus-stabilization of teeth, open reduction splinting D7671 Alveolus - open reduction, may include stabilization of teeth D7671 Alveolus - open reduction, may include stabilization of teeth D7671 Alveolus - open reduction, may include stabilization of teeth D7680 Facial bones-complicated reduction with fixation and mul- tiple surgic D7710 Maxilla-open reduction D7710 Maxilla-open reduction D7730 Mandible-open reduction D7730 Mandible-open reduction D7730 Malar and/or zygomatic arch-open reduction D7760 Malar and/or zygomatic arch-closed reduction D7760 Malar and/or zygomatic arch-closed reduction D7770 Alveolus-stabilization of teeth, open reduction splinting D7771 Alveolus-stabilization of teeth, open reduction splinting D7771 Alveolus-stabilization of teeth D7771 Alveolus-stabilization of teeth D7780 Facial bones - complicated reduction with fixation and multiple approaches D7810 Open reduction dislocation D7810 Open reduction dislocation D7810 Open reduction dislocation D7811 Complicated suture-up to 5 cm D7912 Suture of recent small wounds up to 5 cm D7912 Six grafts (identify defect covered, location, and type of graft) D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7930 Osteoplasty-for orthognathic deformities X - X - X - X - X - X - X - X - X - X | | | | - | | - | |
| D7640 Mandible-closed reduction (teeth immobilized if present) D7650 Malar and/or zygomatic arch-open reduction X - X - D7650 Malar and/or zygomatic arch-closed reduction X - D7670 Alveolus-stabilization of teeth, open reduction splinting X - D7671 Alveolus-stabilization of teeth, open reduction splinting X - D7671 Alveolus-stabilization of teeth, open reduction splinting X - D7670 Alveolus-stabilization of teeth, open reduction splinting X - X - D7671 Alveolus- open reduction, may include stabilization of teeth X - D7710 Maxilla-open reduction D7730 Mandible-open reduction X - D7730 Mandible-open reduction D7750 Malar and/or zygomatic arch-open reduction X - D7760 Malar and/or zygomatic arch-obed reduction D7770 Alveolus-stabilization of teeth, open reduction splinting X - D7770 Alveolus-stabilization of teeth, open reduction splinting X - D7770 Alveolus-stabilization of teeth, open reduction splinting X - D7770 Alveolus-stabilization of teeth, open reduction splinting X - D7780 Facial bones - complicated reduction with fixation and multiple approaches X - D7810 Open reduction of dislocation D7881 Oclussal orthotic device adjustment X - D7910 Suture of recent small wounds up to 5 cm X - D7911 Complicated suture-up to 5 cm X - D7912 Complicated suture-up to 5 cm X - D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site X - D7930 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - D7940 Osteoplasty-for orthognathic deformities | | | | - | | - | |
| D7650 Malar and/or zygomatic arch-closed reduction D7660 Malar and/or zygomatic arch-closed reduction D7670 Malar and/or zygomatic arch-closed reduction D7671 Alveolus-stabilization of teeth, open reduction splinting D7671 Alveolus- open reduction, may include stabilization of teeth D7672 Alveolus- open reduction, may include stabilization of teeth D7673 Alveolus-stabilization of teeth D7674 Alveolus-stabilization of teeth D7675 Malar and/or zygomatic arch-closed reduction D7770 Maxilla-open reduction D7780 Malar and/or zygomatic arch-closed reduction D7880 Malar and/or zygomatic arch-closed reduction D7880 Facial bones - complicated reduction with fixation and multiple approaches D7880 Facial bones - complicated reduction with fixation and multiple approaches D7880 Facial bones - complicated reduction with fixation and multiple approaches D7880 Facial bones - complicated reduction with fixation and multiple approaches D7880 Facial bones - complicated reduction with fixation and multiple approaches D7880 Facial bones - complicated reduction with fixation and multiple approaches D7880 Facial bones - complicated reduction with fixation and multiple approaches D7880 Facial bones - complicated reduction with fixation and multiple approaches D7880 Facial bones - com | D7640 | Mandible-closed reduction (teeth immobilized if present) | Х | - | Х | - | |
| D7660 Malar and/or zygomatic arch-closed reduction D7670 Alveolus-stabilization of teeth, open reduction splinting X - X - X - D7671 Alveolus - open reduction, may include stabilization of teeth X - D7680 Facial bones-complicated reduction with fixation and mul-tiple surgic X - D7710 Maxilla-open reduction X - D7730 Mandible-open reduction X - X - D7730 Malar and/or zygomatic arch-open reduction X - D7750 Malar and/or zygomatic arch-closed reduction X - D7760 Malar and/or zygomatic arch-closed reduction X - D7770 Alveolus-stabilization of teeth, open reduction X - D7770 Alveolus-stabilization of teeth, open reduction splinting X - D7771 Alveolus, closed reduction stabilization of teeth D7780 Facial bones - complicated reduction with fixation and multiple approaches X - D7810 Open reduction of dislocation X - D7811 Complicated suture-up to 5 cm X - D7912 Complicated suture-up to 5 cm X - D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7920 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7930 Osteoplasty-for orthognathic deformities X - X - X - X - X - X - X - X - X - X | | | Х | - | Х | - | |
| D7670 Alveolus-stabilization of teeth, open reduction splinting | | | | - | | - | |
| D7671 Alveolus - open reduction, may include stabilization of teeth D7680 Facial bones-complicated reduction with fixation and mul-tiple surgic X - X - D7710 Maxilla-open reduction X - X - D7730 Mandible-open reduction X - X - D7750 Malar and/or zygomatic arch-open reduction X - D7760 Malar and/or zygomatic arch-closed reduction X - D7760 Malar and/or zygomatic arch-closed reduction X - D7771 Alveolus-stabilization of teeth, open reduction splinting D7771 Alveolus, closed reduction stabilization of teeth X - D7780 Facial bones - complicated reduction with fixation and multiple approaches X - D7810 Open reduction of dislocation D7810 Oclussal orthotic device adjustment D7810 Suture of recent small wounds up to 5 cm X - D7911 Complicated suture-up to 5 cm X - D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7920 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7930 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - X - X - X - X - X - X - X - X | | | Х | - | Х | - | |
| D7680Facial bones-complicated reduction with fixation and mul- tiple surgicX-XD7710Maxilla-open reductionX-X-D7730Mandible-open reductionX-X-D7750Malar and/or zygomatic arch-open reductionX-X-D7760Malar and/or zygomatic arch-closed reductionX-X-D7770Alveolus-stabilization of teeth, open reduction splintingX-X-D7771Alveolus, closed reduction stabilization of teethX-X-D7780Facial bones - complicated reduction with fixation and multiple approachesX-X-D7810Open reduction of dislocationX-X-D7881Oclussal orthotic device adjustmentX-X-D7910Suture of recent small wounds up to 5 cmX-X-D7911Complicated suture-up to 5 cmX-X-D7912Complicated suture-greater than 5 cmX-X-D7912Skin grafts (identify defect covered, location, and type of graft)X-X-D7921Collection and application of autologous blood concentrate productX-X-D7922Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per siteX-X-D7930A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. | | | Х | - | Х | - | |
| D7710 Maxilla-open reduction | | | | - | | - | |
| D7730 Mandible-open reduction | | | | - | | - | |
| D7750 Malar and/or zygomatic arch-open reduction D7760 Malar and/or zygomatic arch-closed reduction D7770 Alveolus-stabilization of teeth, open reduction splinting D7771 Alveolus, closed reduction stabilization of teeth D7780 Facial bones - complicated reduction with fixation and multiple approaches D7810 Open reduction of dislocation D7810 Oclussal orthotic device adjustment D7811 Oclussal orthotic device adjustment D7910 Suture of recent small wounds up to 5 cm D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - X - D7940 Osteoplasty-for orthognathic deformities X - X - X - D7940 Osteoplasty-for orthognathic deformities | | | Х | - | Х | - | |
| D7760 Malar and/or zygomatic arch-closed reduction D7770 Alveolus-stabilization of teeth, open reduction splinting D7771 Alveolus, closed reduction stabilization of teeth D7780 Facial bones - complicated reduction with fixation and multiple approaches D7810 Open reduction of dislocation D7811 Oclussal orthotic device adjustment D7810 Suture of recent small wounds up to 5 cm D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7930 Osteoplasty-for orthognathic deformities X - X - X - D7940 Osteoplasty-for orthognathic deformities | | | Х | - | | - | |
| D7770 Alveolus-stabilization of teeth, open reduction splinting D7771 Alveolus, closed reduction stabilization of teeth D7780 Facial bones - complicated reduction with fixation and multiple approaches D7810 Open reduction of dislocation D7811 Oclussal orthotic device adjustment D7910 Suture of recent small wounds up to 5 cm D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - X - D7940 Osteoplasty-for orthognathic deformities | | | | - | | - | |
| D7771 Alveolus, closed reduction stabilization of teeth D7780 Facial bones - complicated reduction with fixation and multiple approaches X - X - D7810 Open reduction of dislocation D7811 Oclussal orthotic device adjustment D7912 Suture of recent small wounds up to 5 cm D7912 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - D7940 Osteoplasty-for orthognathic deformities | | | Х | - | | - | |
| D7780Facial bones - complicated reduction with fixation and multiple approachesX-X-D7810Open reduction of dislocationX-X-D7881Oclussal orthotic device adjustmentX-X-D7910Suture of recent small wounds up to 5 cmX-X-D7911Complicated suture-up to 5 cmX-X-D7912Complicated suture-greater than 5 cmX-X-D7920Skin grafts (identify defect covered, location, and type of graft)X-X-D7921Collection and application of autologous blood concentrate productX-X-D7922Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per siteX-X-D7939A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.X-X-D7940Osteoplasty-for orthognathic deformitiesX-X- | | | Х | - | Х | - | |
| D7810 Open reduction of dislocation D7881 Oclussal orthotic device adjustment D7910 Suture of recent small wounds up to 5 cm D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - D7940 Osteoplasty-for orthognathic deformities X - X - X - C - X - C - C - C - C - C - | | | | - | | - | |
| D7881 Oclussal orthotic device adjustment D7910 Suture of recent small wounds up to 5 cm D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. D7940 Osteoplasty-for orthognathic deformities X - X - X - D7940 Osteoplasty-for orthognathic deformities | | | | - | | - | |
| D7910 Suture of recent small wounds up to 5 cm D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. D7940 Osteoplasty-for orthognathic deformities X - X - D7940 Osteoplasty-for orthognathic deformities | | | | - | | - | |
| D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. D7940 Osteoplasty-for orthognathic deformities X - X - X - D7940 Osteoplasty-for orthognathic deformities | | | Х | - | | - | |
| D7912 Complicated suture-greater than 5 cm | | | | - | | - | |
| D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. D7940 Osteoplasty-for orthognathic deformities X - X - X - D7940 Osteoplasty-for orthognathic deformities | | | | - | | - | |
| D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site X - X - X - X - D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - X - X - X - X - X - X - D7940 Osteoplasty-for orthognathic deformities X - X - X - X - X - X - X - X - X - X - D7940 Osteoplasty-for orthognathic deformities | | | | - | | - | |
| D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site X - X - D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - D7940 Osteoplasty-for orthognathic deformities X - X - | | | | - | | - | |
| D7940 Osteoplasty-for orthognathic deformities X - X - D7940 X - X - | | | | - | | - | |
| | D7939 | A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. | Х | - | Х | - | |
| | D7940 | Osteoplastv-for orthognathic deformities | X | _ | X | - | |
| (DLI/) 146 all let Offat (Maxilla total) of visite. Limit depends on plan/provider type | | Lefortei (Paxillantotel of visits. Limit depends on plan/provider type. | X | _ | X | _ | |



| | Description | Small En | nployer / Individual | Large Employer | |
|-------|---|-------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| D7947 | Lefort i (maxilla-segmented) | Х | - | Х | - |
| D7948 | Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl | Х | - | Х | - |
| | Lefort iior lefort iii-with bone graft | Х | - | Χ | - |
| D7950 | Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl | Х | - | Χ | - |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | Х | - | Χ | - |
| D7952 | The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include | Х | - | Х | - |
| D7953 | Bone replacement graft | Х | _ | Х | - |
| | Repair of maxillofacial soft and hard tissue defects | X | _ | X | - |
| | Guided tissue regeneration, edentulous area - resorbable barrier, per site | X | - | X | - |
| | Guided tissue regeneration, edentulous area - non-resorbable barrier, per site | X | - | X | - |
| | Buccal / labial frenectomy (frenulectomy) | X | - | X | - |
| | Lingual frenectomy (frenulectomy) | X | - | X | - |
| | Frenuloplasty | X | - | X | - |
| | Excision of hyperplastic tissue-per arch | X | - | X | _ |
| | Excision of pericoronal gingiva | X | - | X | - |
| | Surgical reduction of fibrous tuberosity | X | _ | X | - |
| | Non ¿ surgical sialolithotomy | X | _ | Х | - |
| | Surgical sialolithotomy | X | - | Х | - |
| | Excision of salivary gland | Х | - | Х | - |
| | Sialodochoplasty | Х | - | Х | - |
| | Closure of salivary fistula | Х | - | Х | - |
| | Emergency tracheotomy | Х | - | Х | - |
| | Coronoidectomy | Х | - | Х | - |
| D7993 | Surgical placement of craniofacial implant – extra oral | Х | - | Χ | - |
| D7994 | Surgical placement: zygomatic implant | Х | - | Χ | - |
| | Synthetic graft - mandible or facial bones, by report. see also 21299 | Х | - | Χ | - |
| D7996 | Implant - mandible for augmentation purposes see also code 21299 | Х | - | Χ | - |
| D7997 | Appliance removal (not by dentist who placed appliance) incl removal of archbar | Х | - | Χ | - |
| | Intraoral placement of a fixation device not in conjunction with a fracture | Х | - | Χ | - |
| | Unspecified oral surgery procedure, by report | Х | - | Х | - |
| | Limited orthodontic treatment of the primary dentition | Х | - | Х | - |
| | Limited orthodontic treatment of the transitional dentition | Х | - | Х | - |
| D8030 | Limited orthodontic treatment of the adolescent dentition | Х | - | Х | - |
| D8040 | Limited orthodontic treatment of the adult dentition | Х | - | Х | - |
| | Internentive orthodonticitre atment of the primary deptition | Х | - | Х | - |



| | | Small Er | Small Employer / Individual | | Large Employer | |
|-------|--|------------------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally cialty medications and should be directed to the Pharmacy link option within the website. | , these coding lists d | lo not reflect information r | egarding immu | nizations, injectable | |
| D8060 | Interceptive orthodontic treatment of the transitional dentition | X | - | Χ | - | |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition | X | - | Χ | - | |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition | X | - | Х | - | |
| D8090 | Comprehensive orthodontic treatment of the adult dentition | Х | - | Х | - | |
| D8091 | Comprehensive orthodontic treatment with orthognathic surgery | Х | - | Х | - | |
| | Removable appliance therapy | Х | - | Х | - | |
| D8220 | Fixed appliance therapy | Х | - | Х | - | |
| D8660 | Pre-orthodintic treatment examination to monitor growth and development | Х | - | Х | - | |
| | Periodic orthodontic treatment visit (as part of contract) | X | - | Х | - | |
| D8671 | Periodic orthodontic treatment visit associated with orthognathic surgery | Х | - | Х | - | |
| | Orthodontic retention (removal of appliances, construction and placem | Х | - | Х | - | |
| | Removable orthodontic retainer adjustment | Х | - | Х | - | |
| D8690 | Orthodontic treatment (alternative billing to a contract fee) | Х | - | Х | - | |
| D8695 | Removal of fixed orthodontic appliances for reasons other than completion of treatment | Х | - | Х | - | |
| | Repair of orthodontic appliance-maxillary | X | - | Х | - | |
| | Repair of orthodontic appliance-mandibular | Х | - | Х | - | |
| | Re-cement or re-bond fixed retainer-maxillary | Х | - | Х | - | |
| | Re-cement or re-bond fixed retainer-mandibular | Х | - | Х | - | |
| D8701 | Repair of fixed retainer, includes reattachment-maxillary | Х | - | Х | - | |
| | Repair of fixed retainer, includes reattachment-mandibular | Х | - | Х | - | |
| | Replacement of lost or broken retainer-maxillary | Х | - | Х | - | |
| | Replacement of lost or broken retainer-mandibular | Х | - | Х | - | |
| | Unspecified orthodontic procedure, by report | Х | - | Х | - | |
| | Palliative (emergency) treatment of dental pain-minor procedures | Х | - | Х | - | |
| | Fixed partial denture sectioning | Х | - | Х | - | |
| | Temporomandibular joint dysfunction-non-invasive physical therapies | Х | - | Х | - | |
| | Local anesthesia n0t in conjunction with operativeor surgical procedu | Х | - | Х | - | |
| | Regional block anesthesia | Х | - | Х | - | |
| | Trigeminal division block anesthesia | Х | - | Х | - | |
| | Lcl ansthsa w oprtv or srgcl prcdrs | X | - | X | - | |
| | Evaluation for moderate sedation, deep sedation or general anesthesia | X | - | X | - | |
| | Deep sedation/general anesthesia ¿ first 15 minutes | X | - | X | - | |
| | Deep sedation/general anesthesia-each subsequent 15 minute increment | X | - | X | - | |
| | Inhitn ntrs oxd/anigsa, anxiyss | X | - | X | - | |
| | Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes | X | _ | X | _ | |

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

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



| | | Small Employer / Individual Large Employer | | | | |
|-------|--|--|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists d | o not reflect information re | egarding immu | nizations, injectable | |
| D9243 | Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment | Х | - | Х | - | |
| D9248 | Non-intravenous conscious sedation | Х | - | Х | - | |
| D9310 | Consultation (diagnostic service provided by dentistor physician other | Х | - | Х | - | |
| | Consultation with a medical health care professional | Х | - | Х | - | |
| | House call | Х | - | Х | - | |
| | Hsptl or asc call | Х | - | Х | - | |
| | Office visit for observation (during regularly scheduled hours) no oth | Х | - | Х | - | |
| | Office visit-after regularly scheduled hours | Х | - | Х | - | |
| | Case presentation, detailed and extensive treatment planning | Х | - | Х | - | |
| | Therapeutic drug injection, by report | Х | - | Х | - | |
| | | Х | - | Х | - | |
| | Infiltration of sustained release therapeutic drug-single or multiple sites | Х | - | Х | - | |
| | Drugs or medicaments dispensed in the office for home use | Х | - | Х | - | |
| | Application of desensitizing medicaments | Х | - | Х | - | |
| | Application of desensitizing resin for cervical and/or root surface per tooth | Х | - | Х | - | |
| | Pre-visit patient screening | Х | - | Х | - | |
| | Administration of neuromodulators | Х | - | Х | - | |
| | Administration of dermal fillers | Х | - | Х | - | |
| D9920 | Behavior management, by report | Х | - | Х | - | |
| D9930 | Treatment of complications (postsurgical) - unusual circumstances, by | Х | - | Х | - | |
| | Cleaning and inspection of removable complete denture, maxillary | Х | - | Х | - | |
| | Cleaning and inspection of removable complete denture, mandibular | Х | - | Х | - | |
| | Cleaning and inspection of removable partial denture, maxillary | Х | - | Х | - | |
| | Cleaning and inspection of removable partial denture, mandibular | Х | - | Х | - | |
| | Fabrication of a custom removable clear plastic temporary aesthetic appliance | Х | - | Х | - | |
| | Placement of a custom removable clear plastic temporary aesthetic appliance | Х | - | Х | - | |
| | Fabrication of athletic mouthguards | Х | - | Х | - | |
| | Repair/reline occlusal guard | Х | - | Х | - | |
| | Occlusal guard adjustment | Х | - | Х | - | |
| | Occlusal guard-hard appliance, full arch | Х | - | Х | - | |
| | Occlusal guard-soft appliance, full arch | Х | - | Х | - | |
| | Occlusal guard-hard appliance, partial arch | Х | - | Х | - | |
| | Custom sleep apnea appliance fabrication and placement | Х | - | Х | - | |
| | Adjustment of custom sleep apnea appliance | Х | - | Х | - | |
| | Repaieroferustomisleervanneanappliansen plan/provider type. | Х | - | Х | - | |



| | Description | Small Employer / Individual | | Large Employer | |
|-------|---|-----------------------------|------------------------------|----------------|------------------------------|
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| D9950 | Occlusion analysis-mounted case | Х | - | Х | - |
| D9953 | Reline custom sleep apnea appliance (indirect) | Х | - | Х | - |
| | Administration of home sleep apnea test | Х | - | Х | - |
| D9957 | Screening for sleep related breathing disorders | Х | - | Х | - |
| D9959 | Unspecified sleep apnea services procedure, by report | Х | - | Χ | - |
| D9961 | Duplicate/copy patient's records | Х | - | Х | - |
| D9970 | Enamel microabrasion | Х | - | Х | - |
| D9971 | Odontoplasty 1-2 teeth; includes removal of enamel projections | Х | - | Х | - |
| | External bleaching- per arch- perfmored in offic | Х | - | Х | - |
| | External bleaching - per tooth | Х | - | Х | - |
| | Internal bleaching - per tooth | Х | - | Х | - |
| | External bleaching for home application, per arch; includes materials and fabrication of custom | | | | |
| | trays | Х | - | X | - |
| D9985 | Sales tax | Х | - | Х | - |
| | Missed appointment | Х | - | Х | - |
| | Cancelled appointment | Х | - | Х | - |
| | Certified translation or sign-certified translation or sign-language services per visit | Х | - | Х | - |
| | Dental case management- addressing appointment compliance barriers | Х | - | Х | - |
| | Dental case management- care coordination | Х | - | Х | - |
| | Dental case management- motivational interviewing | Х | - | Х | - |
| | Dental case management- patient education to improve oral health literacy | Х | - | Х | - |
| | Teledentistry ¿ synchronous; real-time encounter | Х | - | Х | - |
| D9996 | Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review | Х | - | Х | - |
| D9997 | Dental case management-patients with special health care needs | Х | - | Х | - |
| | Unspecified adjunctive procedure, by report | Х | _ | Х | - |
| | Crutch, underarm, articulating, spring assisted, each | X | _ | Х | - |
| | Walker, battery powered, wheeled, folding, adjustable or fixed height | Х | _ | Х | - |
| | Sitz type bath or equipment | X | _ | Х | - |
| | Sitz bath/equipment w/faucet | X | - | Х | - |
| | Sitz bath chair | X | _ | X | - |
| | Commode chair stationry fxd | X | - | X | - |
| | Commode chair stationry det | X | _ | X | - |
| | Commode chair pail or pan | X | _ | X | - |
| | Heavyduty/wide commode chair | X | _ | X | _ |
| | Commodershair with integrated seat lift meghanisme electric, any type | X | _ | X | _ |



| | Description | Small Er | nployer / Individual | Large Employer | | |
|-------|--|--------------------|------------------------------|----------------|------------------------------|--|
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| E0171 | Commode chair with integrated seat lift mechanism, non-electric, any type | Х | - | Х | - | |
| E0172 | Seat lift mechanism placed over or on top of toilet, any type | Х | - | Х | - | |
| E0175 | Commode chair foot rest | Х | - | Х | - | |
| E0190 | Positioning cushion/pillow/wedge, any shape or size | Х | - | Х | - | |
| | Air fluidized bed | - | Χ | - | Х | |
| E0200 | Heat lamp without stand | X | - | Х | - | |
| E0201 | Penile contracture device, manual, greater than 3 lbs traction force | Х | - | Х | - | |
| | Therapeutic lightbox, minimum 10,000 lux, table top model | X | - | X | - | |
| | Heat lamp with stand | X | - | X | - | |
| | Electric heat pad standard | X | - | X | _ | |
| | Electric heat pad moist | X | - | X | - | |
| | Water circ heat pad w pump | X | _ | X | _ | |
| | Water circ cold pad w pump | X | _ | X | _ | |
| | Infrared heating pad system | X | _ | X | _ | |
| | Hydrocollator unit | X | _ | X | _ | |
| | Non-contact wound warming device (temperature control unit, ac adapter and power cord) for | | | | | |
| 20201 | use with warming card and wou | Х | - | Х | - | |
| E0232 | Warming card for use with the non-contact wound warming device and non-contact wound | | | | | |
| LUZUZ | warming wound cover | Х | - | Х | - | |
| E0235 | Paraffin bath unit portable | Х | | Х | _ | |
| | Pump for water circulating p | X | | X | | |
| | Hydrocollator unit portable | X | _ | X | _ | |
| | Bath tub wall rail | X | _ | X | _ | |
| | Bath tub rail floor | X | - | X | _ | |
| | Toilet rail | X | _ | X | _ | |
| | Toilet seat raised | X | - | X | - | |
| | Tub stool or bench | X | - | X | - | |
| | Transfer tub rail attachment | X | - | X | _ | |
| | Transfer bench for tub or toilet with or without commode opening | X | - | X | - | |
| | Transfer bench, heavy duty, for tub or toilet with or without commode opening | X | _ | X | _ | |
| | Pad for water circulating heat unit, for replacement only | X | _ | X | _ | |
| | Mattress innerspring | X | - | X | _ | |
| | Bed board | X | _ | X | _ | |
| | Over-bed table | X | - | X | _ | |
| | Bed pan standard | X | _ | X | | |

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

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



| | | Small En | nployer / Individual | Large Employer | |
|------------------|---|-----------------|------------------------------|----------------|------------------------------|
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| E0276 | Bed pan fracture | Х | - | Х | - |
| E0280 | Bed cradle | Χ | - | Χ | - |
| E0302 | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress | - | X | - | X |
| E0315 | Bed accessory brd/tbl/supprt | Χ | - | Χ | - |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type | Χ | - | Χ | - |
| E0325 | Urinal male jug-type | Χ | • | Χ | - |
| E0326 | Urinal female jug-type | Χ | - | Χ | - |
| E0350 | Control unit bowel system | Χ | • | Χ | - |
| E0352 | Disposable pack w/bowel syst | Χ | 1 | Χ | - |
| E0370 | Air elevator for heel | Χ | 1 | Χ | - |
| E0425 | Gas system stationary compre | Χ | 1 | Χ | - |
| E0435 | Oxygen system liquid portabl | Χ | 1 | Χ | - |
| E0440 | Oxygen system liquid station | Χ | - | Χ | - |
| E0446 | Topical ox deliver sys, nos | Χ | - | Χ | - |
| E0462 | Rocking bed w/ or w/o side r | - | Χ | - | Χ |
| E0469 | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device | - | X | - | Х |
| E0470 | Respiratory assist device, bi-level pressure capability, without backup rate | | X** | | X** |
| | Respiratory assist device, bi-level pressure capability, with back-up rate | | X** | | X** |
| | Respiratory assist device, bi-level pressure capability, with backup rate | | X** | | X** |
| E0481 | Intrapulmonary percussive ventilation system and related accessories | Χ | - | Х | - |
| E0490 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote | Х | - | Х | - |
| E0491 | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply | Х | - | Х | - |
| E0492 | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application | Х | - | Х | - |
| 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 | Х | - | х | - |
| E0530 | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type | Х | - | Х | _ |
| E0561 | Humidifier, non-heated, used with positive airway pressure device | - | X** | - | X** |
| P E9562 e | Humidificut heated ensect with resitive a low and presented device | - | X** | - | X** |



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| E0574 | Ultrasonic generator w svneb | Х | - | Х | - | |
| | Cont airway pressure device | - | X** | - | X** | |
| E0602 | Breast pump | Х | - | Χ | - | |
| E0605 | Vaporizer room type | Х | - | Χ | - | |
| E0621 | Patient lift sling or seat | Х | - | Χ | - | |
| | Patient lift bathroom or toi | Х | - | Χ | - | |
| E0627 | Seat lift incorp lift-chair | Х | - | Х | - | |
| E0629 | Seat lift for pt furn-non-el | Х | - | Х | - | |
| | Patient lift hydraulic | Х | - | Х | - | |
| | Patient lift electric | Х | - | Х | - | |
| | Multipositional patient support system, with integrated lift, patientaccessible controls | Х | - | Х | - | |
| | Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, | | | | | |
| | with or without wheels | Х | - | Х | - | |
| E0638 | Standing frame/table system, one position (e.g. upright, supine or prone stander), any size | | | | | |
| | including pediatric, with or without wheels | X | - | Х | - | |
| E0639 | Moveable patient lift system | Х | _ | Х | - | |
| | Fixed patient lift system | X | _ | X | - | |
| | Segmental pneumatic appliance for use with pneumatic compressor, trunk | X | _ | X | - | |
| | Segmental pneumatic appliance for use with pneumatic compressor, chest | X | _ | X | - | |
| | Pneumatic appliance full leg | - | Х | - | Х | |
| | Non pneum seq comp trunk | _ | X | _ | X | |
| | Nonpneumatic sequential compression garment, full leg | Х | - | Х | | |
| | Nonpneumatic sequential compression garment, half leg | X | - | X | - | |
| | Nonpneumatic compression controller without calibrated gradient pressure | X | - | X | - | |
| | Non-pneumatic, non-sequential, peristaltic wave compression pump | X | - | X | - | |
| | Safety equipment, device or accessory, any type | X | _ | X | - | |
| E0705 | Transfer board or device, any type, each | X | _ | X | - | |
| | Restraints any type | X | _ | X | - | |
| | Ue enclosure restr rom | X | _ | X | - | |
| | Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises | X | - | X | _ | |
| | Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles | | | | | |
| _07.10 | during kegel exercises | Х | - | Х | - | |
| E0721 | Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region | Х | _ | Х | _ | |
| | Cranial electrotherapy stimulation (CES) system, any type | X | _ | X | _ | |
| | External upper limb tremor stimulator of the peripheral nerves of the wrist | X | _ | X | _ | |
| | Noning asixen vagues nerve stimulated and pan/provider type. | X | _ | X | _ | |



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| E0737 | Transcutaneous tibial nerve stimulator, controlled by phone application | Х | - | Х | - |
| E0738 | Upper extremity rehabilitation system providing active assistance to facilitate muscle reeducation, include microprocessor, all components and accessories | Х | - | Х | - |
| E0739 | Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors | Х | • | Х | ı |
| E0740 | Incontinence treatment systm | Х | - | Х | - |
| E0743 | External lower extremity nerve stimulator for restless legs syndrome, each | Х | - | Х | - |
| E0744 | Neuromuscular stim for scoli | Х | - | Х | - |
| E0745 | Neuromuscular stim for shock | Х | - | Х | - |
| E0746 | Electromyograph biofeedback | - | - | Х | - |
| | Elec osteogen stim not spine | - | Χ | - | Х |
| E0748 | Elec osteogen stim spinal | - | Χ | - | Х |
| E0749 | Elec osteogen stim implanted | - | Χ | - | Х |
| E0760 | Osteogen ultrasound stimltor | - | Χ | - | Х |
| | Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device | Х | - | Х | - |
| E0762 | Transcutaneous electrical joint stimulation device system, includes all accessories | Х | _ | Х | - |
| | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for | X | - | X | - |
| E0765 | Nerve stimulator for tx n&v | Х | _ | Х | _ |
| | Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories | X | - | Х | - |
| E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n | Х | - | Х | - |
| E0783 | Programmable infusion pump | - | Х | - | Х |
| | Ext amb infusn pump insulin | - | X | - | X |
| | Implantable pump replacement | - | X | _ | X |
| | Cgs dose adj insulin inf pmp | Х | X | Х | - |
| | Parenteral infusion pump sta | - | X | - | Х |
| | Cervical pneum trac equip | Х | - | Х | - |
| | Traction stand free standing | X | _ | X | _ |
| | Cervical traction equipment | X | _ | X | - |
| | Cervical traction device, cervical collar with inflatable air bladder | X | - | X | _ |
| | Tract equip cervical tract | X | _ | X | _ |
| | Trac stand free stand extrem | X | - | X | _ |
| | Teasite tree stand skillen. Teasite teasite from the skillen to the skillen tree stands on plan/provider type. | X | - | X | |



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|-------|--|-----------------------------|------------------------------|----------------|------------------------------|
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| E0941 | Gravity assisted traction de | Х | - | Х | - |
| E0968 | Wheelchair commode seat | Х | - | Х | - |
| E0986 | Manual wheelchair accessory, push-rim activated power assist, each | - | Χ | - | Х |
| E0988 | Manual wheelchair accessory, lever-activated, wheel drive, pair | - | Χ | - | Х |
| E1002 | Wheelchair accessory, power seating system, tilt only | - | Χ | - | Х |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear | - | Χ | - | Х |
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear | - | Χ | - | Х |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear | - | Χ | - | Х |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction | - | Х | - | Х |
| E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction | - | Х | - | Х |
| E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction | - | Х | - | Х |
| E1022 | Wheelchair transit securement system, includes all components and accessories | Х | _ | Х | - |
| E1023 | Wheelchair transit securement system, includes all components and accessories | Х | | Х | _ |
| E1029 | Wheelchair accessory, ventilator tray, fixed | | Х | | Х |
| | Wheelchair accessory, ventilator tray, gimbaled | | X | | X |
| | Rollabout chair with casters | Х | - | Х | - |
| | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an | X | - | Х | - |
| E1036 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci | Х | - | Х | - |
| E1039 | Transport chair pt wt>300lb | Х | _ | Х | - |
| | Whelchr fxd full length arms | - | Х | - | Х |
| | Wheelchair detachable arms | - | X | - | X |
| | Wheelchair detachable foot r | - | X | - | X |
| | Hemi-wheelchair fixed arms | - | X | - | X |
| | Hemi-wheelchair detachable a | - | X | - | X |
| | Hemi-wheelchair fixed arms | - | Х | - | Х |
| | Hemi-wheelchair detachable a | - | Х | - | Х |
| | Wheelchair lightwt fixed arm | - | X | - | X |
| | Wheelchair lightweight det a | - | Х | - | Х |
| | Wheelchair lightwt fixed arm | - | Χ | - | Х |
| | Wheelchair lightweight det a | - | Х | - | Х |

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| E1092 | Wheelchair wide w/ leg rests | - | Х | - | Х | |
| E1093 | Wheelchair wide w/ foot rest | - | Х | - | Х | |
| E1100 | Whchr s-recl fxd arm leg res | - | Х | - | Х | |
| E1110 | Wheelchair semi-recl detach | - | X | - | Х | |
| E1130 | Whichr stand fxd arm ft rest | - | Χ | - | X | |
| E1140 | Wheelchair standard detach a | - | X | - | Х | |
| E1150 | Wheelchair standard w/ leg r | - | X | - | Χ | |
| E1160 | Wheelchair fixed arms | - | Χ | - | X | |
| E1161 | Manual adult size wheelchair, includes tilt in space | - | Χ | - | X | |
| E1170 | Whlchr ampu fxd arm leg rest | - | X | - | Х | |
| E1171 | Wheelchair amputee w/o leg r | - | X | - | Х | |
| E1172 | Wheelchair amputee detach ar | - | X | - | Х | |
| E1180 | Wheelchair amputee w/ foot r | - | X | - | Х | |
| E1190 | Wheelchair amputee w/ leg re | - | X | - | Х | |
| E1195 | Wheelchair amputee heavy dut | - | X | - | X | |
| E1200 | Wheelchair amputee fixed arm | - | X | - | X | |
| E1220 | Whlchr special size/constrc | - | Х | - | Х | |
| E1221 | Wheelchair spec size w foot | - | Х | - | Х | |
| E1222 | Wheelchair spec size w/ leg | - | X | - | X | |
| E1223 | Wheelchair spec size w foot | - | X | - | X | |
| E1224 | Wheelchair spec size w/ leg | - | X | - | X | |
| E1225 | Wheelchair spec sz semi-recl | - | X | - | Χ | |
| E1226 | Wheelchair spec sz full-recl | - | X | - | Χ | |
| E1227 | Wheelchair spec sz spec ht a | - | X | - | Χ | |
| E1228 | Wheelchair spec sz spec ht b | - | X | - | Χ | |
| E1229 | Pediatric wheelchair nos | - | X | - | Χ | |
| | Power operated vehicle | X | • | Χ | • | |
| | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seatingsystem | - | X | - | Χ | |
| | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seatingsystem | - | X | - | Χ | |
| | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seatingsystem | - | Χ | - | Χ | |
| | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seatingsystem | - | X | - | Χ | |
| | Wheelchair, pediatric size, rigid, adjustable, with seating system | - | X | - | X | |
| | Wheelchair, pediatric size, folding, adjustable, with seating system | - | X | - | Χ | |
| | Wheelchair, pediatric size, rigid, adjustable, without seating system | - | Χ | - | Χ | |
| | Wheelchair, pediatric size, folding, adjustable, without seating system | - | Χ | - | Χ | |
| *PE1239 | Red her wer wheel chair nos. Limit depends on plan/provider type | - | Χ | - | X | |



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| E1240 | Whchr litwt det arm leg rest | - | Х | - | Х | |
| E1250 | Wheelchair lightwt fixed arm | - | Χ | - | Х | |
| E1260 | Wheelchair lightwt foot rest | - | Χ | - | Χ | |
| E1270 | Wheelchair lightweight leg r | - | Χ | - | Χ | |
| E1280 | Whchr h-duty det arm leg res | - | Χ | - | Χ | |
| E1285 | Wheelchair heavy duty fixed | - | Χ | - | Χ | |
| E1290 | Wheelchair hvy duty detach a | - | X | - | Χ | |
| E1295 | Wheelchair heavy duty fixed | - | X | - | Χ | |
| | Wheelchair special seat heig | - | X | - | Χ | |
| E1297 | Wheelchair special seat dept | - | X | - | Χ | |
| | Wheelchair spec seat depth/w | - | X | - | Χ | |
| E1300 | Whirlpool portable | Χ | - | Х | = | |
| E1310 | Whirlpool non-portable | Χ | - | Х | - | |
| E1356 | Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each | Х | - | Х | - | |
| E1392 | Portable oxygen concentrator, rental (Auth only when purchased) | - | Х | - | Х | |
| | Heparin infusion pump for di | - | Х | - | Х | |
| E1530 | Air bubble detector for dial | - | Х | - | Х | |
| E1540 | Pressure alarm for dialysis | - | Х | - | Х | |
| E1550 | Bath conductivity meter | - | Х | - | Х | |
| E1570 | Adjustable chair for esrd pt | Χ | - | Х | - | |
| E1592 | Auto interm peritoneal dialy | - | Х | - | Х | |
| E1594 | Cycler dialysis machine | - | Χ | - | Х | |
| E1620 | Blood pump for dialysis | - | Χ | - | Х | |
| E1625 | Water softening system | Х | - | Х | - | |
| E1630 | Reciprocating peritoneal dia | - | Χ | - | Χ | |
| E1639 | Scale, for dialysis, each | Χ | - | Х | - | |
| E1700 | Jaw motion rehab system | Χ | - | Χ | - | |
| E1701 | Repl cushions for jaw motion | Х | • | Χ | - | |
| | Repl measr scales jaw motion | Х | - | Х | - | |
| | Vr cbt therapy | Х | - | Х | - | |
| E2100 | Blood glucose monitor with integrated voice synthesizer | Χ | - | Х | - | |
| E2102 | Adjunctive continuous glucose monitor or receiver | - | Х | _ | Х | |
| | Non-adjunctive, non-implanted continuous glucose monitor or receiver | - | Х | - | Х | |
| E2201 | Manual wheelchair accessory, nonstandard seat frame, width 20-24 in. | - | Х | - | Х | |
| P E229 2 | Manyel wheelchaireaccessorymeopstandard seat frame width, 24-27 inches | - | Х | - | Х | |



| | | Small En | nployer / Individual | Large Employer | | |
|-------|---|--------------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists de | o not reflect information r | egarding immu | nizations, injectable | |
| E2203 | Manual wheelchair accessory, nonstandard seat frame depth, 20-22 in. | - | Х | - | Х | |
| E2204 | Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches | - | Χ | - | Х | |
| E2205 | Manual wc accessory, handrim | - | Х | - | Х | |
| E2206 | Complete wheel lock assembly | - | Х | - | Х | |
| E2207 | Wheelchair accessory, crutch and cane holder, each | - | Χ | - | Х | |
| | Wheelchair accessory, cylinder tank carrier, each | - | Χ | - | Х | |
| | Wheelchair accessory, arm trough, each | - | Χ | - | Х | |
| | Wheelchair accessory, bearings, any type, replacement only, each | - | Χ | - | Х | |
| | Manual wheelchair accessory, pneumatic propulsion tire, any size, each | - | Х | - | Х | |
| | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each | - | Х | 1 - 1 | Х | |
| | Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each | - | Х | - | Х | |
| F2214 | Manual wheelchair accessory, pneumatic caster tire, any size, each | _ | Х | <u> </u> | Х | |
| | Manual wheelchair accessory, tube for pneumatic caster tire, any size, each | _ | X | _ | X | |
| | Manual wheelchair accessory, foam filled propulsion tire, any size, each | _ | X | _ | X | |
| | Manual wheelchair accessory, foam filled caster tire, any size, each | _ | X | _ | X | |
| | Manual wheelchair accessory, foam propulsion tire, any size, each | _ | X | _ | X | |
| | Manual wheelchair accessory, foam caster tire, any size, each | _ | X | 1 - | X | |
| | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each | _ | X | _ | X | |
| | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each | - | X | - | X | |
| E2222 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each | - | Х | - | Х | |
| E2224 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, each | - | Х | - | Х | |
| | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each | - | X | - | X | |
| E2226 | Manual wheelchair accessory, caster fork, any size, replacement only, each | - | Χ | - | X | |
| E2227 | Manual wheelchair accessory, gear reduction drive wheel, each | - | Χ | - | Χ | |
| E2228 | Manual wheelchair accessory, wheel braking system and lock, complete, each | - | Х | - | Х | |
| | Manual wheelchair accessory, manual standing system | - | Х | - | Х | |
| | Manual wheelchair accessory, solid seat support base (replaces sling seat), 'includes any type mounting hardware | - | Х | - | Х | |
| E2291 | Planar back for ped size wc | - | Х | _ | Х | |
| | Planar seat for ped size wc | - | X | - 1 | X | |
| | Contour back for ped size wc | - | X | - | X | |
| | େମୁମ୍ମ ଓଟ୍ରମଣ ଦ୍ୱାନ୍ତ ବ୍ୟୁକ୍ତ ହୁନ୍ତ ଜ୍ୟୁକ୍ତ ହୁନ୍ତ imit depends on plan/provider type. | - | X | - | X | |



| | | Small En | nployer / Individual | Large Employer | | |
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| E2295 | Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating 'frame, allows coordinated movement of multi | - | Х | - | Х | |
| E2298 | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type | - | Х | - | Х | |
| E2300 | Power wheelchair accessory, power seat elevation system | Х | - | Х | - | |
| | Power wheelchair accessory, power standing system | Х | - | Х | - | |
| | Power wheelchair accessory, electronic connection between wheelchair controller | Х | - | Х | - | |
| | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounti | - | Х | - | Х | |
| E2321 | Power wheelchair accessory, hand control interface, remote joystick, | _ | Х | _ | Х | |
| | Power wheelchair accessory, hand control interface, multiple mechanical switches | _ | X | _ | X | |
| | Power wheelchair accessory, specialty joystick handle for hand control | _ | X | _ | X | |
| | Power wheelchair accessory, chin cup for chin control interface | _ | X | _ | X | |
| | Power wheelchair accessory, sip and puff interface, nonproportional | _ | X | _ | X | |
| | Power wheelchair accessory, breath tube kit for sip and puff interface | _ | X | _ | X | |
| | Power wheelchair accessory, head control interface, mechanical, proportional | - | X | - | X | |
| | Power wheelchair accessory, head control or extremity control interface, electronic, proportional | - | X | - | X | |
| E2329 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional | - | Х | - | Х | |
| E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional | - | Х | - | Х | |
| E2331 | Power wheelchair accessory, attendant control, proportional, including all electronics and hardware | - | Х | - | Х | |
| E2340 | Power wheelchair accessory, nonstandard seat frame width, 20-23 inches | - | Х | - | Х | |
| | Power wheelchair accessory, nonstandard seat frame width, 24-27 inches | - | Х | - | Х | |
| | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches | - | Х | - | Х | |
| | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches | - | Χ | - | Х | |
| | Power wheelchair accessory, electronic interface to operate speech generating device | Х | - | Х | - | |
| | Power wheelchair accessory, group 34 non-sealed lead acid battery, each | - | Х | - | X | |
| E2359 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) | - | Х | - | Х | |
| E2360 | Power wheelchair accessory, 22 nf non-sealed lead acid battery, each | _ | X | - 1 | X | |
| | Power wheelchair accessory, 22nf sealed lead acid battery, each | - | X | - 1 | X | |
| | Power wheelchair accessory, group 24 non-sealed lead acid battery, each | - | X | - | X | |
| | Rowarewershipecoessery.ingroupe24ssagled/leadagaid.battery, each | _ | X | 1 - 1 | X | |



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|--------------------------------|---|------------------|------------------------------|----------------|------------------------------|
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| E2364 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each | - | Х | - | Χ |
| E2365 | Power wheelchair accessory, u-1 sealed lead acid battery, each | - | Х | - | X |
| E2366 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type | - | Х | - | Х |
| E2367 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type | - | Х | - | Х |
| | Power wc motor replacement | - | Х | - | Х |
| E2369 | Pwr wc gear box replacement | - | Х | - | Х |
| E2370 | Pwr wc motor/gear box combo | - | Χ | - | Χ |
| E2371 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each | - | Х | - | Х |
| E2372 | Power wheelchair accessory, group 27 non-sealed lead acid battery, each | - | Х | - | Х |
| | Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick o | - | Х | - | Х |
| E2374 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proport | - | Х | - | Х |
| E2375 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacem | - | Х | - | Х |
| E2376 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement | - | Х | - | Х |
| E2377 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade prov | - | Х | - | Х |
| E2381 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each | - | Х | - | Х |
| E2382 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each | - | Х | - | Х |
| E2383 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac | - | Х | - | Х |
| E2384 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each | _ | Х | - | Х |
| E2385 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each | - | X | - | X |
| E2386 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each | - | Х | - | Х |
| E2387 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each | - | Х | - | X |
| E2388 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each | - | X | - | X |
| E2389 | Power wheelchair accessory, foam caster tire, any size, replacement only, each | - | X | - | X |

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

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



| | | Small En | nployer / Individual | Large Employer | | |
|--------------------|---|-------------------|------------------------------|----------------|------------------------------|--|
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| E2390 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each | - | Х | - | Х | |
| E2391 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each | - | Х | - | Х | |
| E2392 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each | - | Х | - | Х | |
| E2394 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each | - | Χ | - | Χ | |
| E2395 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each | - | Х | - | Х | |
| E2396 | Power wheelchair accessory, caster fork, any size, replacement only, each | - | Х | - | Х | |
| | Negative pressure wound therapy electrical pump, stationary or portable | - | Х | - | Х | |
| | Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less | Χ | - | Х | _ | |
| E2502 | Speech generating device, digitized speech, using pre-recorded messages, 8-20 min. | Χ | - | Х | _ | |
| | Speech generating device, digitized speech, using pre-recorded messages, 20-40 min. | Х | - | Х | _ | |
| E2506 | Speech generating device, digitized speech, using pre-recorded messages, over 40 min. | Х | - | Х | _ | |
| E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling | Χ | - | Х | _ | |
| E2511 | Speech generating software program, for personal computer or personal digital assistant | Χ | - | Х | _ | |
| E2512 | Accessory for speech generating device, mounting system | Χ | - | Х | _ | |
| E2513 | Accessory for speech generating device, electromyographic sensor | Χ | - | Χ | - | |
| E2601 | Gen w/c cushion wdth < 22 in | - | Х | - | Χ | |
| E2602 | Gen w/c cushion wdth >=22 in | - | Х | - | Χ | |
| E2603 | Skin protect wc cus wd <22in | - | Х | - | Χ | |
| E2604 | Skin protect wc cus wd>=22in | - | Χ | - | Χ | |
| E2605 | Position wc cush wdth <22 in | - | Χ | - | Χ | |
| E2606 | Position wc cush wdth>=22 in | - | Χ | - | Χ | |
| E2607 | Skin pro/pos wc cus wd <22in | - | Χ | - | Χ | |
| E2608 | Skin pro/pos wc cus wd>=22in | - | Χ | - | Χ | |
| E2609 | Custom fabricate w/c cushion | - | Х | - | Χ | |
| E2610 | Powered w/c cushion | - | X | - | X | |
| E2611 | Gen use back cush wdth <22in | - | X | - | Х | |
| E2612 | Gen use back cush wdth>=22in | - | X | - | X | |
| E2613 | Position back cush wd <22in | - | X | - | X | |
| E2614 | Position back cush wd>=22in | - | X | - | Х | |
| E2615 | Pos back post/lat wdth <22in | - | Х | - | Х | |
| | Pos back post/lat wdth>=22in | - | Χ | - | Χ | |
| *P E26:1 7e | Gusten dataw/kuhaskoruskionmit depends on plan/provider type. | - | Х | - | Х | |



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| E2619 | Replace cover w/c seat cush | - | Х | - | Х |
| E2620 | Wc planar back cush wd <22in | - | Х | - | Х |
| E2621 | Wc planar back cush wd>=22in | - | Χ | - | X |
| | Adj skin pro w/c cus wd<22in | - | Χ | - | Χ |
| E2623 | Adj skin pro wc cus wd>=22in | - | Χ | - | X |
| | Adj skin pro/pos cus<22in | - | Х | - | Х |
| E2625 | Adj skin pro/pos wc cus>=22 | - | Χ | - | Х |
| E2626 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable | - | Х | - | Х |
| E2627 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type | - | Х | - | Х |
| E2628 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining | - | Х | - | Х |
| E2629 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) | - | Х | - | Х |
| E2630 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support | - | Х | - | Х |
| E2631 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm | _ | Х | _ | Х |
| | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control | - | X | - | X |
| E2633 | Wheelchair accessory, addition to mobile arm support, supinator | _ | Х | _ | Х |
| | Speech volume modulation system, any type, including all components and accessories | Х | - | Х | - |
| | Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only | X | - | X | - |
| G0023 | Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities: | Х | - | Х | - |
| G0024 | Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023) | Х | - | Х | - |
| G0027 | Semen analysis | Х | - | Х | - |
| | Doc med rsn no scr tob | Х | - | Х | - |
| | No tob scr/cess int | Х | - | Х | - |
| | Pt scr tob & cess int | Х | - | Х | - |
| | Pall serv during meas | Х | - | Х | - |
| | 2+ antipsy schiz | Х | - | Х | - |
| | 2નેત્ર વિભાગ રહા ક્લાં Znumber of visits. Limit depends on plan/provider type. | Х | - | Х | - |



| | Description | Small Employer / Individual | | Large Employer | |
|-------|---|-----------------------------|------------------------------|----------------|------------------------------|
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| G0034 | Pall serv during meas | Х | - | Х | - |
| | Pt ed pos 23 | Х | - | Χ | - |
| G0036 | Pt/ptn decln assess | Х | - | Χ | - |
| G0037 | Pt not able to participate | Х | - | Х | - |
| G0038 | Clin pt no ref | Х | - | Х | - |
| G0039 | Pt no ref, rn spec | Х | - | Х | - |
| G0040 | Pt phys/occ therapy | Х | - | Χ | - |
| G0041 | Pt/ptn decln referral | Х | - | Χ | - |
| G0042 | Ref to therapy | Х | - | Χ | - |
| | Pt mech pros ht valv | Х | - | Χ | - |
| G0044 | Pt mitral stenosis | Х | - | Χ | - |
| G0045 | Mrs 90 days post stk | Х | - | Х | - |
| | No mrs 90 days post stk | Х | - | Х | - |
| | Ped blunt hd traum | Х | - | Х | - |
| | Pall serv during meas | Х | - | Х | - |
| | Main hemo in-cntr | Х | - | Х | - |
| | Pt w/ Imted life expec | Х | - | Х | - |
| | Pt hospice mnth | Х | - | Х | - |
| | Pt peri dialysis dur mo | Х | - | Х | - |
| | Adv rheum pt care mvp | Х | - | Х | - |
| | Strk cr prev pos outcme mvp | Х | - | Х | - |
| | Adv care heart dx mvp | Х | - | Х | - |
| | Best pct pt safety em mvp | Х | - | Х | - |
| | Imprv care le jnt repr mvp | Х | - | Х | - |
| | Pt sfty pos exp w aneth mvp | Х | - | Х | - |
| | Allergy/immunology ss | Х | - | Х | - |
| G0061 | Anesthesiology ss | Х | - | Х | - |
| G0062 | Audiology ss | Х | - | Х | - |
| | Cardiology ss | Х | - | Х | - |
| | Cert nurse midwife ss | Х | - | Х | - |
| G0065 | Chiropractic ss | Х | - | Х | - |
| | Clinical social work ss | Х | - | Х | - |
| | Dentistry ss | Х | - | Х | - |
| | Adm of infusion drug in home | - | Х | - | Х |
| | Professional services for the administration of subcutaneous immunotherapy for each infusion | | | | |
| | վերցլթվայիլերդինը շվերվոր վաչ լեր երե լով լչվացին բանի 15 minutes | - | X | - | X |



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| G0070 | Professional services for the administration of chemotherapy for each infusion drug | | Х | | Х | |
| | administration calendar day in the individual's home, each 15 minutes | - | ^ | _ | ^ | |
| G0071 | Comm svcs by rhc/fqhc 5 min | Х | - | Х | - | |
| G0076 | Care manag h vst new pt 20 m | Х | - | Х | - | |
| G0077 | Care manag h vst new pt 30 m | Х | - | Х | - | |
| G0078 | Care manag h vst new pt 45 m | Χ | - | Х | - | |
| | Care manag h vst new pt 60 m | Χ | - | Х | - | |
| G0080 | Care manag h vst new pt 75 m | Χ | - | Х | - | |
| G0081 | Care man h v ext pt 20 mi | Χ | - | Х | - | |
| | Care man h v ext pt 30 m | Χ | - | Х | - | |
| G0083 | Care man h v ext pt 45 m | Χ | - | Х | - | |
| G0084 | Care man h v ext pt 60 m | Χ | - | Х | - | |
| G0085 | Care man h v ext pt 75 m | Х | - | Х | - | |
| | Care man home care plan 30 m | Х | - | Х | - | |
| | Care man home care plan 60 m | Х | - | Х | _ | |
| | Adm iv drug 1st home visit | - | X | - | Х | |
| | Adm subq drug 1st home visit | - | Х | - | Х | |
| | Corf skilled nursing service | Х | - | Х | - | |
| | Partial hosp prog service | - | X* | 1 - | X* | |
| | Single energy x-ray study | Х | - | Х | - | |
| G0136 | Administration of a standardized, evidence-based social determinants of health risk assessment | | | | | |
| | tool, 5 to 15 minutes | Х | - | Х | - | |
| G0137 | Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include: | - | Х | - | Х | |
| G0140 | Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 minutes per calendar month, in the following activities: | х | - | х | - | |
| G0146 | Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140) | Х | - | Х | - | |
| G0151 | Hhcp-serv of pt,ea 15 min | _ | X* | _ | X* | |
| | Hhcp-serv of ot,ea 15 min | _ | X* | <u> </u> | X* | |
| | Hhcp-svs of s/l path,ea 15mn | <u> </u> | X* | _ | X* | |
| | Services of clinical social worker in home health or hospice settings, each 15 minutes | _ | X* | _ | X* | |
| | Services of home health/hospice aide in home health or hospice settings, each 15 minutes | - | - | Х | - | |
| DGQ1457~ | เป็นจะเราะสาย เกาะ เกาะ เกาะ เกาะ เกาะ เกาะ เกาะ เกาะ | Х | _ | Х | - | |
| reauth ne | физичаны чения политичной от visits. Littit depends on plantprovider type. | ^\ | | | | |



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| G0158 | Hhc ot assistant ea 15 | Х | - | Х | - | |
| G0159 | Hhc pt maint ea 15 min | - | X* | - | X* | |
| G0160 | Hhc occup therapy ea 15 | - | X* | - | X* | |
| G0161 | Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology m | - | X* | - | X* | |
| G0162 | Hhc rn e&m plan svs, 15 min | - | X* | - | X* | |
| | Opps service, sched team conf | Х | - | Х | - | |
| G0176 | Opps/php;activity therapy | Χ | _ | Х | - | |
| G0177 | Opps/php; train & educ serv | Х | - | Х | - | |
| G0179 | Md recertification hha patient | Х | - | Х | - | |
| G0180 | Md certification hha patient | Х | - | Х | - | |
| G0219 | Pet img wholebody melanoma nonco | Х | - | Х | - | |
| G0255 | Current perception threshold/sensory nerve conduction test, (snct) per limb,any nerve | Χ | - | Х | - | |
| G0269 | Placement of occlusive device into either a venous or arterial access site,post surgical or interventional procedure (e. | Х | - | Х | - | |
| G0276 | Pild/placebo control clin tr | Х | - | Х | - | |
| | Electrical stimulation, (unattended), to one or more areas, for chronic stageiii and stage iv pressure ulcers, arterial | - | X* | - | X* | |
| G0282 | Electrical stimulation, (unattended), to one or more areas, for wound careother than described in g0281 | Х | - | Х | - | |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy p | - | X* | - | X* | |
| G0293 | Noncovered surgical procedure(s) using conscious sedation, regional, general orspinal anesthesia in a medicare qualifyin | Х | - | Х | - | |
| G0294 | Noncovered procedure(s) using either no anesthesia or local anesthesia only, ina medicare qualifying clinical trial, per | Х | - | Х | - | |
| G0295 | Electromagnetic stimulation, to one or more areas | Χ | - | Х | - | |
| G0299 | Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes | - | Х | - | Х | |
| G0300 | Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes | - | Х | - | Х | |
| G0302 | Pre-operative pulmonary surgery services for preparation for lvrs, complete | Х | - | Х | - | |
| | Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15 | X | - | X | - | |
| | Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days | X | - | X | - | |
| | Rostreischangeunden anssurgen pandier platier wie imum of 6 days | Х | - | X | - | |



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| G0308 | 180 d implant glucose sensor | Х | - | Х | - |
| | Rem/inser glu sensor dif sit | Χ | - | Χ | - |
| G0310 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes) | Х | - | Х | - |
| G0311 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes) | Х | - | х | - |
| G0312 | Immunization counseling by a physician or other qualify ed health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for medicaid billing purposes) | Х | - | Х | - |
| G0313 | Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for medicaid billing purposes) | Х | - | Х | - |
| G0314 | Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt) | Х | - | Х | - |
| G0315 | Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt) | Х | - | Х | - |
| G0321 | Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system | Х | - | Х | - |
| G0327 | Colon ca scrn;bld-bsd biomrk | Χ | - | Х | - |
| G0329 | Therapy plan of care | Χ | - | Х | - |
| 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 | - | Х | - | Х |
| G0337 | Hospice evaluation and counseling services, pre-election | - | X | - | Х |
| G0339 | Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first | - | X | - | X |
| G0340 | Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo | - | Х | - | Х |
| G0341 | Percutaneous islet cell transplant, includes portal vein catherization and infusion | Χ | - | Х | _ |
| | Laparascopy for iselt cell transplant, includes portal vein catherization and infusion | Χ | - | Х | - |
| G0343 | Laparaotomy for iselt cell transplant, includes vein catherization and infusion | Χ | - | Х | - |

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|----------------------------------|--|-----------------|------------------------------|----------------|------------------------------|--|
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| G0402 | Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon | Х | - | Х | - | |
| G0409 | Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each | - | Х | - | Х | |
| G0410 | Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 | Х | - | Х | - | |
| G0411 | Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes | Х | - | Х | - | |
| G0428 | Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex) | Х | - | Х | - | |
| G0438 | Ppps, initial visit | Χ | - | Х | - | |
| G0439 | Ppps, subseq visit | Χ | - | Х | - | |
| G0451 | Development testing, with interpretation and report, per standardized instrument form | Χ | - | Х | - | |
| G0454 | Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist | Х | - | Х | - | |
| G0459 | Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy | Х | - | Х | - | |
| G0460 | Autolog prp not diab ulcer | Χ | - | Х | - | |
| G0465 | Autolog prp diab wound ulcer | Χ | - | Х | - | |
| | Fqhc visit, ippe or awv | Χ | - | Х | - | |
| | Home visit rn, lpn by rhc/fq | Χ | - | Х | - | |
| G0493 | Rn care ea 15 min hh/hospice | - | Χ | - | Х | |
| | Lpn care ea 15min hh/hospice | - | Χ | - | Х | |
| G0495 | Rn care train/edu in hh | - | Χ | - | Х | |
| G0496 | Lpn care train/edu in hh | - | Χ | - | Х | |
| G0513 | Prolong prev svcs, first 30m | Χ | - | Χ | - | |
| G0514 | Prolong prev svcs, addl 30m | Χ | - | Х | - | |
| G0516 | Insert drug del implant, >4 | Χ | - | Χ | - | |
| G0517 | Remove drug implant | Χ | - | Х | - | |
| | Remove w insert drug implant | Х | - | Х | _ | |
| | Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model | Х | - | Х | - | |
| | Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model | Х | <u>-</u> | Х | - | |
| | Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi | Х | - | Х | - | |



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| G0522 | Management of a new patient with dementia, low complexity, for use in cmmi model | Х | - | Х | - |
| G0523 | Management of a new patient with dementia, moderate to high complexity, for use in cmmi model | Х | - | Х | - |
| G0524 | Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model | Х | - | Х | - |
| G0525 | Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model | Х | - | Х | - |
| G0526 | Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model | Х | - | Х | - |
| G0527 | Management of established patient with dementia, low complexity, for use in cmmi model | Х | - | Х | - |
| | Management of established patient with dementia, moderate to high complexity, for use in cmmi model | Х | - | Х | - |
| G0529 | In-home respite care, 4-hour unit, for use in cmmi model | Х | - | Х | - |
| | Adult day center, 8-hour unit, for use in cmmi model | Χ | - | Х | - |
| G0531 | Facility-based respite, 24-hour unit, for use in cmmi model | Χ | - | Χ | - |
| G0532 | Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a medicare-enrolled opioid treatment program);(list separately in addition to each primary code) | х | - | х | - |
| G0533 | Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) | Х | - | x | - |
| G0534 | Coordinated care and/or referral services, such as to adequate and accessible community resources to address unmet health-related social needs, including harm reduction interventions and recovery support services a patient needs and wishes to pursue, which significantly limit the ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code) | х | - | х | - |
| G0535 | Patient navigational services, provided directly or by referral; including helping the patient to navigate health systems and identify care providers and supportive services, to build patient self-advocacy and communication skills with care providers, and to promote patient-driven action plans and goals; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code) | х | - | х | - |

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| | Peer recovery support services, provided directly or by referral; including leveraging knowledge of the condition or lived experience to provide support, mentorship, or inspiration to meet oud treatment and recovery goals; conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and proposing strategies to help meet person-centered treatment goals; assisting the patient in locating or navigating recovery support services; each additional 30 minutes of services (provision of the services by a medicare-enrolled opioid treatment program); (list separately in addition to each primary code) | х | - | х | - |
| | ADV PRIM CARE MGMT LVL 1 | Х | - | Х | - |
| G0557 | ADV PRIM CARE MGMT LVL 2 | Х | - | Χ | - |
| | ADV PRIM CARE MGMT LVL 3 | Х | - | Χ | - |
| G0563 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions | - | X | - | X |
| | Creation of subcutaneous pocket with insertion of 365 day implantable interstitial glucose sensor, including system activation and patient training | Х | - | Х | - |
| 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 | х | - | Х | - |
| G0566 | 3d radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy | Х | - | Х | - |
| G0913 | Improvement in visual function achieved within 90 days following cataract surgery | Χ | - | Χ | - |
| G0914 | patient care survey was not completed by patient | Χ | - | Χ | - |
| G0915 | Improvement in visual function not achieved within 90 days following cataract surgery | Χ | - | Χ | - |
| G0916 | Satisfaction with care achieved within 90 days following cataract surgery | Χ | - | Χ | - |
| G0917 | Patient satisfaction survey was not completed by patient | Х | - | Χ | - |
| G0918 | Satisfaction with care not achieved within 90 days following cataract surgery | Χ | - | Χ | - |
| | Cdsm evicore | Х | - | Х | - |
| | Cdsm medcurrent | Х | - | Х | - |
| | Cdsm medicalis | Х | - | Χ | - |
| | Cdsm ndsc | Χ | - | Χ | - |
| | Cdsm aim | Х | - | Х | - |
| | Cdsm cranberry pk | Χ | - | Χ | - |
| | Cdsm stanson | Х | - | Χ | - |
| | Cdsm qualified nos | Χ | - | Χ | |

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| G1012 | Cdsm agilemd | Х | - | Х | - | |
| G1013 | Cdsm evidencecare | Х | - | Χ | - | |
| G1014 | Cdsm inveniqa | Х | - | Χ | - | |
| G1015 | Cdsm reliant | Х | - | Χ | - | |
| G1016 | Cdsm speed of care | Х | - | Χ | - | |
| G1017 | Cdsm healthhelp | Х | - | Χ | - | |
| G1018 | Cdsm infinx | Х | - | Χ | - | |
| G1019 | Cdsm logicnets | Х | - | Χ | - | |
| G1020 | Cdsm curbside | Х | - | Χ | - | |
| G1021 | Cdsm ehealthline | Х | - | Χ | - | |
| G1022 | Cdsm intermountain | Х | - | Χ | - | |
| G1023 | Cdsm persivia | Х | - | Χ | - | |
| G1024 | Cdsm radrite | Х | - | Χ | - | |
| G1025 | Pt mnth 1 mcp prov | Х | - | Χ | - | |
| G1026 | Pt hemo > 3mo | Х | - | Χ | - | |
| G1027 | Pt hemo < 3mo | Х | - | Χ | - | |
| G1028 | Take home supply 8mg per 0.1 | Х | - | Χ | - | |
| | Post d/c h vst new pt 20 m | Х | - | Χ | - | |
| G2002 | Post-d/c h vst new pt 30 m | Х | - | Х | - | |
| G2003 | Post-d/c h vst new pt 45 m | Х | - | Х | - | |
| G2004 | Post-d/c h vst new pt 60 m | Х | - | Х | - | |
| G2005 | Post-d/c h vst new pt 75 m | Х | - | Χ | - | |
| | Post-d/c h vst ext pt 20 m | Х | - | Х | - | |
| G2007 | Post-d/c h vst ext pt 30 m | Х | - | Χ | - | |
| | Post-d/c h vst ext pt 45 m | Х | - | Χ | - | |
| G2009 | Post-d/c h vst ext pt 60 m | Х | - | Χ | - | |
| | Post-d/c h vst ext pt 75 m | Х | - | Χ | - | |
| G2014 | Post-d/c care plan overs 30m | Х | - | Χ | - | |
| | Post-d/c care plan overs 60m | Х | - | Χ | - | |
| | Services for high intensity clinical services associated with the initial engagement and outreach | | | | | |
| | of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes) | Х | - | Х | - | |
| G2021 | Hea care pract tx in place | Х | - | Х | - | |
| | Benef refuses service, mod | X | _ | X | - | |
| | Dis site tele svcs rhc/fqhc | X | - | X | - | |
| | Rt 66/tr separt it mees of visit. Limit depends on plan/provider type. | X | _ | X | _ | |



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| G2082 | Visit esketamine 56m or less | Х | - | Х | - | |
| G2083 | Visit esketamine, > 56m | Х | - | Х | - | |
| G2090 | Pt 66+ frailty and med dem | Х | - | Х | - | |
| G2091 | Pt 66+ frailty and adv ill | X | - | Х | - | |
| G2092 | Ace arb arni | X | - | Х | - | |
| G2093 | Med doc rsn no ace arn arni | X | - | Х | - | |
| G2094 | Pt rsn no ace arn arni | X | - | Х | - | |
| G2095 | Sys rsn no ace arn arni | X | - | Х | - | |
| | No rsn ace arb arni | X | - | Х | - | |
| G2097 | Child dx uri 3d of other dx | Х | - | Х | - | |
| G2098 | Pt 66+ frailty and med dem | Х | - | Х | - | |
| | Pt 66+ frailty and adv ill | Х | - | Х | - | |
| | Pt 66+ frailty and med dem | Х | - | Х | - | |
| | Pt 66+ frailty and adv ill | Х | - | Х | - | |
| | Pt 66+ It ints > 90 | Х | - | Х | - | |
| | Pt 66+ It ints > 90 | Х | - | Х | - | |
| | Pt 66+ frailty and adv ill | Х | - | Х | - | |
| | Pred<=5 mg ra glu <6m | Х | - | Х | - | |
| | Pred>5 mg >6m, no chg da | Х | - | Х | - | |
| | Pt 66+ frailty and med dem | Х | - | Х | - | |
| | Pt 66+ frailty and adv ill | Х | - | Х | - | |
| | Pt 81+ frailty | Х | - | Х | - | |
| | Psy dep anx ap and icd asse | Х | - | Х | - | |
| | Psy/dep/anx/apandicd noasse | Х | - | Х | - | |
| | Pt 81+ frailty | Х | - | Х | - | |
| | Pt 66+ frailty adv ill | Х | - | Х | - | |
| | Pt 66+ frailty med dem | Х | - | Х | - | |
| G2128 | No aspirin med rsn | Х | - | Х | - | |
| | No bp outpt | X | - | X | - | |
| | Bk pain vas 6-20wk = 3 | X | - | Х | - | |
| | Bk pain vas 6-20wk > 3 | X | - | Х | - | |
| | Bk pain vas 9-15mo = 3 | X | - | X | - | |
| | Bk pain vas 9-20mo > 3 | X | - | Х | - | |
| | Leg pain vas 6-20wk = 3 | X | - | Х | - | |
| | Leg pain vas 6-20wk > 3 | X | - | Х | - | |
| | Fish 9di | X | - | Х | - | |
| reacili He | to a Uniter certam tum over it visits - I intil depends on plantprovider type | | | | | |



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| G2143 | Fs odi 9-15mo > 22 | Х | - | Х | - | |
| G2144 | Fs odi 6-20wk postop > 22 | Χ | - | Χ | - | |
| G2145 | Fsodi 6-20wk >22 or chg 30pt | Х | - | Χ | - | |
| G2146 | Leg pain vas 9-15mo <= 3 | Χ | - | Х | - | |
| G2147 | Leg pain vas 9-15mo > 3 | Χ | - | Х | - | |
| G2148 | Mpm used | Χ | - | Х | - | |
| G2149 | No mpm med rsn | Χ | - | Х | - | |
| G2150 | No mpm | Χ | - | Х | - | |
| G2151 | Dx degen neuro | Χ | - | Х | - | |
| G2152 | Res change sc =0 | Χ | - | Х | - | |
| G2167 | Res change sc < 0 | Χ | - | Х | - | |
| G2168 | Svs by pt in home health | Χ | - | Х | - | |
| G2169 | Svs by ot in home health | Χ | - | Х | - | |
| G2172 | All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment services furnished for the demonstration project | Х | - | Х | - | |
| G2173 | Uri w comorb 12m oth dx | Х | - | Х | - | |
| | Uri new rx antibiotic 30d | Х | - | Х | _ | |
| G2175 | Pt comorb dx 12m of epi | Χ | - | Х | - | |
| | Outpt ed obs w inpt admit | Х | - | Х | - | |
| | Bronch w rx antibx 30d | Χ | - | Х | - | |
| | Pt not elig low neuro ex | Χ | - | Х | _ | |
| | Med doc rsn no low ex | Χ | - | Х | _ | |
| G2180 | Inelig footwr eval | Χ | - | Х | _ | |
| | Bmi not doc medrsn ptref | Χ | - | Х | _ | |
| G2182 | Pt 1st biolog antirheum | Χ | - | Χ | - | |
| G2183 | Doc pt unable comm | Χ | - | Χ | - | |
| G2184 | No caregiver | Χ | - | Χ | - | |
| G2185 | Caregiver dem trained | Χ | - | Χ | - | |
| G2186 | Pt ref app rsrcs | Χ | - | Χ | - | |
| | Clin ind img hd trauma | Х | - | Х | - | |
| | Pt 50 yrs w/clin ind hd | Х | - | Х | - | |
| | Img hd abnml neuro exam | Х | - | Х | - | |
| | Ind img hd rad neck | Х | - | Х | - | |
| G2191 | Ind img hd pos hd ache | Х | - | Х | - | |
| | >55 yrs temp hd ache | Χ | - | Χ | - | |
| | ส์อังรักษาพอการคนาเป็นสาราชาร์เหม Limit depends on plan/provider type. | Х | - | Х | - | |



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| G2194 | New hdache ped pt dis | Х | - | Х | - |
| G2195 | Occip hdache child | Х | - | Χ | - |
| G2196 | Screen unhithy etoh use | Χ | • | Χ | - |
| G2197 | Screen hithy etoh use | Χ | • | Χ | - |
| G2198 | Med rsn no unhlthy etoh | Χ | - | Χ | - |
| G2199 | Not scrn etoh no rsn | Χ | - | Χ | - |
| | Unhlthy etoh rcvd couns | Χ | • | Χ | - |
| | Med rsn no brief couns | Χ | • | Χ | - |
| | No rsn no brief couns | Χ | | Χ | - |
| G2203 | Med rsn no etoh couns | Χ | - | Χ | - |
| | Pt 50-85 w/ scope | Χ | • | Χ | - |
| G2205 | Preg drng adjv trtmt | Х | ı | Χ | - |
| G2206 | Adjv trtmt chemo her2 | Χ | - | Χ | - |
| G2207 | Rsn no trtmt chem her2 | Х | - | Х | - |
| G2208 | No trtmt chemo and her2 | Х | - | Χ | - |
| G2209 | Refused to participate | Х | - | Χ | - |
| G2210 | No neck fs prom no rsn | Х | - | Χ | - |
| G2215 | Home supply nasal naloxone | Х | - | Χ | - |
| G2216 | Home supply inject naloxon | Х | - | Χ | - |
| G4000 | Dermatology ss | Х | - | Х | - |
| G4001 | Diagnostic rad ss | Х | - | Х | - |
| G4002 | Ep cardio ss | Х | - | Х | - |
| G4003 | Emergency med ss | Х | - | Х | - |
| G4004 | Endocrinology ss | Х | - | Х | - |
| G4005 | Family medicine ss | Х | - | Х | - |
| G4006 | Gastroenterology ss | Х | - | Х | - |
| G4007 | General surgery ss | Х | - | Х | - |
| G4008 | Geriatrics ss | Χ | - | Χ | - |
| G4009 | Hospitalists ss | Χ | | Χ | - |
| G4010 | Infectious disease ss | Χ | - | Χ | - |
| G4011 | Internal medicine ss | Χ | - | Χ | - |
| | Interventional rad ss | Χ | - | Χ | - |
| | Mentl/behav health ss | Χ | - | Χ | - |
| G4014 | Nephrology ss | Χ | - | Χ | - |
| | Neurology ss | Χ | - | Χ | - |
| *PG4016e | Neurosurgical resolver of visits. Limit depends on plan/provider type | Χ | | Χ | = |



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| G4017 | Nutrition/dietician ss | Х | - | Х | - |
| G4018 | Ob/gyn ss | Х | - | Х | - |
| G4019 | Oncology/hema ss | Χ | - | Х | - |
| G4020 | Ophthalmology ss | Χ | - | Х | - |
| G4021 | Orthopedic surgery ss | Χ | - | Х | - |
| G4022 | Otolaryngology ss | Χ | - | Х | - |
| G4023 | Pathology ss | Χ | - | Х | - |
| G4024 | Pediatric ss | Х | - | Х | - |
| G4025 | Physical medicine ss | Χ | - | Х | - |
| G4026 | Phys/occ therapy ss | Χ | - | Х | - |
| | Plastic surgery ss | Х | - | Х | - |
| | Podiatry ss | Х | - | Х | - |
| | Preventive medicine ss | Х | - | Х | - |
| G4030 | Pulmonology ss | Х | - | Х | - |
| | Radiation oncology ss | Х | - | Х | - |
| | Rheumatology ss | Х | - | Х | - |
| | Skilled nursing facility ss | Х | - | Х | - |
| | Speech language path ss | Х | - | Х | - |
| | Thoracic surgery ss | Х | - | Х | - |
| | Urgent care ss | Х | - | Х | - |
| | Urology ss | Х | - | Х | - |
| | Vascular surgery ss | Х | - | Х | - |
| G8395 | Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed | V | | V | |
| | left ventricular systoli | Х | - | Х | - |
| G8396 | Left ventricular ejection fraction (Ivef) not performed or documented | Х | - | Х | - |
| | Dilated macular or fundus exam performed, including documentation of the presence or absence | | | | |
| | of macular edema and level | Х | - | Х | - |
| G8399 | Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or | | | | |
| | pharmacologic therapy (othe | Х | - | Х | - |
| G8400 | Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not | V | | \ \ | |
| | ordered or pharmacologic thera | Х | - | Х | - |
| | Lower extremity neurological exam performed and documented | Х | - | Х | - |
| | Lower extremity neurological exam not performed | X | - | Х | - |
| | Footwear evaluation performed and documented | Х | - | Х | - |
| | Footwear evaluation was not performed | Х | - | X | - |

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| G8416 | Clinician documented that patient was not an eligible candidate for footwear evaluation measure | Х | - | Х | - | |
| G8417 | Bmi >= 30 was calculated and a follow-up plan was documented in the medical record | Х | - | Х | - | |
| | Bmi < 22 was calculated and a follow-up plan was documented in the medical record | Х | - | Х | - | |
| G8419 | Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record | Х | - | Х | - | |
| G8420 | Bmi < 30 and >= 22 was calculated and documented | Х | - | Х | - | |
| G8421 | Bmi not calculated | Х | - | Х | - | |
| G8427 | Doc cur meds by prov | Х | - | Х | - | |
| G8428 | Cur meds not document | Х | - | Х | - | |
| G8430 | Documentation that patient is not eligible for medication assessment | Χ | - | Χ | - | |
| G8431 | Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented | Х | - | Х | - | |
| G8432 | No documentation of clinical depression screening using an age appropriate standardized tool | Х | - | Х | - | |
| G8433 | Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate | Х | - | Х | - | |
| G8450 | Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as mod | Х | - | Х | - | |
| G8451 | Clinician documented patient with left ventricular ejection fraction (lvef) <40% or documentation as moderately or sever | Х | - | Х | - | |
| | Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as | Х | - | Х | - | |
| | High risk of recurrence of prostate cancer | Х | - | Х | - | |
| G8473 | Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed | Х | - | Х | - | |
| G8474 | Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d | Х | - | Х | - | |
| G8475 | Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not s | Х | - | Х | - | |
| G8476 | Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg | Х | - | Х | - | |
| G8477 | Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg | Х | - | Х | - | |
| G8478 | Blood pressure measurement not performed or documented, reason not specified | Х | - | Х | - | |

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| G8510 | Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required | Х | - | Х | - |
| G8511 | Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified | Х | - | Х | - |
| G8535 | No documentation of an elder maltreatment screen, patient not eligible | Х | - | Х | - |
| | No documentation of an elder maltreatment screen, reason not specified | Х | - | Х | - |
| G8539 | Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies | Х | - | Х | - |
| | Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool | Х | - | Х | - |
| G8541 | No documentation of a current functional outcome assessment using a standardized tool, reason not specified | Х | - | Х | - |
| G8542 | Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required | Х | - | Х | - |
| G8543 | Documentation of a current functional outcome assessment using a standardized tool; no documentationof a care plan, reas | Х | - | Х | - |
| G8559 | Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluatio | Х | - | Х | - |
| G8560 | Patient has a history of active drainage from the ear within the previous 90 days | Х | _ | Х | - |
| | Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure | Х | - | Х | - |
| G8562 | Patient does not have a history of active drainage from the ear within the previous 90 days | Х | _ | Х | _ |
| | Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu | Х | - | Х | - |
| G8564 | Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu | Х | - | Х | - |
| G8565 | Verification and documentation of sudden or rapidly progressive hearing loss | Х | - | Х | - |
| G8566 | Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur | Х | - | Х | - |
| | Patient does not have verification and documentation of sudden or rapidly progressive hearing loss | Х | - | Х | - |
| G8568 | Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic e | Х | - | Х | - |
| G8569 | Prolonged intubation (>24 hrs) required | Х | - | Х | - |
| | Prolonged intubation (>24 hrs) not required | X | _ | X | - |

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|--------------------------------|--|------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| G8575 | Developed postoperative renal failure or required dialysis | Х | - | Х | - |
| | No postoperative renal failure/dialysis not required | Х | - | Х | - |
| G8577 | Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason | Х | - | Х | - |
| G8578 | Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason | Х | - | Х | - |
| G8598 | Aspirin or another antithrombotic therapy used | Х | - | Х | - |
| | Aspirin or another antithrombotic therapy not used, reason not otherwise specified | X | - | Х | - |
| | Iv t-pa initiated within three hours (<= 180 minutes) of time last known well | X | - | X | - |
| G8601 | Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician | Х | - | Х | - |
| | Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified | Х | - | Х | - |
| G8633 | Pharm ther osteo rx | Х | _ | Х | _ |
| | No pharm ther osteo rx | X | _ | X | - |
| | Fun stat score knee >= 0 | Х | - | Х | - |
| | Fun stat score knee < 0 | Х | = | Х | - |
| G8650 | Rafs crs ki no scor no surv | Х | - | Х | - |
| G8651 | Fun stat score hip >= 0 | Х | - | Х | - |
| G8652 | Fun stat score hip < 0 | Х | - | Х | - |
| G8654 | Rafs crs hi no scor no surv | Х | - | Χ | - |
| G8655 | Fun stat score le >= 0 | Χ | - | Χ | - |
| G8656 | Fun stat score le < 0 | Χ | • | Χ | - |
| G8658 | Fun stat score le not done | Χ | - | Χ | - |
| G8659 | Fun stat score ls >= 0 | Χ | • | Χ | - |
| G8660 | Fun stat score ls < 0 | Χ | • | Χ | - |
| G8661 | Fun stat score is pt no elg | Χ | ı | Χ | ı |
| | Rafs crs lbi no scor no surv | Χ | - | Χ | - |
| G8663 | Fun stat score shdl >=0 | Χ | - | Χ | - |
| G8664 | Fun stat score shdl < 0 | Χ | - | Χ | • |
| G8666 | Rafs crs si no scor no surv | Χ | - | Х | - |
| G8667 | Fun stat score ue >=0 | Χ | - | Х | - |
| G8668 | Fun stat score ue < 0 | Х | | Χ | - |
| G8670 | Rafs crs ewh no scor no surv | Χ | - | Χ | - |
| G8694 | Left ventricular ejection fraction (Ivef) < 40% | Χ | - | Χ | |
| -87708e | Rational potagrascribed osidispansed antibiotica/provider type. | Х | - | Х | - |



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| G8709 | Patient prescribed or dispensed antibiotic for documented medical reason(s) | Х | - | Х | - |
| G8710 | Patient prescribed or dispensed antibiotic | Χ | - | Х | - |
| G8711 | Prescribed or dispensed antibiotic | Х | - | Х | - |
| G8712 | Antibiotic not prescribed or dispensed | Х | - | Х | - |
| G8721 | Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report | Х | - | Х | - |
| G8722 | Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report | Х | - | Х | - |
| G8723 | Specimen site is other than anatomic location of primary tumor | Х | - | Х | - |
| | Pt category, pn category and histologic grade were not documented in the pathology report, reason not otherwise specified | Х | - | Х | - |
| G8733 | Documentation of a positive elder maltreatment screen and documented follow-up plan | Х | _ | Х | - |
| | Elder maltreatment screen documented as negative, no follow-up required | Х | _ | Х | - |
| | Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified | Х | - | Х | - |
| G8749 | Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of syp | х | - | х | - |
| G8752 | Most recent systolic blood pressure < 140 mmhg | Х | - | Х | - |
| | Most recent systolic blood pressure >= 140 mmhg | Х | - | Х | - |
| | Most recent diastolic blood pressure < 90 mmhg | Х | - | Х | - |
| | Most recent diastolic blood pressure >= 90 mmhg | Х | - | Х | - |
| | No documentation of blood pressure measurement, reason not otherwise specified | Χ | - | Х | - |
| | Blood pressure screening performed as recommended by the defined screening interval | Х | - | Х | - |
| | Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified | Х | - | Х | - |
| G8797 | Specimen site other than anatomic location of esophagus | Х | - | Х | - |
| | Specimen site other than anatomic location of prostate | X | - | X | - |
| | Performance of transabdominal or transvaginal ultrasound | X | _ | X | _ |
| | Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician | X | - | Х | - |
| G8808 | Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified | Х | - | Х | - |
| G8815 | Statin therapy not prescribed for documented reasons | Х | | Х | <u> </u> |
| | Statin medication prescribed at discharge | Χ | - | Х | - |
| | Statinetherenymentoprescribed intedischarge, presponing type cified | Χ | - | Х | - |



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| G8826 | Patient discharge to home no later than postoperative day #2 following evar | Х | - | Х | - |
| G8833 | Patient not discharge to home by postoperative day #2 following evar | Х | - | Х | - |
| G8834 | Patient discharged to home no later than postoperative day #2 following cea | Х | - | Х | - |
| G8838 | Patient not discharged to home by postoperative day #2 | Х | - | Х | - |
| G8839 | Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness | Х | - | Х | - |
| G8840 | Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visits between initial testing and | Х | - | Х | - |
| G8841 | Sleep apnea symptoms not assessed, reason not otherwise specified | Х | - | Х | - |
| | Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis | Х | - | Х | - |
| G8843 | Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis | Х | - | Х | - |
| G8844 | Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified | Х | - | Х | - |
| G8845 | Positive airway pressure therapy prescribed | Х | _ | Х | _ |
| G8846 | Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater) | X | - | Х | - |
| | Documentation of reason(s) for not prescribing positive airway pressure therapy | Х | _ | Х | _ |
| | Positive airway pressure therapy not prescribed, reason not otherwise specified | X | _ | X | _ |
| | Objective measurement of adherence to positive airway pressure therapy, documented | Х | - | Х | - |
| | Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy | Х | - | Х | - |
| | Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified | Х | - | Х | - |
| | Referral to a physician for an otologic evaluation performed | Х | _ | Х | _ |
| | Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness) | Х | - | Х | - |
| G8858 | Referral to a physician for an otologic evaluation not performed, reason not specified | Х | _ | Х | _ |
| | Patients not assessed for risk of bone loss, reason not otherwise specified | X | _ | X | _ |
| | Pneumococcal vaccine administered or previously received | X | | X | |
| | Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction) | X | - | X | - |
| G8866 | Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal) | Х | - | Х | - |

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| G8867 | Pneumococcal vaccine not administered or previously received, reason not otherwise specified | Х | - | Х | - |
| G8869 | Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy | Х | - | Х | - |
| G8875 | Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method | Х | - | Х | - |
| | Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively | Х | - | Х | - |
| G8877 | Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not otherwise specified | Х | - | Х | - |
| G8878 | Sentinel lymph node biopsy procedure performed | Х | - | Х | - |
| | Documentation of reason(s) sentinel lymph node biopsy not performed | Х | - | Х | - |
| | Stage of breast cancer is greater than t1n0m0 or t2n0m0 | Х | - | Х | - |
| G8882 | Sentinel lymph node biopsy procedure not performed | Х | - | Х | - |
| | Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; | Х | - | Х | - |
| G8908 | Patient documented to have received a burn prior to discharge | Х | - | Х | - |
| | Patient documented not to have received a burn prior to discharge | Х | - | Х | - |
| | Patient documented to have experienced a fall within asc | Х | - | Х | - |
| | Patient documented not to have experienced a fall within ambulatory surgical center | Х | - | Х | - |
| | Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event | Х | - | Х | - |
| G8913 | Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event | Х | - | Х | - |
| G8914 | Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc | Х | - | Х | - |
| G8915 | Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc | Х | - | Х | - |
| G8916 | Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time | Х | - | Х | - |
| G8917 | Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic not initiated on time | Х | - | Х | - |
| G8918 | Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis | Х | - | Х | - |
| | Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function | Х | - | Х | - |

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| G8924 | Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing) | Х | - | Х | - |
| G8934 | Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function | Х | - | Х | - |
| G8935 | Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy | Х | - | Х | - |
| G8936 | Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy | Х | - | Х | - |
| G8937 | Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given | Х | - | Х | - |
| G8942 | Documented functional outcomes assessment and care plan within the previous 30 days | Х | - | Х | - |
| G8944 | Ajcc melanoma cancer stage 0 through iic melanoma | Χ | - | Х | - |
| G8946 | Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic | Х | - | Х | - |
| G8950 | Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented | Х | - | Х | - |
| G8952 | Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given | Х | - | Х | - |
| G8955 | Most recent assessment of adequacy of volume management | Х | - | Х | - |
| | Patient receiving maintenance hemodialysis in an outpatient dialysis facility | Х | - | Х | - |
| G8958 | Assessment of adequacy of volume management not documented, reason not given | Х | - | Х | - |
| G8961 | Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery | Х | - | Х | - |
| G8962 | Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low ri | Х | - | Х | - |
| G8967 | Warfarin or another oral anticoagulant that is fda approved prescribed | Х | - | Х | - |
| | Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e.g., allergy, risk of bleeding, transient o | Х | - | Х | - |
| G8969 | Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., economic, social, and/or religious impediments, nonco | Х | - | Х | - |
| G8970 | No risk factors or one moderate risk factor for thromboembolism | Х | - | Х | - |
| | Mccd, initial rate | Х | - | X | - |
| | Mccd,maintenance rate | Х | - | Х | - |
| | Mccd, risk adj hi, initial | Х | - | Х | - |

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



| | | Small Employer / Individual | | Large Employer | |
|-------|---|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists do | o not reflect information r | egarding immu | nizations, injectable |
| G9004 | Mccd, risk adj lo, initial | Х | - | Х | - |
| G9005 | Mccd, risk adj, maintenance | Χ | - | Х | - |
| G9006 | Mccd, home monitoring | Χ | - | Х | - |
| G9007 | Mccd, sch team conf | Х | - | Х | - |
| G9008 | Mccd,phys coor-care ovrsght | Х | - | Х | - |
| | Coordinated care fee, risk adjusted maintenance, level 3 | Х | - | Х | - |
| | Coordinated care fee, risk adjusted maintenance, level 4 | Χ | - | Х | - |
| G9011 | Coordinated care fee, risk adjusted maintenance , level 5 | Х | - | Х | - |
| G9012 | Other specified case mgmt | Χ | - | Х | - |
| | Esrd demo basic bundle level i | Χ | - | Х | - |
| G9014 | Esrd demo expanded bundle including venous access and related services | Χ | - | Х | - |
| G9016 | Demo-smoking cessation coun | Χ | - | Х | - |
| G9050 | Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or | V | | V | |
| | recurrence | Х | - | X | - |
| G9051 | Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, | Х | - | Х | - |
| 00050 | discussion of treatment | | | | |
| G9052 | Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer | Х | - | Х | - |
| G9053 | Oncology; primary focus of visit; expectant management of patient with evidence of cancer | Х | - | Х | - |
| G9054 | Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer | Х | - | Х | - |
| G9055 | Oncology; primary focus of visit; other, unspecified service not otherwise listed | Х | - | Х | - |
| | Oncology; practice guidelines; management adheres to guidelines | Х | - | Х | - |
| | Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional | Х | - | Х | - |
| | Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin | Х | - | Х | - |
| | Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment | Х | - | Х | - |
| G9060 | Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness | Х | - | Х | - |
| G9061 | Oncology; practice guidelines; patients condition not addressed by available guidelines | Х | - | Х | - |
| | Oncology; practice guidelines; management differs from guidelines for other reasons not listed | Х | - | Х | - |

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



| | Description | Small Employer / Individual Large Employer | | | | |
|-------|---|--|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists do | o not reflect information re | egarding immu | nizations, injectable | |
| G9063 | Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1 | Х | - | Х | - | |
| G9064 | Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii | Х | - | Х | - | |
| G9065 | Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii | Х | - | Х | - | |
| G9066 | Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic | Х | - | Х | - | |
| G9067 | Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation | Х | - | Х | - | |
| G9068 | Oncology; disease status; limited to small cell and combined small cell/non small cell | Х | - | Х | - | |
| | Oncoloyg; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell | Х | - | Х | - | |
| G9070 | Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small | Х | - | Х | - | |
| G9071 | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9072 | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9073 | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell | Х | - | Х | - | |
| G9074 | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9075 | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9077 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9078 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9079 | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9080 | Oncology; disease status; prostate cancer, limited to adenocarcinoma | Х | - | Х | - | |
| G9083 | Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown | Х | - | Х | - | |

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



| | Description | Small Employer / Individual Large Employer | | | | |
|-------|---|--|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists do | o not reflect information r | egarding immu | nizations, injectable | |
| G9084 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9085 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9086 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9087 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9088 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9089 | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9090 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9091 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9092 | Oncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9093 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9094 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9095 | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9096 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma | Х | - | Х | - | |
| G9097 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma | Х | - | Х | - | |
| G9098 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty | Х | - | Х | - | |
| G9099 | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma | Х | - | Х | - | |
| G9100 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |

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



| | Description | Small Employer / Individual Large Employer | | | | |
|----------------------------------|---|--|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| Disclaimer: Pl drugs, or spec | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists d | o not reflect information re | egarding immu | nizations, injectable | |
| G9101 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9102 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9103 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9104 | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9105 | Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type | Х | - | Х | - | |
| G9106 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma | Х | - | Х | - | |
| | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis | Х | - | Х | - | |
| G9108 | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown | Х | - | Х | - | |
| G9109 | Oncoloyg; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell | Х | - | Х | - | |
| G9110 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell | Х | - | Х | - | |
| G9111 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell | Х | - | Х | - | |
| G9112 | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell | Х | - | Х | - | |
| G9113 | Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b | Х | - | Х | - | |
| G9114 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b | Х | - | Х | - | |
| G9115 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv | Х | - | Х | - | |
| G9116 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression | Х | - | Х | - | |
| G9117 | Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown | Х | - | Х | - | |
| | Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma | Х | - | Х | - | |

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

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



| | Description | Small En | nployer / Individual | Large Employer | |
|-------|---|------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| G9124 | Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma | Х | - | Х | - |
| G9125 | Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma | Х | - | Х | - |
| G9126 | Oncology; disease statu; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib | Х | - | Х | - |
| G9128 | Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher | Х | - | Х | - |
| G9129 | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit | Х | - | Х | - |
| G9130 | Oncoloyg; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown | Х | - | Х | - |
| G9131 | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p | Х | - | Х | - |
| G9132 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone- refractory/androgen-independent (e.g., ris | Х | - | Х | - |
| G9133 | Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d | Х | - | Х | - |
| G9134 | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n | Х | - | Х | - |
| G9135 | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto | Х | - | Х | - |
| G9136 | Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas | Х | - | Х | - |
| G9137 | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar | Х | - | Х | - |
| G9138 | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin | Х | - | Х | - |
| G9139 | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit | Х | - | Х | - |
| G9140 | Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of | Х | - | Х | - |
| G9143 | Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s) | - | Х | - | Х |

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



| | Description | Small Er | nployer / Individual | Large Employer | |
|----------|--|-------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| 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 | Х | - | Х | - |
| G9148 | National committee for quality assurance - level 1 medical home | Х | - | Х | _ |
| | National committee for quality assurance - level 2 medical home | X | | X | <u>-</u> |
| | National committee for quality assurance - level 3 medical home | X | | X | |
| | Mapcp demonstration - state provided services | X | | X | <u>-</u> |
| | Mapcp demonstration - state provided services Mapcp demonstration - community health teams | X | | X | |
| | Mapcp demonstration - physician incentive pool | X | <u> </u> | X | |
| | Evaluation for wheelchair requiring face to face visit with physician | X | | X | |
| | Bpci home visit | X | _ | X | |
| | Beta not given no reason | X | _ | X | _ |
| | Beta pres or already taking | X | - | X | _ |
| | Medical reason for no beta | X | _ | X | _ |
| | Pt reason for no beta | X | - | X | _ |
| | Med reason for no ceph | X | _ | X | _ |
| | Order for ceph | X | _ | X | _ |
| | No order for ceph no reason | X | _ | X | _ |
| | Doc of dsm-iv init eval | X | _ | X | _ |
| | No doc of dsm-iv | X | _ | X | _ |
| | Pjp proph ordered cd4 low | X | _ | X | _ |
| | Norsn no foot exam | X | - | Х | _ |
| | 3 comp foot exam completed | X | - | Х | _ |
| | Docrsn no care plan | Х | - | Х | - |
| | Gc chl syp documented | Х | - | Х | - |
| | Norsn for gc chl syp test | Х | - | Х | - |
| | Doc esrd dia trans preg | Х | - | Х | - |
| G9242 | Doc viral load >=200 | Х | - | Х | - |
| G9243 | Doc viral load <200 | Х | - | Х | - |
| G9246 | No med visit in 24mo | Х | - | Х | - |
| | 1 med visit in 24mo | Х | - | Х | - |
| G9250 | Doc of pain comfort 48hr | Х | - | Х | - |
| G9251 | Doc no pain comfort 48hr | Х | - | Х | - |
| | Doc pt dischg >2d | Х | - | Х | - |
| | Doc pt dischg <=2d | Х | - | Х | - |
| | Sys<140 and dia<90 | Х | - | Х | - |
| *PG9474e | Red grid Centin himits of visits. Limit depends on plan/provider type. | Х | - | Х | - |



| | Description | Small Employer / Individual Large Employer | | | | |
|----------|--|--|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists de | o not reflect information re | egarding immu | nizations, injectable | |
| G9275 | Doc of non tobacco user | Х | - | Х | - | |
| G9276 | Doc of tobacco user | Х | - | Х | - | |
| G9277 | Doc daily aspirin or contra | Х | - | Χ | - | |
| | Doc no daily aspirin | Х | - | Х | - | |
| G9279 | Pne scrn done doc vac done | Х | - | Χ | - | |
| G9280 | Pne not given norsn | Х | - | Χ | - | |
| G9281 | Pne scrn done doc not ind | Х | - | Χ | - | |
| G9282 | Doc medrsn no histo type | Х | - | Χ | - | |
| | Hist type doc on report | Х | - | Х | - | |
| G9284 | No hist type doc on report | Х | - | Х | - | |
| G9285 | Site not small cell lung ca | Х | - | Χ | - | |
| G9286 | Doc antibio order w in 7d | Х | - | Х | - | |
| G9287 | No doc antibio order w in 7d | Х | - | Х | - | |
| G9288 | Doc medrsn no hist type rpt | Х | - | Х | - | |
| G9289 | Doc type nsm lung ca | Х | - | Х | - | |
| G9290 | No doc type nsm lung ca | Х | - | Χ | - | |
| G9291 | Not nsm lung ca | Х | - | Χ | - | |
| G9292 | Medrsn no pt category | Х | - | Χ | - | |
| G9293 | No pt category on report | Х | - | Χ | - | |
| G9294 | Pt cat and thck on report | Х | - | Χ | - | |
| G9295 | Non cutaneous loc | Х | - | Χ | - | |
| G9296 | Doc share dec prior proc | Х | - | Χ | - | |
| | No doc share dec prior proc | Х | - | Χ | - | |
| G9298 | Eval risk vte card 30d prior | Х | - | Χ | - | |
| G9299 | No eval riskk vte card prior | Х | - | Χ | - | |
| G9305 | No interv reg for leak | Х | - | Χ | - | |
| G9306 | Interv reg for leak | Х | - | Χ | - | |
| G9307 | No ret for surg w in 30d | Х | - | Χ | - | |
| | Unplnd ret to surg w in 30d | Х | - | Х | - | |
| | No unplnd hosp readm in 30d | Х | - | Х | - | |
| | Unplnd hosp readm in 30d | Х | - | Х | - | |
| | No surg site infection | Х | - | Х | - | |
| | Surgical site infection | Х | - | Х | - | |
| | Docrsn not first line amox | Х | - | Х | - | |
| | Norsn not first line amox | Х | - | Х | - | |
| -pG9315_ | Peocafficst Line amover of visits. Limit depends on plan/provider type | Х | - | Х | - | |



| | Description | Small Employer / Individual | | Large Employer | |
|-------|---|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cally medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| G9316 | Doc comm risk calc | Х | - | Х | - |
| G9317 | No doc comm risk calc | Χ | - | Χ | - |
| G9318 | Image std nomenclature | Х | - | Χ | - |
| G9319 | Image not std nomenclature | Х | - | Χ | - |
| G9321 | Doc count of ct in 12mo | Х | - | Χ | - |
| G9322 | No doc count of ct in 12mo | Х | - | Χ | - |
| G9341 | Srch for ct w in 12 mos | Х | - | Х | - |
| G9342 | No srch for ct in 12mo norsn | Х | - | Χ | - |
| G9344 | Sysrsn no dicom srch | Х | - | Х | - |
| G9345 | Follow up pulm nod | Х | - | Х | - |
| | No follow up pulm nod norsn | Х | - | Х | - |
| | Doc >1 sinus ct w 90d dx | Х | - | Х | - |
| G9352 | Not >1 sinus ct w 90d dx | Х | - | Х | - |
| | Medrsn >1 sinus ct w 90d dx | Х | - | Х | - |
| | Norsn >1 sinus ct w 90d dx | Х | - | Х | - |
| | No early ind/delivery | Х | - | Х | - |
| | Early ind/delivery | Х | - | Х | - |
| | Pp eval/edu perf | Х | - | Х | - |
| | Pp eval/edu not perf | Х | - | Х | - |
| G9359 | Neg mgd pos tb notact | Х | - | Х | - |
| | No doc of neg or man pos tb | Х | - | Х | - |
| | Medical indication for elective delivery or early induction | Х | - | Х | - |
| G9364 | Sinus caus bac inx | Х | - | Х | - |
| G9367 | 2high risk med ord | Х | - | Х | - |
| G9368 | 2high risk no ord | Х | - | Х | - |
| G9380 | Off assis eol iss | Х | - | Х | - |
| G9382 | No off assis eol | Х | - | Χ | - |
| G9383 | Recd scrn hcv infec | Х | - | Χ | - |
| G9384 | Doc med reas no offer eol | Х | - | Χ | - |
| | Doc pt reas not rec hcv srn | Х | - | Х | - |
| G9386 | Scrn hcv infec not recd | Х | - | Х | - |
| | Ini phq9 >9 remiss <5 | Х | - | Х | - |
| | Dx bipol, death, nhres, hosp | Х | - | Х | - |
| | Ini phq9 >9 no remiss >=5 | Х | - | Х | - |
| | Ini phq9 >9 not assess | Х | - | Х | - |
| | Garditanners Winusher of visits. Limit depends on plan/provider type | Х | - | Х | - |



| | Description | Small En | nployer / Individual | Large Employer | |
|-------|--|---------------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additional cialty medications and should be directed to the Pharmacy link option within the website. | ly, these coding lists de | o not reflect information re | egarding immu | nizations, injectable |
| G9409 | No card tamp e/in 30d | X | _ | Х | _ |
| | Admit w/in 180d reg remov | X | _ | Х | - |
| | No admit w/in 180d reg remov | Х | - | Х | - |
| | Admit w/in 180d reg surg rev | X | _ | Х | - |
| | No admit req surg rev | Х | - | Х | - |
| | 1dose menig vac btwn 11 & 13 | X | _ | Х | _ |
| | No 1dose meni vac btwn 11&13 | X | _ | Х | - |
| | Tdap or td or 1tet/dipth | Х | - | Х | - |
| | No tdap or td or 1tet/dipth | Х | - | Х | - |
| | Lungcx bx rpt docs class | Х | - | Χ | - |
| | Med reas no rpt histo type | Х | - | Х | - |
| | Spec site no lung | Х | - | Х | - |
| | Lung cx bx rpt no doc class | Х | - | Х | - |
| | Rpt doc class histo type | Х | - | Х | - |
| | Med reas rpt no histo type | Х | - | Х | - |
| | Site no lung or lung cx | Х | - | Х | - |
| | Spec rpt no doc class histo | Х | - | Х | - |
| | Impr med time edarr pain med | Х | - | Х | - |
| | No impro med time pain med | Х | - | Х | - |
| | Rpt pt cat and pt1 | Х | - | Х | - |
| | Doc med reas no pt cat | Х | - | Х | - |
| | Spec site no cutaneous | Х | - | Х | - |
| G9431 | No pt cat and pt1 | Х | - | Х | - |
| | Asth controlled | Х | - | Х | - |
| G9434 | Asth not controlled | X | - | Χ | - |
| G9452 | Doc med reas no scrn hcv | X | - | Χ | - |
| G9455 | Abd imag w/us, ct or mri | X | - | Χ | - |
| G9456 | Doc med pt reas no hcc scrn | X | - | Χ | - |
| | No abd imag w/o reason | X | - | Х | - |
| | No recd cortico>=10mg/d >60d | Х | - | Х | - |
| | No rec cortico>60d 1rx 600mg | Х | - | Х | - |
| G9471 | W/in 2yr dxa not order | X | - | Х | - |
| G9473 | Services performed by chaplain in the hospice setting, each 15 minutes | X | - | Х | - |
| | Services performed by dietary counselor in the hospice setting, each 15 minutes | X | - | Х | - |
| | Services performed by other counselor in the hospice setting, each 15 minutes | X | - | Х | - |
| | Services performed by volunteer in the hospice setting, each 15 minutes | X | - | Х | - |



| | | Small En | nployer / Individual | Large Employer | | |
|---------------------------------|---|----------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
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| G9477 | Services performed by care coordinator in the hospice setting, each 15 minutes | Х | - | Х | - | |
| G9478 | Services performed by other qualified therapist in the hospice setting, each 15 minutes | Χ | - | Х | - | |
| G9479 | Services performed by qualified pharmacist in the hospice setting, each 15 minutes | Χ | - | Х | - | |
| G9480 | Admission to medicare care choice model program (mccm) | Χ | - | Х | - | |
| G9481 | Remote e/m new pt 10mins | Χ | - | Х | - | |
| G9482 | Remote e/m new pt 20mins | Χ | - | Х | - | |
| G9483 | Remote e/m new pt 30mins | Χ | - | Х | - | |
| G9484 | Remote e/m new pt 45mins | Χ | - | Х | - | |
| G9485 | Remote e/m new pt 60mins | Χ | - | Х | - | |
| G9486 | Remote e/m est. pt 10mins | Χ | - | Χ | - | |
| G9487 | Remote e/m est. pt 15mins | Χ | - | Х | - | |
| G9488 | Remote e/m est. pt 25mins | Χ | - | Х | - | |
| G9489 | Remote e/m est. pt 40mins | Χ | - | Х | - | |
| G9490 | Joint replac mod home visit | Χ | - | Х | - | |
| G9497 | Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery | Χ | - | Х | - | |
| | Antibiotic regimen prescribed | Χ | - | Х | - | |
| G9500 | Radiation exposure indices, exposure time or number of fluorographic images in final report for | Х | - | Х | _ | |
| | procedures using fluoroscopy, documented | | | | | |
| G9501 | Radiation exposure indices, exposure time or number of fluorographic images not documented in | Х | - | X | - | |
| | final report for procedure using fluoroscopy, reason not given | | | | | |
| | Med reas no perf foot exam | Х | - | X | - | |
| | Doc reas no hbv status | Х | - | Х | - | |
| G9505 | Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason | Х | - | Х | - | |
| G9506 | Biologic immune response modifier prescribed | Х | - | Х | _ | |
| | Doc reas on statin or contra | Х | - | Х | - | |
| | Documentation that the patient is not on a statin medication | Х | - | Х | - | |
| | Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less | Х | | Х | | |
| | than 5 | ^ | - | ^ | - | |
| G9510 | Remis12m not phq-9 score <5 | Χ | - | Χ | • | |
| G9511 | Index date phq-9 score greater than 9 documented during the twelve month denominator identification period | Х | - | Х | - | |
| G0512 | Individual had a pdc of 0.8 or greater | Х | _ | Х | _ | |
| | Individual flad a pdc of 0.8 of greater | X | | X | | |
| | Patient required a return to the operating room within 90 days of surgery | X | | X | <u>-</u> | |
| | Ratient detanot require a seturn to the operating room within 90 days of surgery | X | | X | | |
| | tor 3rd routed month when deepn't met criteria | ^ | - | ^ | - | |



| | Description | Small Employer / Individual | | Large Employer | |
|-------|---|-----------------------------|------------------------------|----------------|------------------------------|
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| G9516 | Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery | Х | - | Х | - |
| G9517 | Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given | Х | - | Х | - |
| G9518 | Documentation of active injection drug use | Х | _ | Х | - |
| | Final ref +/- 1.0 w/in 90d | X | _ | X | - |
| | Refract not +/- 1.0 w/in 90d | Х | - | Х | - |
| G9521 | Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months | Х | - | Х | - |
| G9522 | Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given | Х | - | Х | - |
| G9529 | Patient with minor blunt head trauma had an appropriate indication(s) for a head ct | Х | - | Х | _ |
| | Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider | X | - | Х | - |
| G9531 | Pt doc | Х | _ | Х | |
| | Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct | X | - | X | - |
| G9537 | Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study) | Х | - | Х | - |
| G9539 | Intent for potential removal at time of placement | Х | - | Х | _ |
| | Patient alive 3 months post procedure | X | - | X | _ |
| | Filter removed within 3 months of placement | X | - | Х | - |
| | Documented re-assessment for the appropriateness of filter removal within 3 months of placement | Х | - | Х | - |
| G9543 | Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement | Х | - | Х | - |
| G9544 | No filt remov w/in 3mos plcm | Х | - | Х | - |
| | Cys ren les or adren | X | - | X | - |
| | No f/u rec image study | X | - | X | - |
| | Doc med rsn for f/u imag | Х | - | Х | - |
| | Imag rec | Х | - | Х | - |
| | Imag no les | Х | - | Х | - |
| | Incidental thyroid nodule < 1.0 cm noted in report | Х | - | Х | - |
| | Prior thyroid disease diagnosis | Х | - | Х | - |
| | Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging | Х | - | Х | - |



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

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

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



| | Description | Small En | nployer / Individual | Large Employer | |
|--------------------------------|---|----------------|------------------------------|----------------|------------------------------|
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| G9622 | Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method | Х | - | Х | - |
| G9623 | Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons) | Х | - | Х | - |
| G9624 | Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given | Х | - | Х | - |
| G9625 | | Х | - | Х | - |
| G9626 | Pt not elig | Х | - | Х | - |
| G9627 | Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post- surgery | Х | - | Х | - |
| G9628 | Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post- surgery | Х | - | Х | - |
| G9629 | Pt not elig | Х | - | Х | - |
| | Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery | Х | - | Х | - |
| G9631 | Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery | Х | 1 | Х | - |
| G9632 | Pt not elig | Х | - | Х | - |
| | Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post- surgery | Х | 1 | Х | - |
| G9637 | Doc >1 dose reduc tech | Х | - | Х | - |
| | No doc >1 dose reduc tech | Х | - | Х | - |
| | Current cigarette smokers | Х | - | Х | - |
| | Elective surgery | Χ | - | Х | - |
| G9644 | Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure | Х | - | Х | - |
| G9645 | Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure | Х | - | Х | - |
| G9646 | Patients with 90 day mrs score of 0 to 2 | Х | - | Х | - |
| G9648 | Patients with 90 day mrs score greater than 2 | Х | - | Х | - |
| G9649 | Psori tool doc w/benchmk | Χ | - | Х | - |
| G9651 | Psori tool doc/no bnchmk met | Χ | - | Х | |
| G9654 | Monitored anesthesia care (mac) | Χ | - | Х | - |

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|-------|---|-------------------|------------------------------|----------------|------------------------------|
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| G9655 | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used | Х | - | Х | - |
| G9656 | Patient transferred directly from anesthetizing location to pacu | Х | - | Х | - |
| G9658 | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used | Х | - | Х | - |
| G9659 | >85y no hx colo ca/rsn scope | Х | _ | Х | - |
| | Doc med rsn scope pt >85y | X | _ | X | - |
| G9661 | >85y scope othr rsn | X | _ | X | - |
| | Previously diagnosed or have an active diagnosis of clinical ascvd | X | _ | X | - |
| | Fast/dir ldl <= 190 mg/dl | X | - | X | - |
| G9664 | Patients who are currently statin therapy users or received an order (prescription) for statin therapy | Х | - | Х | - |
| G9665 | Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy | Х | - | Х | - |
| G9666 | The highest fasting or direct Idl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to the beginning of the measurement period | Х | - | Х | - |
| G9674 | Patients with clinical ascvd diagnosis | Х | _ | Х | _ |
| | Patients who have ever had a fasting or direct laboratory result of Idl-c = 190 mg/dl | X | | X | |
| | 40-75y w/type 1/2 w/ldl-c rs | X | | X | |
| G9679 | Acute care pneumonia | X | | X | |
| | Acute care congestive heart | X | | X | _ |
| | Acute care chronic obstruct | X | | X | _ |
| | Acute care skin infection | X | _ | X | - |
| G9683 | Acute care fluid or electrol | X | - | X | - |
| G9684 | Acute care urinary tract inf | X | - | X | _ |
| | Acute nursing facility care | X | _ | X | - |
| G9687 | Hospice anytime msmt per | X | - | X | - |
| | Pt w/hosp anytime msmt per | X | _ | X | _ |
| | Inpt elect carotid intervent | X | _ | X | _ |
| | Pt rec hospice dur msmt per | X | _ | X | - |
| G9691 | Pt hosp dur msmt period | X | - | X | - |
| | Hosp recd by pt dur msmt per | X | - | X | - |
| | Pt use hosp during msmt per | X | - | X | - |
| | Hosp srv used pt in msmt per | X | - | X | - |
| | Long act inhal bronchdil pre | X | - | X | - |
| | Madifer ତେଲ୍ଲାନ୍ୟରିନ୍ଦ୍ର ମଧ୍ୟ Limit depends on plan/provider type. | X | _ | X | - |



| | | Small En | nployer / Individual | Laı | ge Employer | | | | | | |
|-------|--|----------------|------------------------------|----------------|------------------------------|--|--|--|--|--|--|
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| G9698 | Sys rsn no presc bronchdil | Х | - | Х | - | | | | | | |
| G9699 | Long inhal bronchdil no pres | Х | - | Х | - | | | | | | |
| G9700 | Pt is w/hosp during msmt per | Х | - | Х | - | | | | | | |
| G9702 | Pt use hosp during msmt per | Х | - | Х | - | | | | | | |
| G9703 | Child anbx 30 prior dx phary | Х | - | Х | - | | | | | | |
| G9704 | Ajcc br ca stg i: t1 mic/t1a | Х | - | Х | - | | | | | | |
| G9705 | Ajcc br ca stg ib | Х | - | Х | - | | | | | | |
| G9706 | Low recur prost ca | Х | - | Х | - | | | | | | |
| G9708 | Bilat mast/hx bi /unilat mas | Х | - | Χ | - | | | | | | |
| G9709 | Hosp srv used pt in msmt per | Х | - | Χ | - | | | | | | |
| G9710 | Pt prov hosp srv msmt per | Х | - | Χ | - | | | | | | |
| | Pt hx tot col or colon ca | Х | - | Χ | - | | | | | | |
| G9712 | Doc med rsn presc anbx | Х | - | Χ | - | | | | | | |
| G9713 | Pt use hosp during msmt per | Х | - | Χ | - | | | | | | |
| G9714 | Pt is w/hosp during msmt per | Х | - | Χ | - | | | | | | |
| G9716 | Bmi not norm, no follow, doc | Х | - | Χ | - | | | | | | |
| G9717 | Doc dx depr/dx bipol, no scr | Х | - | Χ | - | | | | | | |
| G9718 | Hospice anytime msmt per | Х | - | Χ | - | | | | | | |
| | Pt not ambul/immob/wc | Х | - | Χ | - | | | | | | |
| G9720 | Hospice anytime msmt per | Х | - | Χ | - | | | | | | |
| G9721 | Pt not ambul/immob/wc | Х | - | Χ | - | | | | | | |
| G9722 | Doc hx renal fail or cr+ >4 | Х | - | Χ | - | | | | | | |
| G9723 | Hosp recd by pt dur msmt per | Х | - | Χ | - | | | | | | |
| G9724 | Pt w/doc use anticoag mst yr | Х | - | Х | - | | | | | | |
| G9726 | Refused to participate | Х | - | Χ | - | | | | | | |
| G9727 | Pt unable cmplt knee fs prom | Х | - | Χ | - | | | | | | |
| G9728 | Refused to participate | Х | - | Χ | - | | | | | | |
| G9729 | Pt unbl cmplt hip fs prom | Х | - | Χ | - | | | | | | |
| | Refused to participate | Х | - | Х | - | | | | | | |
| | Pt unbl cmplt ft/ank fs prom | Х | - | Х | - | | | | | | |
| | Refused to participate | Х | - | Х | - | | | | | | |
| | Pt unbl cmplt lb fs prom | Х | - | Х | - | | | | | | |
| G9734 | Refused to participate | Х | - | Χ | - | | | | | | |
| | Pt unbl cmplt shid fs prom | Х | - | Х | - | | | | | | |
| G9736 | Refused to participate | Х | - | Х | - | | | | | | |
| | Red until compile awhole prome Limit depends on plan/provider type | Х | - | Х | - | | | | | | |
| | the Order to the second | | | | | | | | | | |



| | | Small Er | nployer / Individual | La | rge Employer | | | | |
|---|---|----------------|------------------------------|----------------|------------------------------|--|--|--|--|
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| G9740 | Hosp srv to pt dur msmt per | Х | - | Х | - | | | | |
| G9741 | Pt w/hosp anytime msmt per | Х | - | Х | - | | | | |
| G9744 | Pt not elig, dx htn | Х | - | Х | - | | | | |
| G9745 | Doc rsn no scr high bp | Х | - | Х | - | | | | |
| G9746 | Mit sten, valve or trans af | Х | - | Х | - | | | | |
| G9752 | Urgent surgery | Х | - | Х | - | | | | |
| G9753 | Doc no dicom, ct other fac | Х | - | Х | - | | | | |
| G9754 | Incid pulm nodule | Х | - | Х | - | | | | |
| G9755 | Doc med rsn for imaging | Х | - | Х | - | | | | |
| G9756 | Surg proc w/silicone oil | Х | - | Х | - | | | | |
| G9757 | Surg proc w/silicone oil | Х | - | Х | - | | | | |
| G9758 | Hospice or term phase | Х | - | Х | - | | | | |
| G9761 | Pt w/hosp anytime msmt per | Х | - | Х | - | | | | |
| G9762 | Pt had hpv b/t 9-13 yr | Х | - | Х | - | | | | |
| G9763 | Pt no hpv b/t 9-13 yr | Х | - | Х | - | | | | |
| G9764 | Pt tx oral syst/bio med psor | Х | - | Χ | - | | | | |
| G9765 | Pt decl chan/conind or <6m | Х | - | Х | - | | | | |
| G9766 | Cva stroke dx tx transf fac | Х | - | Х | - | | | | |
| G9767 | Hosp new dx cva consid evst | Х | - | Х | - | | | | |
| G9768 | Pt w/hosp anytime msmt per | Х | - | Χ | - | | | | |
| G9769 | Bn den 2yr/got ost med/ther | Х | - | Χ | - | | | | |
| G9770 | Perip nerve block | Х | - | Χ | - | | | | |
| G9771 | Anes end, 1 temp >35.5(95.9) | Х | - | Χ | - | | | | |
| G9772 | Doc med rsn no temp >= 35.5 | Х | - | Χ | - | | | | |
| G9773 | No temp >35.5(95.9), anes | Χ | • | Χ | • | | | | |
| G9774 | Pt had hyst | Χ | • | Χ | • | | | | |
| | Recd 2 anti-emet pre/intraop | Х | - | Χ | - | | | | |
| | Doc med rsn no proph antiem | Х | - | Χ | - | | | | |
| | Pt no antiemet pre/intraop | Х | - | Х | | | | | |
| | Pts dx w/pregn | Х | - | Х | - | | | | |
| | Pts breastfeeding | Х | - | Х | - | | | | |
| | Pts dx w/rhabdomyolysis | Х | - | Х | - | | | | |
| | Doc rsn no statin | Х | - | Х | - | | | | |
| | Hx dx fam/pure hypercholes | Х | - | Х | - | | | | |
| | Path/derm 2nd opin bx | Х | - | Х | 1 | | | | |
| *PG97785e | Ret after certain the period of visits. Limit depends on plan/provider type | Х | - | Х | - | | | | |



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| G9786 | Path report not sent | X | - | Х | - |
| G9787 | Pt alive lst day msmt yr | X | - | Х | - |
| G9788 | Most rct bp = 140/90</td <td>X</td> <td>-</td> <td>Х</td> <td>-</td> | X | - | Х | - |
| G9789 | Record bp ip, er, urg/self | X | - | Х | - |
| | Most rct bp >/= 140/90 | X | - | Χ | - |
| G9791 | Most rct tob stat free | X | - | Χ | - |
| G9792 | Most rct tob stat not free | X | - | Χ | - |
| | Pt on daily asa/antiplat | X | - | Χ | - |
| | Doc med rsn no asa/antiplat | X | - | Χ | - |
| | Pt no daily asa/antiplat | Х | - | Χ | - |
| | Pt not currently on statin | Х | - | Х | - |
| | Pt currently on statin | X | - | Х | - |
| | Pt w/hosp anytime msmt per | Х | - | Х | - |
| | Pt recd cerv cyto/hpv | Х | - | Х | - |
| | Pt no recd cerv cyto/hpv | Х | - | Х | - |
| | Pt no asthm cont med mst per | Х | - | Х | - |
| | Pt w/hosp anytime msmt per | Х | - | Х | - |
| | Pdc 75% w/asth cont med | Х | - | Х | - |
| | No pdc 75% w/asth cont med | Х | - | Х | - |
| | Pt died during inpt/30d aft | Х | - | Х | - |
| | Pt not died w/in 30d of proc | X | _ | X | _ |
| | Doc sex activity | X | - | Х | - |
| | Pt w/hosp anytime msmt per | X | _ | Х | _ |
| | Doc chlam scr test w/follow | X | - | Х | - |
| | No doc chlam scr ts w/follow | X | _ | Х | _ |
| | Endo abl proc yr prev ind dt | X | - | Х | - |
| | Endo smpl/hyst bx res doc | X | _ | Х | _ |
| | Endo smpl/hyst bx res no doc | X | - | Х | - |
| | Her-2 pos | X | - | X | - |
| | Ajcc stg brt ca dx ii or iii | X | - | X | - |
| | Brt ca dx i, no t1/t1a/t1b | X | _ | X | - |
| | Pt met dis at dx | X | _ | X | _ |
| | Anti-egfr mon anti ther | X | _ | X | - |
| | Kras tst bfr beg anti moab | X | | X | _ |
| | No kras tst bfr beg ant moab | X | _ | X | - |
| | Ped net distrated Ximber of visits. Limit depends on plan/provider type | X | _ | X | _ |



| | | Small En | nployer / Individual | Large Employer | |
|-------|---|-------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| G9843 | Kras gene mut | Х | _ | Х | _ |
| | Pt no recd anti-egfr ther | Х | - | Х | - |
| | Pt recd anti-egfr ther | Х | - | Х | - |
| G9846 | Pt died from cancer | Х | - | Х | - |
| G9847 | Pt recd chemo last 14d life | Х | - | Х | - |
| G9848 | Pt no chemo last 14d life | Х | - | Х | - |
| G9858 | Pt enroll hospice | Х | - | Х | - |
| | Pt died from cancer | Х | - | Х | - |
| G9860 | Pt less 3d hospice | Х | - | Х | - |
| | Pt more than 3d hospice | Х | - | Х | - |
| G9862 | Doc rsn no 10 yr follow | Х | - | Х | - |
| G9868 | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic | | | | |
| | evaluation, for use under the next generation aco model, less than 10 minutes | Х | - | Х | - |
| G9869 | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 10-20 minutes | Х | - | Х | - |
| G9870 | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 20 or more minutes | Х | - | Х | - |
| G9873 | 1 em core session | Х | - | Х | - |
| G9874 | 4 em core sessions | Х | - | Х | - |
| G9875 | 9 em core sessions | Х | - | Х | - |
| G9876 | 2 em core ms mo 7-9 no wl | Х | - | Х | - |
| G9877 | 2 em core ms mo 10-12 no wl | Х | - | Χ | - |
| G9878 | 2 em core ms mo 7-9 wl | Х | - | Х | - |
| G9879 | 2 em core ms mo 10-12 wl | Х | - | Х | - |
| G9880 | Em 5 percent wl | Х | - | Χ | - |
| G9881 | Em 9 percent wl | Х | - | Χ | - |
| G9882 | 2 em ongoing ms mo 13-15 wl | Х | - | Х | - |
| G9883 | 2 em ongoing ms mo 16-18 wl | Х | - | Χ | - |
| | 2 em ongoing ms mo 19-21 wl | Х | - | Х | - |
| | 2 em ongoing ms mo 22-24 wl | Х | - | Х | - |
| | Em bridge payment | Х | - | Х | - |
| | Em session reporting | Х | - | Х | - |
| | Adr dep thrpy prescribed | Х | - | Х | - |
| | BEOCAFREP GEFEIN NO MOUTAGE GENERALS P. Whit depends on plan/provider type. | Х | - | Х | - |



| | | Small En | nployer / Individual | Large Employer | |
|-------|--|---|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated qua cialty medications and should be directed to the Pharmacy link option within the website. | terly. Additionally, these coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| G9896 | Doc pt rsn no adr dep thrpy | Х | - | Х | - |
| G9897 | Pt nt prsc adr dep thrpy rng | X | - | Х | - |
| G9898 | Pt 66+ snp or ltc pos | X | - | Х | - |
| G9899 | Scrn mam perf rslts doc | X | - | Χ | - |
| G9900 | Scrn mam perf rslts not doc | X | - | Χ | - |
| G9901 | Pt 66+ snp or ltc pos | X | - | Χ | - |
| G9902 | Pt scrn tbco and id as user | X | - | Χ | - |
| G9903 | Pt scrn tbco id as non user | X | - | Χ | - |
| G9904 | Doc med rsn no tbco scrn | Х | - | Х | - |
| G9905 | No pt tbco scrn rng | Х | - | Х | - |
| | Pt recv tbco cess interv | Х | - | Х | - |
| G9907 | Doc med rsn no tbco interv | Х | - | Х | - |
| G9908 | No pt tbco cess interv rng | Х | - | Х | - |
| | Doc med rsn no tbco interv | Х | - | Х | - |
| | Pt 66+ snp or ltc pos | Х | - | Х | - |
| | Node neg pre/post syst ther | Х | - | Х | - |
| | Hbv status assesed and int | Х | - | Х | - |
| | No hbv status assesd and int | Х | - | Х | - |
| G9914 | Pt receiving anti-tnf agent | X | - | Х | - |
| | No documntd hby results rcd | Х | - | Х | - |
| | Funct status past 12 months | Х | - | Х | - |
| | Adv dem crgvr limited | Х | - | Х | - |
| | No funct stat perf, rsn nos | Х | - | Х | - |
| | Sfty cncrns scrn nd mit recs | Х | - | Х | - |
| | Safty cncrns scrn and neg | Х | - | Х | - |
| | No scrn prov rsn nos | Х | - | Х | - |
| | Sfty cncrns scrn but no recs | Х | - | Х | - |
| | No warf or fda drug presc | Х | - | Х | - |
| | Trs/rev af | Х | - | Х | - |
| | Com care | X | - | X | _ |
| | No chad or chad scr 0 or 1 | X | - | X | _ |
| | Doc pt rsn no tb scrn recrds | X | - | X | _ |
| | Pt 66+ snp or ltc pos | X | - | X | - |
| | Same path/derm perf biopsy | X | _ | X | _ |
| | Doc reas no statin therapy | X | - | X | _ |
| | Adtlapinerpro-Ansaneskatemit depends on plan/provider type | X | _ | X | |



| | | Small En | nployer / Individual | Large Employer | |
|-------|---|------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cally medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information re | garding immu | nizations, injectable |
| G9943 | Bk pn nt msr vas scl pre/pst | Х | - | Х | - |
| G9945 | Pt w/cancer scoliosis | Х | - | Х | - |
| G9946 | Bk pain no vas | Х | - | Χ | - |
| G9949 | Leg pain no vas | Х | - | Χ | - |
| G9954 | Pt >2 rsk fac post-op vomit | Х | - | Χ | - |
| G9955 | InhInt anesth only for induc | Х | - | Χ | - |
| G9956 | Combo thrpy of >= 2 prophly | Х | - | Χ | _ |
| | Doc med rsn no combo thrpy | Х | - | Х | - |
| | No combo prohpyl thrp for pt | Х | - | Х | - |
| | Systemic antimicro not presc | Х | - | Х | - |
| G9960 | Med rsn sys antimi nt rx | Х | - | Х | - |
| | Systemic antimicro presc | Х | - | Х | - |
| | Embolization doc separatly | Х | - | Х | - |
| | Embolization not doc separat | Х | - | Х | - |
| | Pt recv >=1 well-chld visit | Х | - | Х | - |
| | No well-chld vist recv by pt | Х | - | Х | - |
| | Pt refrd 2 pvdr/spclst in pp | Х | - | Х | - |
| | Pvdr rfrd pt rprt rcvd | Х | - | Х | - |
| | Pvdr rfrd pt no rprt rcvd | Х | - | Х | - |
| | Doc pat rsn no mac exm perf | Х | - | Х | - |
| | Dil mac exam no perf rsn nos | Х | _ | X | _ |
| | Remote e/m new pt 10 mins | Х | _ | X | _ |
| | Remote e/m new pt 20 mins | Х | _ | X | _ |
| | Remote e/m new pt 30 mins | Х | - | Х | - |
| | Remote e/m new pt 45 mins | Х | - | Х | - |
| | Remote e/m new pt 60 mins | Х | - | Х | - |
| | Remote e/m est. pt 10 mins | Х | - | Х | - |
| | Remote e/m est. pt 15 mins | Х | - | Х | - |
| | Remote e/m est. pt 25 mins | Х | - | Х | - |
| | Remote e/m est. pt 40 mins | Х | - | X | - |
| | Bpci advanced in home visit | X | - | X | - |
| | Pall serv during meas | X | - | X | - |
| | Med rsn no pneum vax | X | - | X | _ |
| | Pall serv during meas | X | - | X | - |
| | Pall serv during meas | X | - | X | - |
| | Rall serverum gmeas Limit depends on plan/provider type | X | - | X | _ |



| Disclaimer Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injurys, or specially medications and should be directed to the Pharmacy link option within the website. G9996 | | | Small En | nployer / Individual | Laı | ge Employer |
|--|-------|--|--------------------|-----------------------------|---------------|------------------------------|
| drugs, or specially medicalions and should be directed to the Pharmacy link option within the website. G9996 Doc pt pla or hospice G9997 Doc pt preg dur msrmt pd X - X G9998 Doc med rsn <3 colon X - X H0015 Alcohol and/or drug services - X - X H0016 Alcohol and/or drug services - X - X H0017 Alcohol and/or drug services X - X H0018 Alcohol and/or drug training X - X H0021 Alcohol and/or drug training X - X H0022 Alcohol and/or drug interven X - X H0022 Alcohol and/or drug utreach X - X H0023 Alcohol and/or drug preventi X - X H0024 Alcohol and/or drug preventi X - X H0025 Alcohol and/or drug preventi X - X H0026 Alcohol and/or drug preventi X - X H0027 Alcohol and/or drug preventi X - X H0028 Alcohol and/or drug preventi X - X H0029 Alcohol and/or drug preventi X - X H0030 Mental health assessment, by non-physician H0031 Mental health service plan development by non-physician H0033 Mental health service plan development by non-physician X - X H0035 Mental health partial hospitalization, treatment, less than 24 hours - X H0036 Community psychiatric supportive treatment, face-to-face, per 15 minutes X - X H0037 Seefi-help/peer services, per 15 minutes X - X H0040 Assertive community treatment, face-to-face, per 15 minutes X - X H0040 Assertive community treatment program, per diem X - X H0041 Supported housing, per diem X - X H0042 Supported housing, per month X - X H0043 Supported housing, per diem X - X H0044 Supported housing, per diem | Codes | Description | | | | Preauthorization Required |
| G9997 Doc pt preg dur msmtt pd X - X G9998 Doc med rsn <3 colon | | | ese coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| G9998 Doc med rsn < 3 colon X - X G9999 Doc sys rsn < 3 colon | G9996 | Doc pt pal or hospice | Х | - | Х | - |
| G9999 Doc sys rsn <3 colon X - X H0015 Alcohol and/or drug services - X - X H0019 Alcohol and/or drug training X - X H0021 Alcohol and/or drug interven X - X H0022 Alcohol and/or drug interven X - X H0023 Alcohol and/or drug preventi X - X H0024 Alcohol and/or drug preventi X - X H0025 Alcohol and/or drug preventi X - X H0027 Alcohol and/or drug preventi X - X H0029 Alcohol and/or drug preventi X - X H0030 Alcohol and/or drug preventi X - X H0031 Alcohol and/or drug preventi X - X H0032 Alcohol and/or drug preventi X - X H0033 Mental health service plan X - X | G9997 | Doc pt preg dur msrmt pd | Х | - | Х | - |
| H0015 | G9998 | Doc med rsn <3 colon | Х | - | Х | - |
| H0019 Alcohol and/or drug services | G9999 | Doc sys rsn <3 colon | Х | - | Х | - |
| H0021 Alcohol and/or drug training | H0015 | Alcohol and/or drug services | - | Х | - | Х |
| H0022 Alcohol and/or drug interven | | | X | - | Х | - |
| H0022 Alcohol and/or drug interven | | <u> </u> | X | - | Х | - |
| H0023 Alcohol and/or drug preventi | H0022 | Alcohol and/or drug interven | X | - | Х | - |
| H0024 Alcohol and/or drug preventi H0025 Alcohol and/or drug preventi H0026 Alcohol and/or drug preventi H0027 Alcohol and/or drug preventi H0027 Alcohol and/or drug preventi H0029 Alcohol and/or drug preventi H0030 Alcohol and/or drug preventi H0031 Mental health assessment, by non-physician H0031 Mental health service plan development by non-physician H0032 Mental health service plan development by non-physician H0034 Medication training and support, per 15 minutes H0035 Mental health partial hospitalization, treatment, less than 24 hours H0036 Community psychiatric supportive treatment, face-to-face, per 15 minutes H0037 Community psychiatric supportive treatment program, per diem H0038 Self-help/peer services, per 15 minutes X - X H0039 Assertive community treatment program, per diem X - X H0040 Assertive community treatment program, per diem X - X H0041 Foster care, child, non-therapeutic, per month X - X H0045 Respite care services, not in the home, per diem X - X H0045 Respite care services, not in the home, per diem | | | X | - | Х | - |
| H0025 Alcohol and/or drug preventi H0026 Alcohol and/or drug preventi H0027 Alcohol and/or drug preventi X X X H0029 Alcohol and/or drug preventi X X X H0030 Alcohol and/or drug preventi X X X H0031 Mental health assessment, by non-physician X H0032 Mental health service plan development by non-physician X H0034 Medication training and support, per 15 minutes X H0035 Mental health partial hospitalization, treatment, less than 24 hours H0036 Community psychiatric supportive treatment, face-to-face, per 15 minutes X X H0038 Self-help/peer services, per 15 minutes X H0039 Assertive community treatment, face-to-face, per 15 minutes X X X H0040 Assertive community treatment program, per diem X H0041 Foster care, child, non-therapeutic, per diem X X X H0043 Supported housing, per diem X X X X X X X X X X X X X | | | X | - | Х | - |
| H0026 Alcohol and/or drug preventi | | | X | - | Х | - |
| H0027 Alcohol and/or drug preventi H0029 Alcohol and/or drug preventi H0030 Alcohol and/or drug hotline H0031 Mental health assessment, by non-physician H0032 Mental health service plan development by non-physician H0034 Medication training and support, per 15 minutes H0035 Mental health partial hospitalization, treatment, less than 24 hours H0036 Community psychiatric supportive treatment, face-to-face, per 15 minutes H0037 Community psychiatric supportive treatment program, per diem K - X H0038 Self-help/peer services, per 15 minutes H0039 Assertive community treatment, face-to-face, per 15 minutes K - X H0040 Assertive community treatment program, per diem K - X H0041 Foster care, child, non-therapeutic, per diem K - X H0043 Supported housing, per diem K - X H0044 Supported housing, per month K - X H0045 Respite care services, not in the home, per diem | | | Х | - | Х | - |
| H0029 Alcohol and/or drug preventi H0030 Alcohol and/or drug hotline X X X X H0031 Mental health assessment, by non-physician X H0032 Mental health service plan development by non-physician X X X X X X X X X X X X X | | | | - | | - |
| H0030Alcohol and/or drug hotlineX-XH0031Mental health assessment, by non-physicianX-XH0032Mental health service plan development by non-physicianX-XH0034Medication training and support, per 15 minutesX-XH0035Mental health partial hospitalization, treatment, less than 24 hours-X-XH0036Community psychiatric supportive treatment, face-to-face, per 15 minutesX-XH0037Community psychiatric supportive treatment program, per diemX-XH0038Self-help/peer services, per 15 minutesX-XH0039Assertive community treatment, face-to-face, per 15 minutesX-XH0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | Х | - | Х | - |
| H0031Mental health assessment, by non-physicianX-XH0032Mental health service plan development by non-physicianX-XH0034Medication training and support, per 15 minutesX-XH0035Mental health partial hospitalization, treatment, less than 24 hours-X-XH0036Community psychiatric supportive treatment, face-to-face, per 15 minutesX-XH0037Community psychiatric supportive treatment program, per diemX-XH0038Self-help/peer services, per 15 minutesX-XH0039Assertive community treatment, face-to-face, per 15 minutesX-XH0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | Х | - | Х | - |
| H0032Mental health service plan development by non-physicianX-XH0034Medication training and support, per 15 minutesX-XH0035Mental health partial hospitalization, treatment, less than 24 hours-X-H0036Community psychiatric supportive treatment, face-to-face, per 15 minutesX-XH0037Community psychiatric supportive treatment program, per diemX-XH0038Self-help/peer services, per 15 minutesX-XH0039Assertive community treatment, face-to-face, per 15 minutesX-XH0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | | - | | - |
| H0034Medication training and support, per 15 minutesX-XH0035Mental health partial hospitalization, treatment, less than 24 hours-X-H0036Community psychiatric supportive treatment, face-to-face, per 15 minutesX-XH0037Community psychiatric supportive treatment program, per diemX-XH0038Self-help/peer services, per 15 minutesX-XH0039Assertive community treatment, face-to-face, per 15 minutesX-XH0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | | - | | - |
| H0035 Mental health partial hospitalization, treatment, less than 24 hours H0036 Community psychiatric supportive treatment, face-to-face, per 15 minutes X - X H0037 Community psychiatric supportive treatment program, per diem X - X H0038 Self-help/peer services, per 15 minutes X - X H0039 Assertive community treatment, face-to-face, per 15 minutes X - X H0040 Assertive community treatment program, per diem X - X H0041 Foster care, child, non-therapeutic, per diem X - X H0042 Foster care, child, non-therapeutic, per month X - X H0043 Supported housing, per diem X - X H0044 Supported housing, per month X - X H0045 Respite care services, not in the home, per diem X - X X - X X - X X - X X - X X - X X - X X - X | | | Х | - | Х | - |
| H0036Community psychiatric supportive treatment, face-to-face, per 15 minutesX-XH0037Community psychiatric supportive treatment program, per diemX-XH0038Self-help/peer services, per 15 minutesX-XH0039Assertive community treatment, face-to-face, per 15 minutesX-XH0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | | Х | - | X |
| H0037Community psychiatric supportive treatment program, per diemX-XH0038Self-help/peer services, per 15 minutesX-XH0039Assertive community treatment, face-to-face, per 15 minutesX-XH0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | , , | Х | - | Х | - |
| H0038Self-help/peer services, per 15 minutesX-XH0039Assertive community treatment, face-to-face, per 15 minutesX-XH0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | Х | - | | - |
| H0039Assertive community treatment, face-to-face, per 15 minutesX-XH0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | Х | - | Х | - |
| H0040Assertive community treatment program, per diemX-XH0041Foster care, child, non-therapeutic, per diemX-XH0042Foster care, child, non-therapeutic, per monthX-XH0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | | - | | - |
| H0041 Foster care, child, non-therapeutic, per diem X - X H0042 Foster care, child, non-therapeutic, per month X - X H0043 Supported housing, per diem X - X H0044 Supported housing, per month X - X H0045 Respite care services, not in the home, per diem X - X | | | | - | | - |
| H0042 Foster care, child, non-therapeutic, per month X - X H0043 Supported housing, per diem X - X H0044 Supported housing, per month X - X H0045 Respite care services, not in the home, per diem X - X | | | | - | | - |
| H0043Supported housing, per diemX-XH0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | Х | - | | - |
| H0044Supported housing, per monthX-XH0045Respite care services, not in the home, per diemX-X | | | Х | - | Х | - |
| H0045 Respite care services, not in the home, per diem X - X | | | X | - | Х | - |
| | | | | - | | - |
| H0048 Alcohol and/or other drug testing: collection and handling only, specimensother than blood X - X | | | Х | - | Х | - |
| 1 100+0 Missing solutioning | H0049 | Alcohol/drug screening | Х | - | Х | - |
| H0050 Alcohol/drug service 15 min X - X | H0050 | Alcohol/drug service 15 min | X | - | | - |
| H0051 Traditional healing service X - X | H0051 | Traditional healing service | X | - | Х | - |
| H0052 Missing and murdered indigenous persons (mmip) mental health and clinical care X - X | H0052 | Missing and murdered indigenous persons (mmip) mental health and clinical care | X | - | Х | - |
| | | | | - | | - |



| | | Small En | nployer / Individual | La | rge Employer |
|-------|--|---------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, to cialty medications and should be directed to the Pharmacy link option within the website. | hese coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| H1003 | Prenatal care, at-risk enhanced service; education | X | - | Х | - |
| H1010 | Non-medical family planning education, per session | X | - | Х | - |
| | Family assessment by licensed behavioral health professional for state definedpurposes | X | - | Х | - |
| H2000 | Comprehensive multidisciplinary evaluation | X | - | Х | - |
| H2001 | Rehabilitation program, per 1/2 day | X | - | Х | - |
| H2010 | Comprehensive medication services, per 15 minutes | X | - | Х | - |
| H2011 | Crisis intervention service, per 15 minutes | X | - | Х | - |
| | Behavioral health day treatment, per hour | - | Χ | - | Χ |
| | Psychiatric health facility service, per diem | - | Χ | - | Χ |
| | Skills training and development, per 15 minutes | Х | - | Х | - |
| | Comprehensive community support services, per 15 minutes | Х | - | Х | - |
| | Comprehensive community support services, per diem | Х | - | Х | - |
| | Psychosocial rehabilitation services, per 15 minutes | Х | - | Х | - |
| | Psychosocial rehabilitation services, per diem | Х | - | Х | - |
| | Therapeutic behavioral services, per 15 minutes | Х | - | Х | - |
| | Therapeutic behavioral services, per diem | Х | - | Х | - |
| | Community-based wrap-around services, per 15 minutes | Х | - | Х | - |
| | Community-based wrap-around services, per diem | Х | - | Х | - |
| | Supported employment, per 15 minutes | Х | - | Х | - |
| | Supported employment, per diem | Х | - | Х | - |
| | Ongoing support to maintain employment, per 15 minutes | Х | - | Х | - |
| | Ongoing support to maintain employment, per diem | Х | - | Х | - |
| | Psychoeducational service, per 15 minutes | Х | - | Х | - |
| | Sexual offender treatment service, per 15 minutes | Х | - | Х | - |
| H2029 | Sexual offender treatment service, per diem | X | - | Х | - |
| | Mental health clubhouse services, per 15 minutes | X | - | Х | - |
| H2031 | Mental health clubhouse services, per diem | X | - | Х | - |
| H2032 | Activity therapy, per 15 minutes | X | - | Х | - |
| H2033 | Multisystemic therapy for juveniles, per 15 minutes | X | - | Х | - |
| | Alcohol and/or drug abuse halfway house services, per diem | X | - | Х | - |
| | Developmental delay prevention activities, dependent child of client, per 15 minutes | X | - | Х | - |
| | Skill train and dev/diem | X | - | Х | - |
| H2040 | Coordinated specialty care, team-based, for first episode psychosis, per month | X | - | Х | - |
| | Coordinated specialty care, team-based, for first episode psychosis, per encounter | X | - | Х | - |
| | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type | - | Х | - | Х |
| | Replacement hattery for automated external defibrillator garment type only, each | Х | - | Х | - |



| | | Small Employer / Individual | | Large Employer | |
|---------|---|-----------------------------|------------------------------|----------------|------------------------------|
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| K0669 | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac | - | Х | - | Х |
| K0733 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) | - | Х | - | Х |
| K0743 | Portable home suction pump | - | Х | - | Х |
| | Pov group 1 std up to 300 lbs | - | Х | - | Х |
| | Pov group 1 hd 301-450 lbs | - | Χ | - | Х |
| K0802 | Pov group 1 vhd 451-600 lbs | - | Χ | - | Х |
| K0806 | Pov group 2 std up to 300lbs | - | Χ | - | Х |
| K0807 | Pov group 2 hd 301-450 lbs | - | Χ | - | Х |
| K0808 | Pov group 2 vhd 451-600 lbs | - | Х | - | Х |
| K0812 | Power operated vehicle noc | - | Х | - | Х |
| K0813 | Pwc gp 1 std port seat/back | - | Χ | - | Х |
| K0814 | Pwc gp 1 std port cap chair | - | Χ | - | Х |
| K0815 | Pwc gp 1 std seat/back | - | Χ | - | Х |
| K0816 | Pwc gp 1 std cap chair | - | Χ | - | Χ |
| K0820 | Pwc gp 2 std port seat/back | - | Χ | - | Χ |
| | Pwc gp 2 std port cap chair | - | Χ | - | Χ |
| | Pwc gp 2 std seat/back | - | Χ | - | Χ |
| K0823 | Pwc gp 2 std cap chair | - | Χ | - | Χ |
| K0824 | Pwc gp 2 hd seat/back | - | Χ | - | Χ |
| | Pwc gp 2 hd cap chair | - | Χ | - | Χ |
| K0826 | Pwc gp2 vhd seat/back | - | Χ | - | Χ |
| | Pwc gp 2 vhd cap chair | - | Χ | - | Χ |
| | Pwc gp 2 xtra hd seat/back | - | Χ | - | Χ |
| | Pwc gp 2 xtra hd cap chair | - | Χ | - | Χ |
| | Pwc gp2 std seat elevate s/b | - | X | - | X |
| | Pwc gp2 std seat elevate cap | - | Χ | - | Χ |
| | Pwc gp2 std sing pow opt s/b | - | Χ | - | X |
| | Pwc gp2 std sing pow opt cap | - | Χ | - | Χ |
| | Pwc gp 2 hd sing pow opt s/b | - | X | - | X |
| | Pwc gp 2 hd sing pow opt cap | - | Χ | - | Χ |
| | Pwc gp2 vhd sing pow opt s/b | - | Χ | - | X |
| | Pwc gp2 xhd sing pow opt s/b | - | Χ | - | X |
| | Pwc gp2 std mult pow opt s/b | - | Χ | - | X |
| PK9842e | Revsep2etsInnulfiberwrokksapnit depends on plan/provider type. | - | Χ | - | Χ |



| | | Small En | nployer / Individual | La | rge Employer | | | | |
|---|--|----------------|------------------------------|----------------|------------------------------|--|--|--|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | | | | |
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. | | | | | | | | | |
| K0843 | Pwc gp2 hd mult pow opt s/b | - | Х | - | X | | | | |
| K0848 | Pwc gp 3 std seat/back | - | Χ | - | Χ | | | | |
| K0849 | Pwc gp 3 std cap chair | - | Χ | - | Χ | | | | |
| K0850 | Pwc gp 3 hd seat/back | - | Χ | - | Χ | | | | |
| | Pwc gp 3 hd cap chair | - | Χ | - | Χ | | | | |
| | Pwc gp 3 vhd seat/back | - | Χ | - | Χ | | | | |
| K0853 | Pwc gp 3 vhd cap chair | - | Χ | - | Χ | | | | |
| K0854 | Pwc gp 3 xhd seat/back | - | Χ | - | Χ | | | | |
| K0855 | Pwc gp 3 xhd cap chair | - | Χ | - | Χ | | | | |
| K0856 | Pwc gp3 std sing pow opt s/b | - | Χ | - | Χ | | | | |
| K0857 | Pwc gp3 std sing pow opt cap | - | Χ | - | Χ | | | | |
| | Pwc gp3 hd sing pow opt s/b | - | Χ | - | Χ | | | | |
| K0859 | Pwc gp3 hd sing pow opt cap | - | Χ | - | Χ | | | | |
| K0860 | Pwc gp3 vhd sing pow opt s/b | - | Χ | - | Χ | | | | |
| K0861 | Pwc gp3 std mult pow opt s/b | - | Χ | - | Χ | | | | |
| K0862 | Pwc gp3 hd mult pow opt s/b | - | Χ | - | Χ | | | | |
| K0863 | Pwc gp3 vhd mult pow opt s/b | - | Χ | - | Χ | | | | |
| K0864 | Pwc gp3 xhd mult pow opt s/b | - | Χ | - | Χ | | | | |
| K0868 | Pwc gp 4 std seat/back | - | Χ | - | Χ | | | | |
| K0869 | Pwc gp 4 std cap chair | - | Χ | - | Χ | | | | |
| K0870 | Pwc gp 4 hd seat/back | - | Χ | - | Χ | | | | |
| K0871 | Pwc gp 4 vhd seat/back | - | Χ | - | Χ | | | | |
| K0877 | Pwc gp4 std sing pow opt s/b | - | Χ | - | Χ | | | | |
| K0878 | Pwc gp4 std sing pow opt cap | - | Χ | - | Χ | | | | |
| K0879 | Pwc gp4 hd sing pow opt s/b | - | Χ | - | Χ | | | | |
| K0880 | Pwc gp4 vhd sing pow opt s/b | - | Χ | - | Χ | | | | |
| K0884 | Pwc gp4 std mult pow opt s/b | - | Χ | - | Χ | | | | |
| K0885 | Pwc gp4 std mult pow opt cap | - | Χ | - | Χ | | | | |
| K0886 | Pwc gp4 hd mult pow s/b | - | Χ | - | Χ | | | | |
| K0890 | Pwc gp5 ped sing pow opt s/b | - | Х | - | X | | | | |
| K0891 | Pwc gp5 ped mult pow opt s/b | - | Х | - | X | | | | |
| K0898 | Power wheelchair noc | - | Х | _ | X | | | | |
| K0899 | Power mobility device, not coded by dme pdac or does not meet criteria | Χ | - | Х | - | | | | |
| K1004 | Lo freq us diathermy device | Χ | - | Χ | - | | | | |
| | Bil hkaf pc s/d micro sensor | Χ | - | Х | - | | | | |
| PK1035e | Mal diag reader self-admiss Limit depends on plan/provider type | Χ | - | Х | - | | | | |



| | | Small Er | nployer / Individual | Large Employer | |
|--------------------------------|---|-------------------|-------------------------------|----------------|------------------------------|
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| K1036 | Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month | Х | - | Х | - |
| K1037 | Docking station for use with oral device/appliance used to reduce upper airway collapsibility | Х | - | Х | - |
| L2006 | Kaf sng/dbl swg/stn mcpr cus | - | Х | _ | Х |
| | Ft insert ucb berkeley shell | Х | - | Х | - |
| | Foot insert remov molded spe | X | - | X | - |
| | Foot insert plastazote or eq | X | - | Х | _ |
| | Foot insert silicone gel eac | X | - | Х | _ |
| | Foot longitudinal arch suppo | X | - | Х | _ |
| | Foot longitud/metatarsal sup | X | - | Х | _ |
| | Foot arch support remov prem | X | - | Х | _ |
| | Foot, insert/plate, removable, addition to lower extremity orthosis, high strength | X | - | Х | - |
| | Ft arch suprt premold longit | Х | - | Х | - |
| | Foot arch supp premold metat | Х | - | Х | - |
| | Foot arch supp longitud/meta | Х | - | Х | - |
| | Arch suprt att to sho longit | Х | - | Х | - |
| L3080 | Arch supp att to shoe metata | Х | - | Х | - |
| L3090 | Arch supp att to shoe long/m | Х | - | Х | - |
| L3100 | Hallus-valgus nght dynamic s | Х | - | Х | - |
| | Oxford w supinat/pronat inf | Х | - | Х | - |
| | Oxford w/ supinat/pronator c | Х | - | Х | - |
| L3203 | Oxford w/ supinator/pronator | X | - | Х | - |
| L3204 | Hightop w/ supp/pronator inf | X | - | Х | - |
| L3206 | Hightop w/ supp/pronator chi | Х | - | Х | - |
| L3207 | Hightop w/ supp/pronator jun | Х | - | Х | - |
| L3215 | Orthopedic ftwear ladies oxf | Х | - | Х | - |
| L3216 | Orthoped ladies shoes dpth i | Х | - | Х | - |
| L3217 | Ladies shoes hightop depth i | Х | - | Х | - |
| L3219 | Orthopedic mens shoes oxford | Х | - | Х | |
| L3221 | Orthopedic mens shoes dpth i | Х | - | Х | - |
| | Mens shoes hightop depth inl | Х | - | Х | - |
| L3224 | Woman's shoe oxford brace | Χ | - | Χ | - |
| L3225 | Man's shoe oxford brace | Х | - | Х | |
| L3230 | Custom shoes depth inlay | Х | - | Х | - |
| Ple3250e | GUSTAM COULD STORE FOR MANUS 1918 the depends on plan/provider type. | Х | - | Х | - |



| | | Small Er | nployer / Individual | Large Employer | |
|---------|--|------------------|------------------------------|----------------|------------------------------|
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| L3251 | Shoe molded to pt silicone s | Х | - | Х | - |
| L3252 | Shoe molded plastazote cust | Χ | - | Χ | - |
| L3253 | Shoe molded plastazote cust | Х | - | Х | - |
| L3254 | Orth foot non-stndard size/w | Х | - | Х | - |
| L3255 | Orth foot non-standard size/ | Х | - | Х | - |
| L3257 | Orth foot add charge split s | Х | - | Х | - |
| L3265 | Plastazote sandal each | Х | - | Х | - |
| L3300 | Sho lift taper to metatarsal | Х | - | Х | - |
| L3310 | Shoe lift elev heel/sole neo | Х | - | Х | - |
| L3320 | Shoe lift elev heel/sole cor | Х | - | Х | - |
| L3330 | Lifts elevation metal extens | Х | - | Х | - |
| L3332 | Shoe lifts tapered to one-ha | Х | - | Х | - |
| L3334 | Shoe lifts elevation heel /i | Х | - | Х | - |
| L3340 | Shoe wedge sach | Х | - | Х | - |
| L3350 | Shoe heel wedge | Х | - | Х | - |
| L3360 | Shoe sole wedge outside sole | Х | - | Х | - |
| L3370 | Shoe sole wedge between sole | Х | - | Х | - |
| L3380 | Shoe clubfoot wedge | Х | - | Х | - |
| L3390 | Shoe outflare wedge | Х | - | Х | - |
| L3400 | Shoe metatarsal bar wedge ro | Х | - | Х | - |
| L3410 | Shoe metatarsal bar between | Х | - | Х | - |
| L3420 | Full sole/heel wedge btween | Х | - | Х | - |
| L3430 | Sho heel count plast reinfor | Х | - | Х | - |
| L3440 | Heel leather reinforced | Х | - | Х | - |
| L3450 | Shoe heel sach cushion type | Χ | • | Χ | - |
| L3455 | Shoe heel new leather standa | Х | - | Х | - |
| L3460 | Shoe heel new rubber standar | Χ | • | Χ | - |
| L3465 | Shoe heel thomas with wedge | Χ | • | Χ | - |
| | Shoe heel thomas extend to b | Х | | Х | - |
| | Shoe heel pad & depress for | Х | | Х | - |
| | Shoe heel pad removable for | Х | 1 | Х | - |
| | Ortho shoe add leather insol | Х | 1 | Х | - |
| | Orthopedic shoe add rub insl | Х | 1 | Х | - |
| | O shoe add felt w leath insl | Х | 1 | Х | - |
| | Ortho shoe add half sole | Χ | 1 | Χ | - |
| Ple3540 | Orthorshop and full sole sits. Limit depends on plan/provider type | Χ | - | Х | - |



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| L3550 | O shoe add standard toe tap | Х | - | Х | - | |
| L3560 | O shoe add horseshoe toe tap | Χ | - | Х | - | |
| L3570 | O shoe add instep extension | Χ | - | Х | - | |
| L3580 | O shoe add instep velcro clo | Χ | - | Х | - | |
| L3590 | O shoe convert to sof counte | Χ | - | Х | - | |
| L3595 | Ortho shoe add march bar | Χ | - | Х | - | |
| L3600 | Trans shoe calip plate exist | Χ | - | Х | - | |
| L3610 | Trans shoe caliper plate new | Χ | - | Х | - | |
| L3620 | Trans shoe solid stirrup exi | Χ | - | Х | - | |
| L3630 | Trans shoe solid stirrup new | Χ | - | Х | - | |
| L3640 | Shoe dennis browne splint bo | Χ | - | Х | - | |
| L3649 | Orthopedic shoe, modification, addition or transfer, not otherwise specified | Х | - | Х | - | |
| | Mold socket ank hgt w/ toe f | - | Χ | - | Х | |
| | Tibial tubercle hgt w/ toe f | - | Χ | - | Х | |
| | Ank symes mold sckt sach ft | - | Χ | - | Х | |
| | Symes met fr leath socket ar | - | Χ | - | Х | |
| L5100 | Molded socket shin sach foot | - | Χ | - | Х | |
| | Plast socket its/thgh lacer | - | Х | - | Х | |
| | Mold sckt ext knee shin sach | - | Х | - | Х | |
| L5160 | Mold socket bent knee shin s | - | Χ | - | Х | |
| L5200 | Kne sing axis fric shin sach | - | Χ | - | Х | |
| | No knee/ankle joints w/ ft b | - | Χ | - | Х | |
| | No knee joint with artic ali | - | Χ | - | Х | |
| L5230 | Fem focal defic constant fri | - | Χ | - | Х | |
| L5250 | Hip canad sing axi cons fric | - | Χ | - | Х | |
| | Tilt table locking hip sing | - | Χ | - | Х | |
| L5280 | Hemipelvect canad sing axis | - | Χ | - | Х | |
| L5301 | Below knee, molded socket, shin, sach foot, endoskeletal system | - | Χ | - | Х | |
| | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, | | V | | V | |
| | endoskeletal system | - | X | - | X | |
| L5321 | Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee | - | Х | - | Χ | |
| | Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis | | V | | | |
| | knee, sach foot | - | X | - | X | |
| L5341 | Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, | | V | | V | |
| | sach foot | | X | | X | |
| *Presidence | ROSING GIRSS Suffices of Chille by Minit depends on plan/provider type. | - | X | - | X | |



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| L5410 | Postop dsg bk ea add cast ch | - | Х | - | Χ | |
| L5420 | Postop dsg & 1 cast chg ak/d | - | Χ | - | Χ | |
| L5430 | Postop dsg ak ea add cast ch | - | Χ | - | Χ | |
| L5450 | Postop app non-wgt bear dsg | - | Χ | - | Х | |
| L5460 | Postop app non-wgt bear dsg | - | Χ | - | Х | |
| | Init bk ptb plaster direct | - | Χ | - | Х | |
| L5505 | Init ak ischal plstr direct | - | Χ | - | Х | |
| L5510 | Prep bk ptb plaster molded | - | Χ | - | Х | |
| | Perp bk ptb thermopls direct | - | Χ | - | X | |
| | Prep bk ptb thermopls molded | - | Х | - | Х | |
| | Prep bk ptb open end socket | - | Х | - | Х | |
| | Prep bk ptb laminated socket | - | Х | - | Х | |
| | Prep ak ischial plast molded | - | Х | - | Х | |
| | Prep ak ischial direct form | - | Х | - | Х | |
| | Prep ak ischial thermo mold | _ | X | - | X | |
| | Prep ak ischial open end | _ | X | - | X | |
| | Prep ak ischial laminated | _ | X | _ | X | |
| | Hip disartic sach thermopls | _ | X | _ | X | |
| | Hip disart sach laminat mold | _ | X | _ | X | |
| | Above knee hydracadence | _ | X | _ | X | |
| | Ak 4 bar link w/fric swing | _ | X | _ | X | |
| | Ak 4 bar ling w/hydraul swig | _ | X | _ | X | |
| | 4-bar link above knee w/swng | _ | X | _ | X | |
| | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance | | | | | |
| 200.0 | phase control | - | X | - | Х | |
| L5616 | Ak univ multiplex sys frict | _ | X | _ | Х | |
| | Ak/bk self-aligning unit ea | _ | X | _ | X | |
| | Test socket symes | _ | X | _ | X | |
| | Test socket below knee | _ | X | _ | X | |
| | Test socket knee disarticula | | X | | X | |
| | Test socket above knee | | X | | X | |
| | Test socket hip disarticulat | | X | - | X | |
| | Test socket hemipelvectomy | | X | <u> </u> | X | |
| | Below knee acrylic socket | | X | | X | |
| | Syme typ expandabl wall sckt | | X | <u> </u> | X | |
| | | | X | | X | |
| ted Lith he | Ak/knee-disartigrace/dicvsqs. Limit depends on plan/provider type. | - | ^ | - | ^ | |



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|-------|---|----------------------|------------------------------|----------------|------------------------------|--|
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| L5632 | Symes type ptb brim design s | - | Х | - | Х | |
| L5634 | Symes type poster opening so | - | Χ | - | Х | |
| | Symes type medial opening so | - | Χ | - | Х | |
| L5637 | Below knee total contact | - | Χ | - | Х | |
| L5638 | Below knee leather socket | - | Χ | - | Х | |
| L5639 | Below knee wood socket | - | Χ | - | Х | |
| L5640 | Knee disarticulat leather so | - | Χ | - | Х | |
| L5642 | Above knee leather socket | - | Χ | - | Х | |
| L5643 | Hip flex inner socket ext fr | - | Χ | - | Х | |
| L5644 | Above knee wood socket | - | Χ | - | Х | |
| L5645 | Bk flex inner socket ext frame | - | Χ | - | Х | |
| L5646 | Below knee air cushion socke | - | Χ | - | Х | |
| L5647 | Below knee suction socket | - | Χ | - | Х | |
| L5648 | Above knee air cushion socke | - | Χ | - | Х | |
| L5649 | lsch containmt/narrow m-l so | - | Χ | - | Х | |
| L5650 | Tot contact ak/knee disart s | - | Χ | - | Х | |
| | Ak flex inner socket ext fra | - | Χ | - | Х | |
| | Suction susp ak/knee disart | - | Х | - | Х | |
| | Knee disart expand wall sock | - | Х | - | Х | |
| | Socket insert symes | - | Х | - | Х | |
| | Socket insert below knee | - | Х | - | Х | |
| | Socket insert knee articulat | - | Х | - | Х | |
| | Socket insert above knee | - | Х | - | Х | |
| L5661 | Multi-durometer symes | - | Χ | - | Х | |
| | Multi-durometer below knee | - | Χ | - | Х | |
| L5666 | Below knee cuff suspension | - | Χ | - | Х | |
| | Socket insert w/o lock lower | - | Χ | - | Х | |
| L5670 | Bk molded supracondylar susp | - | Χ | - | Х | |
| L5671 | Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle, | | V | | V | |
| | lanyard or equal), includes socke | - | X | - | Х | |
| L5672 | Bk removable medial brim sus | - | Х | - | Х | |
| | Addition to lower extremity, below knee/above knee, custom fabricated | - | X | - | X | |
| | Bk knee joints single axis p | - | X | - | X | |
| | Bk knee joints polycentric p | - | X | - | X | |
| | Bk joint covers pair | - | X | - | X | |
| | Addition to lower extramity, below-knee/above/knee-custom fabricated | _ | X | - | X | |



| | Description | Small Er | nployer / Individual | Large Employer | | |
|----------------------------------|--|--------------------|-------------------------------|----------------|------------------------------|--|
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| L5680 | Bk thigh lacer non-molded | - | Х | - | Χ | |
| L5681 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert | - | Х | - | Х | |
| L5682 | Bk thigh lacer glut/ischia m | - | Х | - | Х | |
| L5683 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert | - | Х | - | X | |
| L5684 | Bk fork strap | - | Х | - | X | |
| L5686 | Bk back check | - | Х | - | X | |
| L5688 | Bk waist belt webbing | - | Х | - | X | |
| L5690 | Bk waist belt padded and lin | - | Х | - | Х | |
| L5692 | Ak pelvic control belt light | - | X | - | X | |
| | Ak pelvic control belt pad/l | - | Х | - | Х | |
| | Ak sleeve susp neoprene/equa | - | Х | - | Х | |
| | Ak/knee disartic pelvic join | - | Х | - | Х | |
| | Ak/knee disartic pelvic band | - | Х | - | Х | |
| | Ak/knee disartic silesian ba | - | Х | - | Х | |
| L5699 | Shoulder harness | - | Х | - | Х | |
| L5700 | Replace socket below knee | - | Х | - | Х | |
| | Replace socket above knee | - | Х | - | Х | |
| | Replace socket hip | - | Х | - | Х | |
| L5703 | Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only | - | Х | - | Х | |
| | Custom shape covr below knee | - | Х | - | Х | |
| | Custm shape cover above knee | - | Х | - | Х | |
| | Custm shape cvr knee disart | - | Х | - | Х | |
| | Custm shape cover hip disart | - | Х | - | Х | |
| | Kne-shin exo sng axi mnl loc | - | Х | - | Х | |
| | Knee-shin exo mnl lock ultra | - | Х | - | Х | |
| | Knee-shin exo frict swg & st | - | X | - | X | |
| | Knee-shin exo variable frict | - | X | - | X | |
| | Knee-shin exo mech stance ph | - | X | - | X | |
| | Knee-shin exo frct swg & sta | _ | X | - | X | |
| | Knee-shin pneum swg frct exo | _ | X | - | X | |
| | Knee-shin exo fluid swing ph | - | X | - | X | |
| | Knee-shin ext jnts fld swg e | _ | X | _ | X | |
| | Knee-shin fluid swg & stance | - | X | - | X | |
| | Knee-shin pneum/hydra pneum | - | X | - | X | |

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| | | Small En | nployer / Individual | Large Employer | |
|--------------------------------|---|----------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system | - | Х | - | Х |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system, heavy dut | - | Х | - | Х |
| L5783 | Addition to lower extremity, user adjustable, mechanical, residual limb volume management system | - | Х | - | Х |
| L5785 | Exoskeletal bk ultralt mater | - | Х | - | Х |
| | Exoskeletal ak ultra-light m | - | Χ | - | Χ |
| L5795 | Exoskel hip ultra-light mate | - | Χ | - | Х |
| L5810 | Endoskel knee-shin mnl lock | - | Х | - | X |
| L5811 | Endo knee-shin mnl lck ultra | - | Х | - | X |
| L5812 | Endo knee-shin frct swg & st | - | Χ | - | Х |
| L5814 | Endo knee-shin hydral swg ph | - | Χ | - | Χ |
| L5816 | Endo knee-shin polyc mch sta | - | Χ | - | Χ |
| L5818 | Endo knee-shin frct swg & st | - | Χ | - | Χ |
| | Endo knee-shin pneum swg frc | - | Χ | - | Χ |
| L5824 | Endo knee-shin fluid swing p | - | Х | - | X |
| L5826 | Miniature knee joint | - | Х | - | X |
| L5827 | Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping | - | Х | - | Х |
| L5828 | Endo knee-shin fluid swg/sta | _ | Х | _ | Х |
| L5830 | Endo knee-shin pneum/swg pha | _ | X | _ | X |
| | Multi-axial knee/shin system | _ | X | _ | X |
| L5841 | Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control | - | X | - | X |
| L5845 | Knee-shin sys stance flexion | - | Х | - | Х |
| | Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable | - | X | - | X |
| L5850 | Endo ak/hip knee extens assi | - | Х | - | Х |
| | Mech hip extension assist | - | X | - | X |
| | Elec knee-shin swing/stance | - | X | - | X |
| | Elec knee-shin swing only | - | X | - | X |
| L5858 | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only | - | X | - | X |
| L5910 | Endo below knee alignable sy | - | Х | - | Х |
| | eded after certain number of visits. Limit depends on plan/provider type. | | | | |

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|---------------------------------|---|-------------------|------------------------------|----------------|------------------------------|--|
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| L5920 | Endo ak/hip alignable system | - | Х | - | Χ | |
| | Above knee manual lock | - | Х | - | Х | |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | - | Х | - | Х | |
| L5930 | High activity knee frame | - | Χ | - | Χ | |
| | Endo bk ultra-light material | - | Χ | - | Х | |
| | Endo ak ultra-light material | - | Х | - | Χ | |
| | Endo hip ultra-light materia | - | Х | - | Χ | |
| | Below knee flex cover system | - | Χ | - | Х | |
| | Above knee flex cover system | - | Χ | - | Х | |
| | Hip flexible cover system | - | Χ | - | Х | |
| | Multiaxial ankle w dorsiflex | - | Χ | - | Х | |
| L5970 | Foot external keel sach foot | - | Χ | _ | Х | |
| L5971 | All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only | - | Χ | _ | Х | |
| L5972 | Flexible keel foot | - | Х | - | Х | |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes | - | Х | - | Х | |
| L5974 | Foot single axis ankle/foot | - | Х | - | Х | |
| | Combo ankle/foot prosthesis | - | Х | - | Х | |
| | Energy storing foot | - | Х | - | Х | |
| | Ft prosth multiaxial ankl/ft | - | Х | - | Х | |
| | Multi-axial ankle/ft prosth | - | Х | - | Х | |
| | Flex foot system | - | Х | - | Х | |
| L5981 | Flex-walk sys low ext prosth | - | Χ | - | Χ | |
| | Exoskeletal axial rotation u | - | Х | - | Х | |
| L5984 | Endoskeletal axial rotation | - | Х | - | Х | |
| L5985 | Lwr ext dynamic prosth pylon | - | Χ | - | Χ | |
| | Multi-axial rotation unit | - | Х | - | Χ | |
| L5987 | Shank ft w vert load pylon | - | Х | - | Χ | |
| | Vertical shock reducing pylo | - | Х | - | Χ | |
| | Addition to lower extremity prosthesis, user adjustable heel height | - | X | - | Χ | |
| | Addition to lower extremity prostheses, osseointegrated external prosthetic connector | - | Х | - | Χ | |
| | Partial hand, thumb remaining | - | X | - | Χ | |
| L6010 | Partial hand, little and/or ring finger remaining | - | Х | - | Х | |
| | Partial hand, no finger remaining | - | Х | - | Х | |

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As of: 06/17/25

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|-------|--|-------------------|------------------------------|----------------|------------------------------|--|
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| L6028 | Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to | | | | | |
| | patient model, for use without external power, not including inserts described by 16692 | - | X | - | Χ | |
| L6029 | Upper extremity addition, test socket/interface, partial hand including fingers | - | Х | - | Х | |
| L6030 | Upper extremity addition, external frame, partial hand including fingers | - | Х | - | Х | |
| L6031 | Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power | - | Х | - | Х | |
| L6032 | Replacement socket/interface, partial hand including fingers, molded to patient model, for use | - | X | - | X | |
| L6033 | with or without external power Addition to upper extremity prosthesis, partial hand including fingers, acrylic material | - | X | - | X | |
| L6037 | Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers | - | Х | - | Х | |
| L6050 | Wrst mld sck flx hng tri pad | _ | Х | - | Х | |
| | Wrst mold sock w/exp interfa | - | Х | - | Χ | |
| L6100 | Elb mold sock flex hinge pad | - | Χ | - | Х | |
| L6110 | Elbow mold sock suspension t | - | Х | - | Х | |
| L6120 | Elbow mold doub splt soc ste | - | Х | - | Х | |
| L6130 | Elbow stump activated lock h | - | Χ | - | Χ | |
| L6200 | Elbow mold outsid lock hinge | - | Χ | - | Χ | |
| L6205 | Elbow molded w/ expand inter | - | Χ | - | Χ | |
| L6250 | Elbow inter loc elbow forarm | - | Χ | - | Χ | |
| L6300 | Shider disart int lock elbow | - | Χ | - | Χ | |
| L6310 | Shoulder passive restor comp | - | Χ | - | Χ | |
| L6320 | Shoulder passive restor cap | - | Χ | - | Χ | |
| L6350 | Thoracic intern lock elbow | - | Χ | - | Χ | |
| L6360 | Thoracic passive restor comp | - | Χ | - | Χ | |
| L6370 | Thoracic passive restor cap | - | Χ | - | Χ | |
| L6380 | Postop dsg cast chg wrst/elb | - | Х | - | Х | |
| L6382 | Postop dsg cast chg elb dis/ | - | Х | - | Х | |
| L6384 | Postop dsg cast chg shlder/t | - | Х | - | Х | |
| | Postop ea cast chg & realign eded after certain number of visits. Limit depends on plan/provider type. | | Χ | | X | |

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| | | Small En | nployer / Individual | Large Employer | | |
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| L6388 | Postop applicat rigid dsg on | - | Х | - | Χ | |
| L6400 | Below elbow prosth tiss shap | - | Χ | - | Χ | |
| L6450 | Elb disart prosth tiss shap | - | Х | - | Χ | |
| L6500 | Above elbow prosth tiss shap | - | Х | - | Χ | |
| L6550 | Shldr disar prosth tiss shap | - | Χ | - | Χ | |
| L6570 | Scap thorac prosth tiss shap | - | Х | - | Χ | |
| L6580 | Wrist/elbow bowden cable mol | - | Х | - | Χ | |
| L6582 | Wrist/elbow bowden cbl dir f | - | Х | - | Χ | |
| L6584 | Elbow fair lead cable molded | - | Х | - | Χ | |
| L6586 | Elbow fair lead cable dir fo | - | Х | - | Χ | |
| L6588 | Shdr fair lead cable molded | - | Х | - | Χ | |
| L6590 | Shdr fair lead cable direct | - | Х | - | Х | |
| L6600 | Polycentric hinge pair | - | Х | - | Х | |
| L6605 | Single pivot hinge pair | - | Х | - | Х | |
| L6610 | Flexible metal hinge pair | - | Х | - | Χ | |
| L6611 | Addition to upper extremity prosthesis, external powered, additional switch, any type | - | Х | - | Χ | |
| | Disconnect locking wrist uni | - | Х | - | Χ | |
| L6616 | Disconnect insert locking wr | - | Х | - | Χ | |
| L6620 | Flexion-friction wrist unit | - | Х | - | Χ | |
| L6621 | Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered ter | - | Х | - | Х | |
| L6623 | Spring-ass rot wrst w/ latch | <u> </u> | X | _ | X | |
| | Upper extremity addition, flexion/extension and rotation wrist unit | - | X | - | X | |
| | Rotation wrst w/ cable lock | | X | | X | |
| | Quick disconn hook adapter o | | X | _ | X | |
| | Lamination collar w/ couplin | - | X | | X | |
| | Stainless steel any wrist | | X | _ | X | |
| | Latex suspension sleeve each | - | X | | X | |
| | Lift assist for elbow | | X | _ | X | |
| | Nudge control elbow lock | - | X | | X | |
| | Upper extremity addition to prosthesis, electric locking feature, only for usewith manually | | | - | | |
| | powered elbow | - | Х | - | Х | |
| | Shoulder abduction joint pai | - | Х | - | X | |
| | Excursion amplifier pulley t | - | Х | - | X | |
| | Excursion amplifier lever ty | - | X | - | X | |
| Pleaghth he | Shouldereflexion about this is in the second of the second | - | X | - | X | |



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|--------|--|-----------------------------|------------------------------|----------------|------------------------------|
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| L6646 | Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us | - | Х | - | Х |
| L6647 | Upper extremity addition, shoulder lock mechanism, body powered actuator | - | Х | - | Х |
| | Upper extremity addition, shoulder lock mechanism, external powered actuator | - | Х | - | Х |
| | Shoulder universal joint | - | Х | - | Х |
| L6655 | Standard control cable extra | - | Х | - | Х |
| | Heavy duty control cable | - | Х | - | Х |
| | Teflon or equal cable lining | - | X | - | X |
| | Hook to hand cable adapter | - | Χ | - | Х |
| | Harness chest/shider saddle | - | Х | - | Х |
| | Harness figure of 8 sing con | - | Х | - | Х |
| | Harness figure of 8 dual con | - | Х | - | Х |
| | Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow | - | Х | - | Х |
| L6680 | Test sock wrist disart/bel e | <u> </u> | Х | _ | Х |
| L6682 | Test sock elbw disart/above | _ | X | _ | X |
| | Test socket shidr disart/tho | - | X | _ | X |
| | Suction socket | - | X | - | X |
| | Frame typ socket bel elbow/w | - | X | - | X |
| | Frame typ sock above elb/dis | - | X | - | X |
| | Frame typ socket shoulder di | - | Х | - | Х |
| | Frame typ sock interscap-tho | - | Х | - | Х |
| | Removable insert each | - | Х | - | Х |
| L6692 | Silicone gel insert or equal | - | Х | - | Χ |
| | Lockingelbow forearm cntrbal | - | Χ | - | Χ |
| | Elbow socket ins use w/lock | - | Х | - | Χ |
| L6695 | Elbow socket ins use w/o lck | - | Х | - | Χ |
| L6696 | Cus elbo skt in for con/atyp | - | Х | - | Χ |
| | Cus elbo skt in not con/atyp | - | Х | - | X |
| | Below/above elbow lock mech | - | Х | - | Х |
| L6700 | Upper extremity addition, external powered feature, myoelectronic control module, additional | - | Х | - | Х |
| 1.0700 | emg inputs, pattern-recognition decoding intent movement | - | | | |
| | Terminal device, passive hand/mitt, any material, any size | - | X | - | X |
| L6704 | Terminal device, sport/recreational/work attachment, any material, any size | - | X | - | X |

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| L6706 | Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined | - | Х | - | Х | |
| L6707 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined | - | Х | - | Х | |
| L6708 | Terminal device, hand, mechanical, voluntary opening, any material, any size | - | Х | - | Х | |
| L6709 | Terminal device, hand, mechanical, voluntary closing, any material, any size | - | Х | - | Х | |
| L6711 | Terminal device, hook, mechanical, voluntary opening, any material, any size, 'lined or unlined, pediatric | - | Х | - | Х | |
| L6712 | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric | - | Х | - | Х | |
| L6713 | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric | - | Х | _ | Х | |
| L6714 | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric | - | X | _ | X | |
| L6715 | Terminal device model #5xa | - | Х | - | Х | |
| L6721 | Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined | - | Х | - | Х | |
| L6722 | Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined | - | Х | - | Х | |
| L6805 | Modifier wrist flexion unit | - | Х | _ | Х | |
| | Pincher tool otto bock or eq | - | X | _ | X | |
| | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | - | Х | - | Х | |
| L6882 | Microprocessor control feature, addition to upper limb prosthesis terminal device | - | Х | _ | Х | |
| | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power | - | Х | - | Х | |
| L6884 | Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power | - | Х | - | Х | |
| L6885 | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex | - | Х | - | X | |
| L6890 | Production glove | - | Х | _ | Х | |
| | Custom glove | _ | X | _ | X | |
| | Hand restorat thumb/1 finger | - | X | _ | X | |
| | Hand restoration multiple fi | - | X | _ | X | |
| | Hand restoration no fingers | - | X | - | X | |
| | Hand restoration replacmnt g | - | X | - | X | |
| | Wrist disarticul switch ctrl | - | X | - | X | |
| | Webistrelisartamพูดดโดยรายกล่องClimit depends on plan/provider type. | - | X | - | Χ | |



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| L6930 | Below elbow switch control | - | Х | - | Х | |
| L6935 | Below elbow myoelectronic ct | - | Х | - | X | |
| L6940 | Elbow disarticulation switch | - | Х | - | X | |
| L6945 | Elbow disart myoelectronic c | - | Х | - | X | |
| L6950 | Above elbow switch control | - | Х | - | X | |
| L6955 | Above elbow myoelectronic ct | - | Х | - | X | |
| L6960 | Shldr disartic switch contro | - | Х | - | X | |
| L6965 | Shldr disartic myoelectronic | - | Х | - | X | |
| L6970 | Interscapular-thor switch ct | - | Х | - | Х | |
| L6975 | Interscap-thor myoelectronic | - | Х | - | Х | |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric | Х | - | Х | - | |
| L7040 | Prehensile actuator hosmer s | - | Х | - | Х | |
| L7045 | Electron hook child michigan | - | Х | - | Х | |
| L7170 | Electronic elbow hosmer swit | - | Χ | - | Х | |
| L7180 | Electronic elbow utah myoele | - | Χ | - | Х | |
| | Electronic elbo simultaneous | - | Х | - | Х | |
| L7185 | Electron elbow adolescent sw | - | Х | - | Х | |
| L7186 | Electron elbow child switch | - | Х | - | Х | |
| | Elbow adolescent myoelectron | - | Х | - | Х | |
| | Elbow child myoelectronic ct | - | Х | - | Х | |
| | Six volt bat otto bock/eg ea | Х | - | Х | - | |
| | Battery chrgr six volt otto | Х | - | Х | - | |
| | Twelve volt battery utah/equ | Х | - | Х | - | |
| | Battery chrgr 12 volt utah/e | Х | - | Х | - | |
| | Lithium ion battery, replacement | Х | - | Х | - | |
| L7368 | Lithium ion battery charger, replacement only | Х | - | Х | - | |
| | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material | | | | | |
| | (titanium, carbon fiber o | - | X | - | X | |
| L7401 | Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, | | | | .,, | |
| | carbon fiber or equa | - | X | - | Х | |
| L7402 | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight | 1 | ,, | | | |
| | material (titanium, | - | X | - | Х | |
| L7403 | Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material | - | Х | - | Х | |
| | Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material | - | X | - | X | |
| | Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic | 1 | | | | |
| | energy certain number of visits. Limit depends on plan/provider type. | - | Х | - | X | |



| | Description | Small En | nployer / Individual | Large Employer | |
|-------|---|-------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| L7406 | Addition to upper extremity, user adjustable, mechanical, residual limb volume management | _ | Х | _ | Х |
| | system | | Λ | | , |
| L7499 | Upper extremity prosthes nos | - | Χ | - | Χ |
| L7900 | Vacuum erection system | X | - | - | - |
| L7902 | Tension ring, for vacuum erection device, any type, replacement only, each | X | - | - | - |
| L8033 | Nipple prosthesis custom, ea | X | - | Χ | - |
| L8039 | Breast prosthesis nos | - | Χ | - | Χ |
| L8040 | Nasal prosthesis | - | Χ | - | Χ |
| L8041 | Midfacial prosthesis | - | Χ | - | X |
| L8042 | Orbital prosthesis | - | Χ | - | X |
| L8043 | Upper facial prosthesis | - | Χ | - | X |
| L8044 | Hemi-facial prosthesis | - | Χ | - | Х |
| L8045 | Auricular prosthesis | - | Χ | - | Х |
| L8046 | Partial facial prosthesis | - | Χ | - | Х |
| L8047 | Nasal septal prosthesis | - | Χ | - | Х |
| L8048 | Unspec maxillofacial prosth | - | Χ | - | Х |
| L8049 | Repair maxillofacial prosth | - | Χ | - | Х |
| L8500 | Artificial larynx | - | Χ | - | Х |
| L8501 | Tracheostomy speaking valve | - | Χ | - | Х |
| L8505 | Artificial larynx replacement battery/accessory, any type | Х | - | Х | - |
| L8507 | Tracheo-esophageal voice prosthesis, patient inserted, any type, each | - | Х | - | Х |
| L8509 | Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type | - | Х | - | Х |
| L8510 | Voice amplifier | Х | - | Х | - |
| L8600 | Implant breast silicone/eq | _ | Х | - | Х |
| L8605 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, | Х | - | Х | - |
| | includes shipping and necessary supplies | | | | |
| L8608 | Miscellaneous external component, supply or accessory for use with the Argus II Retinal | Х | _ | Х | _ |
| | Prosthesis System | | | | |
| L8609 | Artificial cornea | X | - | Х | - |
| L8610 | Ocular implant | X | - | Х | - |
| | Ossicular implant | X | - | Χ | - |
| | Metacarpophalangeal implant | X | - | Χ | - |
| | Metacarpal phalangeal joint replacement, two or more pieces, metal | - | X | - | X |
| | Interphalangeal finger joint replacement, 2 or more pieces, metal | _ | Χ | _ | Χ |

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

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



| | | Small Employer / Individual | | Large Employer | |
|---------------------|---|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists do | o not reflect information r | egarding immu | nizations, injectable |
| L8670 | Vascular graft, synthetic | Х | - | Х | - |
| L8685 | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension | - | Х | - | Х |
| L8686 | Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension | - | Х | - | Х |
| L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension | - | Х | - | Х |
| L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension | - | Х | - | Х |
| L8690 | Auditory osseointegrated device, includes all internal and external components | - | Х | - | Х |
| L8692 | Auditory osseointedgrated device, external sound processor, used without osseiontegration, body worn, includes headband | - | Х | - | Х |
| L8701 | Pow ue rom dev ewh uprt cust | - | Х | - | Х |
| | Pow ue rom dev ewhf uprt cus | - | X | - | X |
| | External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg | Х | - | Х | - |
| L8721 | Receptor sole for use with I8720, replacement, each | Х | _ | Х | _ |
| | Advancing cancer care mips value pathways | X | - | X | - |
| | Optimal care for kidney health mips value pathways | Х | - | Х | - |
| | Supportive care for neurodegenerative conditions mips value pathways | Χ | - | Х | - |
| | Promoting wellness mips value pathways | Χ | - | Х | - |
| | Eom meos payment | Х | - | Х | - |
| M0075 | Cellular therapy | Χ | - | Х | - |
| M0076 | Prolotherapy | Х | - | Χ | - |
| M0100 | Intragastric hypothermia | Χ | - | Χ | - |
| M0300 | Iv chelationtherapy | Χ | - | Χ | - |
| M0301 | Fabric wrapping of aneurysm | Χ | - | Χ | - |
| M1003 | Tb screening performed and results interpreted within twelve months prior to initiation of first-time | Х | _ | х | _ |
| | biologic disease modifying anti-rheumatic drug therapy for ra | | | | <u>-</u> |
| | Doc med rsn no srn tb | Х | - | Χ | - |
| | Tb screening not performed or results not interpreted, reason not given | Χ | - | Χ | - |
| | Disease activity not assessed, reason not given | Χ | - | X | - |
| | >=50% of total number of a patient's outpatient ra encounters assessed | Х | - | Х | - |
| | <50% of total number of a patient's outpatient ra encounters assessed | Χ | - | Х | - |
| | Dc eoc doc med rec | Χ | - | Х | - |
| | Dc eoc doc med rec | Х | - | Х | - |
| ⁺P M aQf1 he | Bed ଗ୍ରନ୍ଥକ ପ୍ରକ୍ରେଲ୍ ନ୍ୟୁଲ୍ of visits. Limit depends on plan/provider type. | Χ | - | X | - |



| | Description | Small En | nployer / Individual | Large Employer | |
|--------|---|------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| M1012 | Dc eoc doc med rec | Х | - | Х | - |
| M1013 | Dc eoc doc med rec | Х | - | Х | - |
| M1014 | Dc epi care doc medrec | Х | - | Х | - |
| M1016 | Female patients unable to bear children | Х | - | Х | - |
| M1017 | Patient admitted to palliative care services | Х | - | Х | - |
| M1018 | Pt dx hst cr pt sk lg cr scr | Х | - | Х | - |
| M1019 | Adl pt mj dep ds rs 12 phq<5 | Х | - | Х | - |
| M1020 | Adl pt mj dep ds no rs 12 mo | Х | - | Х | - |
| M1021 | Patient had only urgent care visits during the performance period | Х | - | Х | - |
| | Imaging of the head (ct or mri) was obtained | Х | - | Х | - |
| M1028 | Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained | Х | - | Х | - |
| M1029 | Imaging of the head (ct or mri) was not obtained, reason not given | Х | - | Х | - |
| | Adults currently taking pharmacotherapy for oud | Х | - | Х | - |
| | Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days | Х | - | Х | - |
| M1035 | Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment | Х | - | Х | - |
| M1036 | Adults who have not had at least 180 days of continuous pharmacotherapy with a medication | Х | - | Х | - |
| N44007 | prescribed for oud without a gap of more than seven days | V | | V | |
| | Patients with a diagnosis of lumbar spine region cancer at the time of the procedure | X | - | X | - |
| | Patients with a diagnosis of lumbar spine region fracture at the time of the procedure | X | - | X | - |
| | Patients with a diagnosis of lumbar spine region infection at the time of the procedure | X | - | X | - |
| | Patients with a diagnosis of lumbar idiopathic or congenital scoliosis | Х | - | X | - |
| W11041 | Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or | Х | - | Х | - |
| N44040 | congenital scoliosis | V | | V | |
| | Fs no odi 9-15mo | X | - | X | - |
| | Fs oks 9-15mo = 37 Fs oks 9-15mo = 37 | X | - | X | - |
| | | | - | X | - |
| | Fs wth scr no odi pre and p | Х | - | X | - |
| | Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis | Х | - | Х | - |
| | Lg pn not meas w/ vas 1yr po | Х | - | Х | - |
| | Patient had only urgent care visits during the performance period | Х | - | Х | - |
| | Aspirin or another antiplatelet therapy used | Х | - | Х | - |
| | Breskantikanmadue Prisits. Limit depends on plan/provider type. | Χ | • | Χ | • |



| | Description | Small En | nployer / Individual | La | rge Employer |
|----------|---|-------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| M1057 | Aspirin or another antiplatelet therapy not used, reason not given | Х | - | Х | - |
| M1058 | Patient was a permanent nursing home resident at any time during the performance period | Х | - | Х | - |
| M1059 | Patient was in hospice or receiving palliative care at any time during the performance period | Х | - | Х | - |
| M1060 | Patient died prior to the end of the performance period | Х | - | Х | - |
| M1067 | Hospice services for patient provided any time during the measurement period | Х | - | Х | - |
| M1068 | Adults who are not ambulatory | Х | - | Х | - |
| M1069 | Patient screened for future fall risk | Х | - | Х | - |
| M1070 | Patient not screened for future fall risk, reason not given | Х | - | Х | - |
| M1071 | Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy | Х | - | Х | - |
| M1072 | Rom rad therapy anal, pc | Х | - | Х | - |
| | Rom rad therapy anal, tc | Х | - | Х | - |
| | Rom rad therapy bladder, pc | Х | - | Х | - |
| | Rom rad therapy bladder, to | Х | - | Х | - |
| M1076 | Rom rad ther bone mets, pc | Х | - | Х | - |
| M1077 | Rom rad ther bone mets, tc | Х | - | Х | - |
| M1078 | Rom rad ther brain mets, pc | X | - | Х | - |
| M1079 | Rom rad ther brain mets, tc | X | - | Х | - |
| M1080 | Rom rad therapy breast, pc | X | - | Х | - |
| M1081 | Rom rad therapy breast, tc | X | - | Х | - |
| M1082 | Rom rad therapy cervical, pc | X | - | Х | - |
| M1083 | Rom rad therapy cervical, tc | Х | - | Х | - |
| M1084 | Rom rad therapy cns, pc | X | - | Х | - |
| M1085 | Rom rad therapy cns, tc | Х | - | Х | - |
| M1086 | Rom rad ther colorectal, pc | X | - | Χ | - |
| M1087 | Rom rad ther colorectal, to | Х | - | Χ | - |
| | Rom rad ther head/neck, pc | X | - | Х | - |
| | Rom rad ther head/neck, tc | X | - | Х | - |
| | Rom rad therapy lung, pc | X | - | Х | - |
| | Rom rad therapy lung, tc | X | - | Х | - |
| | Rom rad therapy lymphoma, pc | X | - | Х | - |
| | Rom rad therapy lymphoma, tc | X | - | Х | - |
| | Rom rad therapy pancreas, pc | X | - | Х | - |
| *PMANP9e | Remirrad therapy panareas, Phit depends on plan/provider type. | X | - | Х | - |



| | Description | Small En | nployer / Individual | Large Employer | |
|-------|---|--|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quart cialty medications and should be directed to the Pharmacy link option within the website. | erly. Additionally, these coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| M1100 | Rom rad therapy prostate, pc | Х | - | Х | - |
| M1101 | Rom rad therapy prostate, to | X | - | Х | - |
| M1102 | Rom rad therapy gi, pc | X | - | Х | - |
| M1103 | Rom rad therapy gi, tc | X | - | Х | - |
| M1104 | Rom rad therapy uterus, pc | X | - | Х | - |
| | Rom rad therapy uterus, to | X | - | Х | - |
| M1106 | Start eoc doc med rec | X | - | Х | - |
| M1107 | Docu dx degen neuro | X | - | Х | - |
| M1108 | Oc ni pt 1-2 vis | X | - | Х | - |
| M1109 | Oc ni pt dc 1-2 vis | X | - | Х | - |
| M1110 | Oc ni pt selfdc 1-2 vis | X | - | Х | - |
| M1111 | Start eoc doc med rec | X | - | Х | - |
| M1112 | Docu dx degen neuro | X | - | Χ | - |
| M1113 | Oc ni pt 1-2 vis | X | - | Χ | - |
| M1114 | Oc ni pt dc 1-2 vis | X | - | Χ | - |
| M1115 | Oc ni pt selfdc 1-2 vis | X | - | Χ | - |
| M1116 | Start eoc doc med rec | X | - | Χ | - |
| M1117 | Docu dx degen neuro | X | - | Χ | - |
| M1118 | Oc ni pt 1-2 vis | X | - | Χ | - |
| M1119 | Oc ni pt dc 1-2 vis | X | - | Х | - |
| M1120 | Oc ni pt selfdc 1-2 vis | X | - | Х | - |
| M1121 | Start eoc doc med rec | X | - | Х | - |
| M1122 | Docu dx degen neuro | X | - | Х | - |
| M1123 | Oc ni pt 1-2 vis | X | - | Х | - |
| M1124 | Oc ni pt dc 1-2 vis | X | - | Х | - |
| M1125 | Oc ni pt selfdc 1-2 vis | X | - | Х | - |
| M1126 | Start eoc doc med rec | X | - | Χ | - |
| M1127 | Docu dx degen neuro | X | - | Χ | - |
| M1128 | Oc ni pt 1-2 vis | X | - | Χ | - |
| | Oc ni pt dc 1-2 vis | X | - | Х | - |
| | Oc ni pt self dc 1-2 vis | X | - | Х | - |
| | Docu dx degen neuro | Х | - | Х | - |
| | Oc ni pt 1-2 vis | Х | - | Х | - |
| | Oc ni pt dc 1-2 vis | Х | - | Х | - |
| M1134 | Oc ni pt self dc 1-2 vis | X | - | Х | - |
| | Starting Poed an Medice of visits. Limit depends on plan/provider type | Х | - | Х | - |



| | | Small En | ployer / Individual | Large Employer | | |
|-------|---|-------------------|------------------------------|----------------|------------------------------|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cally medications and should be directed to the Pharmacy link option within the website. | e coding lists do | not reflect information re | egarding immu | nizations, injectable | |
| M1141 | Fs no oks | Х | _ | Х | _ | |
| | Emerge cases | Х | - | Х | - | |
| | Ni rehab med chiro | Х | - | Х | - | |
| | Ongoing care not ind | Х | - | Х | - | |
| | Care not poss med rsn | Х | - | Х | - | |
| | Pt self dschg | Х | - | Х | - | |
| | No neck fs prom incap | Х | - | Х | - | |
| | Left ventricular ejection fraction (Ivef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function | Х | - | Х | - | |
| M1151 | Patients with a history of heart transplant or with a left ventricular assist device (lvad) | Х | - | Х | - | |
| | Patients with a history of heart transplant or with a left ventricular assist device (lvad) | Χ | - | Х | - | |
| | Patient with diagnosis of osteoporosis on date of encounter | Χ | - | Х | - | |
| M1159 | Hospice services provided to patient any time during the measurement period | Χ | - | Х | - | |
| M1160 | Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday | Х | - | Х | - | |
| M1161 | Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday | Х | - | Х | - | |
| M1162 | Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday | Х | - | Х | - | |
| M1163 | Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday | Х | - | Х | - | |
| M1164 | Patients with dementia any time during the patient's history through the end of the measurement period | Х | - | Х | - | |
| M1165 | Patients who use hospice services any time during the measurement period | Х | - | Х | - | |
| | Pathology report for tissue specimens produced from wide local excisions or re-excisions | Х | - | Х | - | |
| M1167 | In hospice or using hospice services during the measurement period | Χ | - | Х | - | |
| M1168 | Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period | Х | - | Х | - | |
| M1169 | Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine) | Х | - | Х | - | |
| M1170 | Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period | Х | - | Х | - | |
| M1171 | Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period | Х | - | Х | - | |

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



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|--------------------------------|---|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| M1172 | Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine) | Х | - | х | - |
| M1173 | Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period | Х | - | Х | - |
| M1174 | Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period | х | - | Х | - |
| M1175 | Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine) | Х | - | Х | - |
| M1176 | Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period | Х | - | Х | - |
| M1177 | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period | Х | - | Х | - |
| M1178 | Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine) | Х | - | Х | - |
| M1179 | Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period | Х | - | Х | - |
| M1180 | Patients on immune checkpoint inhibitor therapy | Х | - | Χ | - |
| | Grade 2 or above diarrhea and/or grade 2 or above colitis | Х | - | Χ | - |
| M1182 | Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease) | Х | 1 | Х | - |
| M1183 | Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered | Х | 1 | Х | - |
| M1184 | Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication) | Х | <u>-</u> | x | - |
| | Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given | Х | - | Х | - |
| | Patients who have an order for or are receiving hospice or palliative care | Х | - | Х | - |
| | Patients with a diagnosis of end stage renal disease (esrd) | Х | - | Х | - |
| M1188 | Patients with a diagnosis of chronic kidney disease (ckd) stage 5 | X | - | X | - |

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| M1189 | Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr) performed | Х | - | Х | - |
| | Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr) | Х | - | Х | - |
| | Hospice services provided to patient any time during the measurement period | Х | - | Х | - |
| | Patients with an existing diagnosis of squamous cell carcinoma of the esophagus | Х | - | Х | - |
| | Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both | Х | - | Х | - |
| M1194 | Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing) | х | - | х | - |
| M1195 | Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not given | Х | - | Х | - |
| M1196 | Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4 | Х | - | Х | - |
| M1197 | Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score | Х | - | Х | - |
| M1198 | Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter | Х | - | Х | - |
| M1199 | Patients receiving rrt | Х | - | Х | - |
| | Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period | X | - | X | - |
| M1201 | Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons) | Х | - | X | - |
| M1202 | Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons) | Х | - | Х | - |
| M1203 | Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given | Х | - | Х | - |
| | Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4 | Х | - | Х | - |

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

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



| | | Small En | nployer / Individual | Large Employer | |
|----------------------------------|---|-----------------|------------------------------|----------------|------------------------------|
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| M1205 | Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score | Х | - | Х | - |
| | Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter | Х | - | Х | - |
| M1207 | Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety | Х | - | Х | - |
| M1208 | Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety | Х | - | Х | - |
| M1209 | At least two orders for high-risk medications from the same drug class, (table 4), not ordered | Х | - | Х | - |
| M1210 | At least two orders for high-risk medications from the same drug class, (table 4), not ordered | Х | - | Х | - |
| M1211 | Most recent hemoglobin A1c level > 9.0% | Х | - | Х | - |
| | Hemoglobin A1c level is missing, or was not performed during the measurement period (12 months) | Х | - | Х | - |
| M1213 | No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is >= 70% | Х | - | Х | - |
| M1214 | Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and reviewed | Х | - | Х | - |
| M1215 | Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy) | Х | - | Х | - |
| M1216 | No spirometry results with confirmed airflow obstruction FEV1/FVC < 70%) documented and/or no spirometry performed with results documented during the encounter | Х | - | Х | - |
| M1217 | Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter) | Х | - | Х | - |
| M1218 | Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing) | Х | - | Χ | - |
| M1220 | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy | Х | - | Х | - |
| | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy | х | - | Х | - |
| M1222 | Glaucoma plan of care not documented, reason not otherwise specified | Х | - | Х | - |
| | Glaucoma plan of care documented | Х | - | Х | - |

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| M1224 | Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level | Х | - | Х | - |
| | Intraocular pressure (IOP) reduced by a value of greater than or equal to 20% from the pre- intervention level | Х | - | Х | - |
| M1226 | IOP measurement not documented, reason not otherwise specified | Χ | - | Χ | Ī |
| M1227 | Evidence-based therapy was prescribed | Х | - | Х | - |
| | Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test | Х | - | Х | - |
| | Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection | х | - | Х | - |
| | Patient has a reactive HCV antibody test and does not have a follow-up HCV viral test, or patient has a reactive HCV antibody test and has a follow-up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given | х | - | х | - |
| M1231 | Patient receives HCV antibody test with nonreactive result | Χ | - | Х | - |
| | Patient receives HCV antibody test with reactive result | Х | - | Х | - |
| M1233 | Patient does not receive HCV antibody test or patient does receive HCV antibody test but results not documented, reason not given | Х | - | Х | - |
| M1234 | Patient has a reactive HCV antibody test, and has a follow-up HCV viral test that does not detect HCV viremia | Х | - | Х | - |
| M1235 | Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period | Х | - | Х | - |
| M1236 | Baseline MRS > 2 | Χ | - | Х | - |
| | Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons) | Х | - | Х | - |
| | Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2 to 6 month interval between doses (i.e, first dose received after October 31) | Х | - | Х | - |
| | Patient did not respond to the question of "Patient felt heard and understood by this provider and team" | Х | - | Х | - |
| | Patient did not respond to the question of "Patient felt this provider and team put my best interests first when making recommendations about my care" | Х | - | Х | - |

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| M1241 | Patient did not respond to the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem" | Х | - | Х | - |
| M1242 | Patient did not respond to the question of "Patient felt this provider and team understood what is important to me in my life" | Х | - | Х | - |
| M1243 | Patient provided a response other than "completely true" for the question of "Patient felt heard and understood by this provider and team" | Х | - | Х | - |
| M1244 | Patient provided a response other than "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care" | Х | - | Х | - |
| M1245 | Patient provided a response other than "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem" | Х | - | Х | - |
| M1246 | Patient provided a response other than "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life" | Х | - | Х | - |
| M1247 | Patient responded "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care" | Х | - | Х | - |
| M1248 | Patient responded "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem" | Х | - | Х | - |
| M1249 | Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life" | Х | - | Х | - |
| M1250 | Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team" | Х | - | Х | - |
| M1251 | Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement) | Х | - | Х | - |
| M1252 | Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit | Х | - | Х | - |
| M1253 | Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal) | Х | - | Х | - |
| | Patients who were deceased when the HU survey reached them | Х | - | Х | - |
| M1255 | Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere) | х | - | х | - |
| M1256 | Prior history of known CVD | Х | - | Х | - |
| | CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified | X | - | X | - |
| M1258 | CVD risk assessment performed, have a documented calculated risk score | Х | - | Х | - |

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| M1259 | Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis | Х | - | Х | - |
| M1260 | Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis | Х | - | Х | - |
| M1261 | Patients who were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis | Х | - | Х | - |
| M1262 | Patients who had a transplant prior to initiation of dialysis | Х | - | Х | - |
| M1263 | Patients in hospice on their initiation of dialysis date or during the month of evaluation | Х | - | Х | - |
| | CMS Medical Evidence Form 2728 for dialysis patients: initial form completed | Х | - | Х | - |
| M1266 | Patients admitted to a skilled nursing facility (SNF) | Х | - | Х | - |
| | Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period | Х | - | Х | - |
| M1268 | Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period | Х | - | Х | - |
| M1269 | Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month | Х | - | Х | - |
| M1270 | Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period | Х | - | Х | - |
| M1271 | Patients with dementia at any time prior to or during the month | Х | - | Х | - |
| | Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period | Х | - | Х | - |
| M1273 | Patients who were admitted to a skilled nursing facility (SNF) within 1 year of dialysis initiation according to the CMS-2728 Form | Х | - | Х | - |
| M1274 | Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month | Х | - | Х | - |
| M1275 | Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period | Х | - | Х | - |
| M1276 | BMI documented outside normal parameters, no follow-up plan documented, no reason given | Х | - | Х | - |
| M1277 | Colorectal cancer screening results documented and reviewed | Х | - | Х | - |
| | Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented | Х | - | Х | - |
| M1279 | Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given | Х | - | Х | - |

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| M1280 | Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy | Х | - | Х | - |
| M1281 | Blood pressure reading not documented, reason not given | Х | - | Х | - |
| | Patient screened for tobacco use and identified as a tobacco non-user | Χ | - | Χ | - |
| M1283 | Patient screened for tobacco use and identified as a tobacco user | Χ | - | Χ | - |
| | Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period | Х | - | Х | - |
| M1285 | Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified | Х | - | Х | - |
| | BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason | Х | - | Х | - |
| | BMI is documented below normal parameters and a follow-up plan is documented | Х | - | Х | - |
| | Documented reason for not screening or recommending a follow-up for high blood pressure | X | - | X | - |
| | Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy) | х | - | Х | - |
| | Patient not eligible due to active diagnosis of hypertension | Х | - | Х | - |
| M1291 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period | Х | - | Х | - |
| M1292 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period | х | - | х | - |
| M1293 | BMI is documented above normal parameters and a follow-up plan is documented | Χ | - | Χ | - |
| | Normal blood pressure reading documented, follow-up not required | Χ | - | Χ | |
| M1295 | Patients with a diagnosis or past history of total colectomy or colorectal cancer | Х | - | Χ | |
| M1296 | BMI is documented within normal parameters and no follow-up plan is required | Х | - | Χ | |
| | BMI not documented due to medical reason or patient refusal of height or weight measurement | Х | - | Х | - |
| | Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter | Х | - | Х | - |

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| M1299 | Influenza immunization administered or previously received | Χ | - | Х | - |
| | Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons) | х | - | Х | - |
| M1301 | Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy) | х | - | Х | - |
| | Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results documented and reviewed | Х | - | Х | - |
| M1303 | Hospice services provided to patient any time during the measurement period | Х | - | Х | - |
| M1304 | Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period | Х | - | Х | - |
| | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period | Х | - | Х | - |
| | Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period | Х | - | Х | - |
| | Documentation stating the patient has received or is currently receiving palliative or hospice care | Х | - | Х | - |
| M1308 | Influenza immunization was not administered, reason not given | Х | - | Х | - |
| M1309 | Palliative care services provided to patient any time during the measurement period | Χ | - | Х | - |
| M1310 | Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user | Х | - | Х | - |
| | Anaphylaxis due to the vaccine on or before the date of the encounter | Х | - | Х | - |
| M1312 | Patient not screened for tobacco use | Χ | - | Χ | - |
| | Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period | Х | - | Х | - |
| M1314 | BMI not documented and no reason is given | Х | - | Х | - |
| M1315 | Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified | Х | - | Х | - |
| M1316 | Current tobacco non-user | Х | | Х | |
| | Patients who are counseled on connection with a CSP and explicitly opt out | Х | - | Х | - |
| | Patients who did not have documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening or documentation that there was no contact with a CSP | Х | - | Х | - |

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| M1319 | Patients who had documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening | Х | - | Х | - | |
| M1320 | Patients who screened positive for at least 1 of the 5 HRSNS | Х | - | Х | - | |
| M1321 | Patients who were not seen within 7 weeks following the date of injection for follow-up or who did not have a documented IOP or no plan of care documented if the IOP was >25 mm Hg | Х | - | Х | - | |
| M1322 | Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm Hg for injected eye | Х | - | Х | - | |
| | Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP >25 mm Hg and a plan of care was documented | Х | - | Х | - | |
| M1324 | Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant) | Х | - | Х | - | |
| | Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last 6 months and had a subsequent IOP evaluation with IOP <25mm Hg within 7 weeks of treatment) | Х | - | Х | - | |
| M1326 | Patients with a diagnosis of hypotony | Х | - | Х | - | |
| M1327 | Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 8 weeks | Х | - | Х | - | |
| M1328 | Patients with a diagnosis of acute vitreous hemorrhage | Х | - | Х | - | |
| | Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 weeks after initial acute PVD encounter | Х | - | Х | - | |
| M1330 | Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up) | Х | - | Х | - | |
| M1331 | Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam | Х | - | Х | - | |
| M1332 | Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 2 weeks | Х | | Х | | |
| | Acute vitreous hemorrhage | Χ | - | Х | = | |
| | Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter | Х | - | Х | - | |

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| M1335 | Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up) | Х | - | Х | - |
| M1336 | Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks | Х | - | Х | - |
| M1337 | Acute PVD | Х | - | Х | - |
| M1338 | Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period | Х | - | Х | - |
| M1339 | Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period | Х | - | Х | - |
| M1340 | Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period | Х | - | Х | - |
| M1341 | Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period | Х | - | Х | - |
| M1342 | Patients who died during the performance period | Х | - | Х | - |
| M1343 | Patients who are at PAM level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM | Х | - | Х | - |
| M1344 | Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score | Х | - | Х | - |
| M1345 | Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score | Х | - | Х | - |
| M1346 | Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period | Х | - | Х | - |
| M1347 | Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing) | Х | - | Х | - |
| M1348 | Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent) | Х | - | Х | - |
| M1349 | Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period | Х | - | Х | - |
| M1350 | Patients who had a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter) | Х | - | х | - |

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| M1351 | Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation) | х | - | х | - |
| M1352 | Suicidal ideation and/or behavior symptoms based on the C-SSRS or equivalent assessment | Х | - | Х | - |
| M1353 | Patients who did not have a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter) | Х | - | Х | - |
| M1354 | Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation) | х | - | х | - |
| M1355 | Suicide risk based on their clinician's evaluation or a clinician-rated tool | Χ | - | Χ | - |
| M1356 | Patients who died during the measurement period | Х | • | Χ | • |
| M1357 | Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment | Х | - | Х | - |
| M1358 | Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment | Х | - | Х | - |
| M1359 | Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero C-SSRS score is obtained | Х | - | Х | - |
| M1360 | Suicidal ideation and/or behavior symptoms based on the C-SSRS | Х | - | Х | _ |
| | Suicide risk based on their clinician's evaluation or a clinician-rated tool | Х | - | Х | - |
| M1362 | Patients who died during the measurement period | Х | - | Х | - |
| | Patients who did not have a follow-up assessment within 120 days of the index assessment | Х | - | Х | - |
| M1364 | Calculated 10-year ASCVD risk score of >=20 percent during the performance period | Х | - | Х | - |
| M1365 | Patient encounter during the performance period with hospice and palliative care specialty code | Х | - | Х | - |
| M1366 | Focusing on women's health MIPS value pathway | Х | - | Х | - |
| M1367 | Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway | X | - | X | _ |
| | Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value pathway | Х | - | Х | - |
| M1369 | Quality care in mental health and substance use disorders MIPS value pathway | Х | - | Х | - |
| | Rehabilitative support for musculoskeletal care MIPS value pathway | X | - | X | - |
| | Most recent glycemic status assessment (hba1c or gmi) level < 7.0% | Х | _ | Х | _ |

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| | | Small En | nployer / Individual | La | rge Employer |
|----------------------------------|---|-------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
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| M1372 | Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0% | Х | - | Х | - |
| M1373 | Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0% | Х | - | Х | - |
| M1374 | An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period | Х | - | Х | - |
| M1375 | An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period | х | - | Х | - |
| M1376 | An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period | х | - | Х | - |
| M1377 | Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient | Х | - | Х | - |
| M1378 | Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical reasons) | Х | - | х | - |
| M1379 | A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified | Х | - | Х | - |
| M1380 | Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note" | х | - | х | - |
| M1381 | Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure | Х | - | Х | - |
| M1382 | Patient encounter during the performance period with place of service code 11 | Х | - | Х | - |
| M1383 | Acute pvd | Χ | - | Χ | - |
| | Patients who died during the performance period | Х | - | Х | - |
| M1385 | Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four months between baseline pam assessment and follow-up | Х | - | Х | - |
| M1386 | Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of 0, i, or ii at the start of the performance period | Х | - | Х | - |
| M1387 | Patients who died during the performance period | Х | - | Х | - |
| | Patients with documentation of an exam performed for recurrence of melanoma | Х | - | Х | - |

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| M1389 | Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow- up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented) | Х | - | Х | - |
| M1390 | Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period | Х | - | Х | - |
| M1391 | All patients who were diagnosed with recurrent melanoma during the current performance period | Х | - | Х | - |
| M1392 | Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented) | Х | - | Х | - |
| M1393 | Patients who were not diagnosed with recurrent melanoma during the current performance period | Х | - | Х | - |
| M1394 | Stages i-iii breast cancer | Χ | - | Χ | - |
| M1395 | Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group | Х | - | Х | - |
| M1396 | Patients on a therapeutic clinical trial | Х | - | Х | - |
| | Patients with recurrence/disease progression | Χ | - | Х | - |
| M1398 | Patients with baseline and follow-up promis surveys documented in the medical record | Χ | - | Х | - |
| M1399 | Patients who leave the practice during the follow-up period | Χ | - | Х | - |
| M1400 | Patients who died during the follow-up period | Χ | - | Х | - |
| M1401 | Stages i-iii breast cancer | Χ | - | Х | - |
| M1402 | Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group | Х | - | Х | - |
| M1403 | Patients with baseline and follow-up promis surveys documented in the medical record | Х | - | Х | - |
| | Patients on a therapeutic clinical trial | Χ | - | Х | - |
| | Patients with recurrence/disease progression | Х | - | Х | - |
| M1406 | Patients who leave the practice during the follow-up period | Χ | - | Х | - |
| | Patients who died during the follow-up period | Х | - | Х | - |
| | Patients who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer | Х | - | Х | - |
| M1409 | Patients who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis | Х | - | Х | - |

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| M1410 | Patients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis | Х | - | Х | - |
| M1411 | Currently on first-line immune checkpoint inhibitors without chemotherapy | Χ | - | Х | - |
| M1412 | Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1 rearrangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement | | - | Х | - |
| | Patients who had a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy | Х | - | Х | - |
| M1414 | Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication) | х | - | х | - |
| | Patients who did not have a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy | Х | - | Х | - |
| | Patient received hospice services any time during the performance period | Χ | - | Χ | - |
| M1417 | Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination | Х | - | Х | - |
| | Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination because of a medical contraindication documented by clinician | Х | - | Х | - |
| M1419 | Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination | Х | - | Х | - |
| M1420 | Complete ophthalmologic care mips value pathway | Х | _ | Х | _ |
| | Dermatological care mips value pathway | Х | _ | Х | _ |
| | Gastroenterology care mips value pathway | Х | - | Х | - |
| | Optimal care for patients with urologic conditions mips value pathway | Х | - | Х | - |
| | Pulmonology care mips value pathway | Х | - | Х | - |
| | Surgical care mips value pathway | Х | - | Х | - |
| | Hair analysis | Х | - | Х | - |
| | Plaelet rich plasma unit | Х | - | Х | - |
| | One-way allow prorated miles | Х | - | Х | _ |
| | One-way allow prorated trip | Х | - | Х | _ |
| | Cardiokymography | Х | - | Х | - |
| | Pinworm examinations | Х | - | Х | - |

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| Q0114 | Fern test | Х | - | Х | - |
| Q0115 | Post-coital mucous exam | Х | - | Х | - |
| | Power adapter, combo vad | - | Χ | - | Χ |
| Q0479 | Power module combo vad, rep | - | Χ | - | Χ |
| | Driver for use with pneumatic ventricular assist device, replacement only | - | Χ | - | Χ |
| Q0481 | Microprocessor control unit for use with electric ventricular assist device, replacement only | - | Х | - | Х |
| Q0482 | Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only | - | Х | - | Х |
| Q0483 | Monitor/display module for use with electric ventricular assist device, replacement only | - | Х | - | Х |
| | Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| Q0485 | Monitor control cable for use with electric ventricular assist device, replacement only | _ | Х | - | Х |
| | Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only | - | X | - | X |
| Q0487 | Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| Q0488 | Power pack base for use with electric ventricular assist device, replacement only | - | Х | - | Χ |
| | Power pack base for use with electric/pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| Q0490 | Emergency power source for use with electric ventricular assist device, replacement only | - 1 | X | - | Х |
| | Emergency power source for use with electric/pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| Q0492 | Emergency power supply cable for use with electric ventricular assist device, replacement only | - | Х | - | Х |
| Q0493 | Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacment only | - | Х | - | Х |
| Q0494 | Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| Q0495 | Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only | Х | - | Х | - |
| Q0496 | Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only | Х | - | Х | - |
| Q0497 | Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only | Х | - | Х | - |

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| Q0498 | Holster for use with electric or electric/pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| Q0499 | Belt/vest elec/combo vad rep | - | Х | - | Х |
| | Filters for use with electric or electric/pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| Q0501 | Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| Q0502 | Mobility cart for pneumatic ventricular assist device, replacement only | - | Х | - | Х |
| | Battery for pneumatic ventricular assist device, replacement only, each | - | Х | - | Х |
| | Power adapter for pneumatic ventricular assist device, replacement only, vehicle type | - | Χ | - | Х |
| Q0506 | Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only | Х | - | Х | - |
| Q0510 | Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant | Х | - | Х | - |
| | Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first presription in a | Х | - | Х | - |
| Q0512 | Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription i | Х | - | Х | - |
| Q0513 | Pharmacy dispensing fee for inhalation drug(s); per 30 days | Х | - | Х | - |
| | Pharmacy dispensing fee for inhalation drug(s); per 90 days | Х | - | Х | - |
| | Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription | Х | - | Х | - |
| | Ntiol category 4 | Х | - | Х | - |
| Q1005 | Ntiol category 5 | Χ | - | Х | - |
| | Collagen skin test | Χ | - | Х | - |
| Q4100 | Skin substitute, not otherwise specified | Χ | - | Х | - |
| Q4130 | Strattice tm, per square centimeter | Χ | - | Х | - |
| Q4134 | Hmatrix, per square centimeter | Χ | - | Χ | - |
| Q4135 | Mediskin, per square centimeter | Χ | - | Χ | - |
| Q4136 | Ez-derm, per square centimeter | Χ | - | Χ | • |
| Q4137 | Amnioexcel or biodexcel, 1cm | Χ | - | Χ | • |
| Q4138 | Biodfence dryflex, 1cm | Χ | - | Χ | 1 |
| | Amnio or biodmatrix, inj 1cc | Χ | - | Х | - |
| | Biodfence 1cm | Χ | - | Х | - |
| | Xcm biologic tiss matrix 1cm | Χ | - | Х | - |
| | Repriza, 1cm | Χ | - | Х | - |
| Q4145 | Epifix, inj, 1mg | Χ | - | Х | - |
| PRAJtA 9e | density defain number of visits. Limit depends on plan/provider type. | Χ | - | Χ | • |



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| Q4147 | Architect ecm, 1cm | Х | - | Х | - |
| Q4148 | Neox 1k, 1cm | Х | - | Х | - |
| Q4149 | Excellagen, 0.1 cc | Х | - | Х | - |
| Q4150 | Allowrap ds or dry 1 sq cm | Х | - | Х | - |
| Q4151 | Amnioband, guardian 1 sq cm | Х | - | Х | - |
| Q4152 | Dermapure 1 square cm | Х | - | Х | - |
| Q4153 | Dermavest 1 square cm | Х | - | Х | - |
| Q4154 | Biovance 1 square cm | Х | - | Х | - |
| Q4155 | Neoxflo or clarixflo 1 mg | Х | - | Х | - |
| Q4156 | Neox 100 1 square cm | Х | - | Х | - |
| Q4157 | Revitalon 1 square cm | Х | - | Х | - |
| Q4158 | Kerecis omega3, per sq cm | Х | - | Х | - |
| Q4159 | Affinity1 square cm | Х | - | Х | - |
| Q4160 | Nushield 1 square cm | Х | - | Х | - |
| Q4161 | Bio-connekt wound matrix, per square centimeter | Х | - | Х | - |
| Q4162 | Wndex flw, bioskn flw, 0.5cc | Х | - | Х | - |
| Q4163 | Woundex, bioskin, per sq cm | Х | - | Х | - |
| Q4164 | Helicoll, per square centimeter | Х | - | Х | - |
| Q4165 | Keramatrix, per square centimeter | Х | - | Х | - |
| Q4167 | Truskin, per sq centimeter | Х | - | Х | - |
| Q4168 | Amnioband, 1 mg | Χ | - | Χ | ī |
| Q4169 | Artacent wound, per sq cm | Χ | - | Χ | - |
| Q4170 | Cygnus, per sq cm | Χ | - | Χ | - |
| Q4171 | Interfyl, 1 mg | Χ | - | Χ | - |
| Q4173 | Palingen or palingen xplus | Χ | - | Χ | ī |
| | Palingen or promatrx | Χ | • | Χ | - |
| | Miroderm | Χ | • | Χ | • |
| Q4176 | Neopatch, per sq centimeter | Χ | - | Χ | - |
| Q4177 | Floweramnioflo, 0.1 cc | Χ | • | Χ | • |
| | Flowerderm, per sq cm | Χ | - | Х | - |
| | Revita, per sq cm | Χ | - | Х | - |
| Q4181 | Amnio wound, per square cm | Χ | - | Х | - |
| Q4182 | Transcyte, per sq centimeter | Χ | - | Х | - |
| Q4183 | Surgigraft, per square centimeter | Χ | - | Х | - |
| | Cellesta, per square centimeter | Х | - | Х | - |
| -PQ40185e | Gellesta flowable ampion: (25 i mg. per oc.); per Appoder type | Х | - | Х | - |



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| Q4187 | Epicord, per square centimeter | X | - | Х | - | |
| Q4188 | Amnioarmor, per square centimeter | X | - | Χ | - | |
| Q4189 | Artacent ac, 1 mg | Х | - | Χ | = | |
| Q4190 | Artacent ac, per square centimeter | Х | - | Х | - | |
| Q4191 | Restorigin, per square centimeter | Х | - | Х | - | |
| Q4192 | Restorigin, 1 cc | Х | - | Х | - | |
| Q4193 | Coll-e-derm, per square centimeter | X | - | Х | - | |
| Q4194 | Novachor, per square centimeter | X | - | Х | - | |
| Q4195 | Puraply, per square centimeter | X | - | Х | - | |
| Q4196 | Puraply am, per square centimeter | X | - | Х | - | |
| | Puraply xt, per square centimeter | X | - | Х | - | |
| | Genesis amniotic membrane, per square centimeter | Х | - | Х | - | |
| Q4199 | Cygnus matrix, per square centimeter | Х | - | Х | - | |
| | Skin te, per square centimeter | Х | - | Х | - | |
| | Matrion, per square centimeter | Х | - | Х | - | |
| | Keroxx (2.5g/cc), 1cc | Х | - | Х | - | |
| | Derma-gide, per square centimeter | Х | - | Х | - | |
| | Xwrap, per square centimeter | Х | - | Х | - | |
| | Fluid flow or fluid gf 1 cc | Х | - | Х | - | |
| Q4209 | Surgraft per sq cm | Х | - | Х | - | |
| Q4210 | Axolotl graf dualgraf sq cm | Х | - | Х | - | |
| | Amnion bio or axobio sq cm | Х | - | Х | - | |
| | Allogen, per cc | Х | - | Х | - | |
| | Ascent, 0.5 mg | Х | - | Х | - | |
| | Cellesta cord per sq cm | Х | - | Х | - | |
| | Axolotl ambient, cryo 0.1 mg | Х | - | Х | - | |
| | Artacent cord per sq cm | Х | - | Х | - | |
| | Woundfix biowound plus xplus | Х | - | Х | - | |
| | Surgicord per sq cm | Х | - | Х | - | |
| | Surgigraft dual per sq cm | Х | - | Х | - | |
| | Bellacell hd, surederm sq cm | X | - | X | - | |
| | Amniowrap2 per sq cm | X | - | X | - | |
| | Progenamatrix, per sq cm | X | - | Х | - | |
| | Hhf10-p per sq cm | X | - | X | - | |
| | Amniobind, per sq cm | X | - | X | - | |
| | Mayowe harvipranipragagemimit depends on plan/provider type | X | - | X | - | |



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| Q4227 | Amniocore per sq cm | Х | - | Х | - |
| | Bionextpatch, per sq cm | Х | - | Х | - |
| | Cogenex amnio memb per sq cm | X | - | Х | - |
| Q4230 | Cogenex flow amnion 0.5 cc | Х | - | Х | - |
| Q4231 | Corplex p, per cc | Х | - | Х | - |
| | Corplex, per sq cm | Х | - | Х | - |
| | Surfactor /nudyn per 0.5 cc | Х | - | Х | - |
| Q4234 | Xcellerate, per sq cm | Х | - | Х | - |
| | Amniorepair or altiply sq cm | Х | - | Х | - |
| | Carepatch per sq cm | Х | - | Х | - |
| | Cryo-cord, per sq cm | Х | - | Х | - |
| | Derm-maxx, per sq cm | Х | - | Х | - |
| | Amnio-maxx or lite per sq cm | Х | - | Х | - |
| | Corecyte topical only 0.5 cc | Х | - | Х | - |
| | Polycyte, topical only 0.5cc | Х | - | Х | - |
| | Amniocyte plus, per 0.5 cc | Х | - | Х | - |
| | Procenta, per 200 mg | Х | - | Х | - |
| | Amniotext, per cc | Х | - | Х | - |
| | Coretext or protext, per cc | Х | - | Х | - |
| | Amniotext patch, per sq cm | Х | - | Х | - |
| | Dermacyte amn mem allo sq cm | Х | - | Х | - |
| | Amniply, per sq cm | Х | - | Х | - |
| | Amnioamp-mp per sq cm | Х | - | Х | - |
| | Vim, per square centimeter | Х | - | Х | - |
| | Vendaje, per square centimeter | Х | - | Х | - |
| | Zenith amniotic membrane, per square centimeter | Х | - | Х | - |
| | Reguard, topical use per sq | Х | - | Х | - |
| | Mlg complet, per sq cm | X | - | Х | - |
| | Relese, per sq cm | X | - | Х | - |
| | Enverse, per sq cm | Х | - | Х | - |
| | Celera dual layer or celera dual membrane, per square centimeter | Х | - | Х | - |
| | Signature apatch, per square centimeter | Х | - | Х | - |
| | Tag, per square centimeter | Х | - | Х | - |
| | Dual layer impax membrane, per square centimeter | Х | - | Х | - |
| | Surgraft tl, per square centimeter | Х | - | Х | - |
| | Gocgon membrane, perisquare, centimeter plan/provider type | Х | - | Х | - |



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| Q4265 | Neostim tl, per square centimeter | Х | - | Х | - |
| Q4266 | Neostim membrane, per square centimeter | X | - | Х | - |
| Q4267 | Neostim dl, per square centimeter | Х | - | Х | - |
| Q4268 | Surgraft ft, per square centimeter | X | - | Х | - |
| Q4269 | Surgraft xt, per square centimeter | Х | - | Х | - |
| Q4270 | Complete sl, per square centimeter | Х | - | Х | - |
| Q4271 | Complete ft, per square centimeter | Х | - | Х | - |
| Q4272 | Esano a, per square centimeter | Х | - | Х | - |
| Q4273 | Esano aaa, per square centimeter | Х | - | Х | - |
| | Esano ac, per square centimeter | Х | - | Х | - |
| | Esano aca, per square centimeter | Х | - | Х | - |
| | Orion, per square centimeter | Х | - | Х | - |
| Q4277 | Woundplus membrane or e-graft, per square centimeter | Х | - | Х | - |
| Q4278 | Epieffect, per square centimeter | Х | - | Х | - |
| | Epieffect, per square centimeter | Х | - | Х | - |
| Q4279 | Vendaje AC, per sq cm | Х | - | Х | - |
| | Xcell amnio matrix, per square centimeter | Х | - | Х | - |
| Q4281 | Barrera sl or barrera dl, per square centimeter | Х | - | Х | - |
| | Cygnus dual, per square centimeter | Х | - | Х | - |
| | Biovance tri-layer or biovance 3l, per square centimeter | Х | - | Х | - |
| | Dermabind sl, per square centimeter | Х | - | Х | - |
| | DermaBind DL, per sq cm | Х | - | Х | - |
| | DermaBind CH, per sq cm | Х | - | Х | - |
| | RevoShield+ Amniotic Barrier, per sq cm | Х | - | Х | - |
| | Membrane Wrap-Hydro™, per sq cm | Х | - | Х | - |
| | Lamellas XT, per sq cm | Х | - | Х | - |
| Q4292 | Lamellas, per sq cm | Х | - | Х | - |
| | Acesso DL, per sq cm | Х | - | Х | - |
| | Amnio Quad-Core, per sq cm | Х | - | Х | - |
| | Amnio Tri-Core Amniotic, per sq cm | Х | - | Х | - |
| | Rebound Matrix, per sq cm | X | - | X | - |
| | Emerge Matrix, per sq cm | X | - | X | - |
| | AmniCore Pro, per sq cm | X | - | X | - |
| | AmniCore Pro+, per sq cm | X | - | X | - |
| | Acesso TL, per sq cm | X | - | X | - |
| | | X | - | Х | - |
| read of he | Activate Matrixunes Su Sins Limit depends on plan/provider type | X | - | Х | |



| | | Small Er | nployer / Individual | Large Employer | |
|-----------|--|-------------------|-------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | se coding lists d | lo not reflect information re | egarding immu | nizations, injectable |
| Q4302 | Complete ACA, per sq cm | Х | - | Х | - |
| Q4303 | Complete AA, per sq cm | Х | - | Х | - |
| Q4304 | Grafix plus, per sq cm | - | Х | - | Χ |
| Q4305 | American amnion ac tri-layer, per square centimeter | Х | - | Х | - |
| Q4306 | American amnion ac, per square centimeter | Х | - | Х | - |
| Q4307 | American amnion, per square centimeter | Х | - | Х | - |
| Q4308 | Sanopellis, per square centimeter | Х | - | Х | - |
| Q4309 | Via matrix, per square centimeter | Х | - | Х | - |
| Q4310 | Procenta, per 100 mg | Х | - | Х | - |
| Q4311 | Acesso, per square centimeter | Х | - | Х | - |
| Q4312 | Acesso ac, per square centimeter | Х | - | Х | - |
| Q4313 | Dermabind fm, per square centimeter | Х | - | Х | - |
| Q4314 | Reeva ft, per square cenitmeter | Х | - | Х | - |
| Q4315 | Regenelink amniotic membrane allograft, per square centimeter | Х | - | Х | - |
| Q4316 | Amchoplast, per square centimeter | Х | - | Х | - |
| Q4317 | Vitograft, per square centimeter | Х | - | Х | - |
| Q4318 | E-graft, per square centimeter | Х | - | Х | - |
| Q4319 | Sanograft, per square centimeter | Х | - | Х | - |
| Q4320 | Pellograft, per square centimeter | Х | - | Х | - |
| Q4321 | Renograft, per square centimeter | Х | - | Х | - |
| Q4322 | Caregraft, per square centimeter | Х | - | Х | - |
| Q4323 | Alloply, per square centimeter | Х | - | Х | - |
| Q4324 | Amniotx, per square centimeter | Х | - | Х | - |
| Q4325 | Acapatch, per square centimeter | Х | - | Х | - |
| Q4326 | Woundplus, per square centimeter | Х | - | Х | - |
| Q4327 | Duoamnion, per square centimeter | Х | - | Х | - |
| Q4328 | Most, per square centimeter | Х | - | Х | - |
| Q4329 | Singlay, per square centimeter | Х | - | Х | - |
| Q4330 | Total, per square centimeter | Х | - | Х | - |
| Q4331 | Axolotl graft, per square centimeter | Х | - | Х | - |
| Q4332 | Axolotl dualgraft, per square centimeter | Х | - | Х | - |
| Q4333 | Ardeograft, per square centimeter | Х | - | Χ | - |
| Q4334 | Amnioplast 1, per square centimeter | Х | - | Х | - |
| Q4335 | Amnioplast 2, per square centimeter | Х | - | Х | - |
| Q4336 | Artacent c, per square centimeter | Х | - | Х | - |
| *PQ4337ee | Artagent tridentunger square centineters on plan/provider type | Х | - | Х | - |



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| Q4338 | Artacent velos, per square centimeter | Х | - | Х | - | |
| Q4339 | Artacent vericlen, per square centimeter | X | - | Х | - | |
| Q4340 | Simpligraft, per square centimeter | X | - | Х | - | |
| Q4341 | Simplimax, per square centimeter | Х | - | Х | - | |
| Q4342 | Theramend, per square centimeter | Х | - | Х | - | |
| Q4343 | Dermacyte ac matrix amniotic membrane allograft, per square centimeter | X | - | Х | - | |
| Q4344 | Tri-membrane wrap, per square centimeter | X | - | Х | - | |
| Q4345 | Matrix hd allograft dermis, per square centimeter | X | - | Х | - | |
| Q4346 | Shelter dm matrix, per square centimeter | X | - | Х | - | |
| | Rampart dl matrix, per square centimeter | X | - | Х | - | |
| Q4348 | Sentry sl matrix, per square centimeter | X | - | Х | - | |
| | Mantle dl matrix, per square centimeter | X | - | Х | - | |
| Q4350 | Palisade dm matrix, per square centimeter | X | - | Х | - | |
| | Enclose tl matrix, per square centimeter | Х | - | Х | - | |
| | Overlay sl matrix, per square centimeter | X | - | Х | - | |
| | Xceed tl matrix, per square centimeter | Х | - | Х | - | |
| | Palingen dual-layer membrane, per square centimeter | Х | - | Х | - | |
| | Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter | Х | - | Х | - | |
| Q4356 | Abiomend membrane and abiomend hydromembrane, per square centimeter | X | - | Х | - | |
| | Xwrap plus, per square centimeter | Х | - | Х | - | |
| | Xwrap dual, per square centimeter | Х | - | Х | - | |
| | Choriply, per square centimeter | Х | - | Х | - | |
| | Amchoplast fd, per square centimeter | X | - | Х | - | |
| | Epixpress, per square centimeter | Х | - | Х | - | |
| | Cygnus disk, per square centimeter | Х | - | Х | - | |
| Q4363 | Amnio burgeon membrane and hydromembrane, per square centimeter | X | - | Х | - | |
| | Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter | X | - | Х | - | |
| Q4365 | Amnio burgeon dual-layer membrane, per square centimeter | X | - | Х | - | |
| | Dual layer amnio burgeon x-membrane, per square centimeter | X | - | Х | - | |
| | Amniocore sl, per square centimeter | Х | - | Х | - | |
| | Amchothick, per square centimeter | Х | - | Х | - | |
| | Amnioplast 3, per square centimeter | Х | - | Х | - | |
| | Aeroguard, per square centimeter | Х | - | Х | - | |
| | Neoguard, per square centimeter | Х | - | Х | - | |
| | Amchoplast excel, per square centimeter | Х | - | Х | - | |
| | Mambrana wrap lite, agresquare centimete blan/provider type | Х | - | Х | - | |



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| Q4375 | Duograft ac, per square centimeter | Х | - | Х | - | |
| | Duograft aa, per square centimeter | Х | - | Х | - | |
| | Trigraft ft, per square centimeter | Χ | - | Х | - | |
| Q4378 | Renew ft matrix, per square centimeter | Χ | - | Х | - | |
| Q4379 | Amniodefend ft matrix, per square centimeter | Χ | - | Х | - | |
| Q4380 | Advograft one, per square centimeter | Χ | - | Х | - | |
| | Advograft dual, per square centimeter | Χ | - | Х | - | |
| Q5001 | Hospice in patient home | - | Х | - | Х | |
| | Hospice in assist living | - | Х | - | Х | |
| Q5003 | Hospice in It/non-skilled nf | - | Х | - | Х | |
| Q5004 | Hospice in snf | - | Х | - | Х | |
| Q5005 | Hospice, inpatient hospital | - | X | - | X | |
| Q5006 | Hospice in hospice facility | - | Χ | - | Χ | |
| Q5007 | Hospice in Itch | - | Χ | - | Χ | |
| Q5008 | Hospice in inpatient psych | - | X | - | X | |
| | Hospice, nos | - | Х | - | Х | |
| Q5010 | Hospice home care provided in a hospice facility | - | Х | - | Х | |
| | Va chaplain assessment | Χ | - | Х | - | |
| Q9002 | Va chaplain counsel individu | Х | - | Х | - | |
| Q9003 | Va chaplain counsel group | Х | - | Х | - | |
| Q9004 | Va whole health partner serv | Χ | - | Х | - | |
| Q9950 | Injection, sulfur hexafluoride lipid microspheres, per ml | Х | - | Х | - | |
| R0075 | Transport port x-ray multipl | Х | - | Х | - | |
| R0076 | Transport portable ekg | Х | - | Х | - | |
| S0201 | Partial hospitalization services, less than 24 hours, per diem | - | Χ | - | Χ | |
| S0207 | Paramedic intercept, non-hospital based als service, non-voluntary, non-transport | Х | - | Χ | - | |
| S0208 | Paramedic intercept, hospital-based als service (non-voluntary), non transport | Х | - | Χ | - | |
| S0209 | Wheelchair van, mileage, per mile | Χ | • | Χ | - | |
| S0215 | Non-emergency transportation; mileage | Χ | • | Χ | - | |
| | Medical conference by physic | Х | - | Х | - | |
| | Medical conference, 60 min | Х | - | Х | - | |
| S0250 | Comprehensive geriatric assessment and treatment planning performed by assessment team | Х | - | Х | - | |
| S0260 | History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro | Х | - | Х | - | |
| *P SQ2 70e | Physician management figatient home care standard monthly case rate per 30 days | Χ | - | Х | - | |



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| S0271 | Physician management of patient home care hospice monthly case rate per 30 days | Х | - | Х | - |
| S0272 | Physician management of patient home care episodic care monthly case rate per 30 days | Х | - | Х | - |
| S0274 | Nurse practioner visit at members home outside of a capitation arrangement | Х | - | Х | - |
| S0280 | Medical home program, comprehensive care coordination and planning, initial plan | Х | - | Х | - |
| S0281 | Medical home program, comprehensive care coordination and planning, maintenance of plan | Х | - | Х | - |
| S0285 | Colonoscopy consultation performed prior to a screening colonoscopy procedure | Х | _ | Х | - |
| S0302 | Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva | Х | - | Х | - |
| S0310 | Hospitalist services (list separately in addition to code for appropriate evaluation and management service.) | Х | - | Х | - |
| S0311 | Comprehensive management and care coordination for advanced illness, per calendar month | Х | - | Х | - |
| S0315 | Disease management program, initial assessment and initiation of program | Х | - | Х | - |
| | Disease management program, followup assessment | Х | - | Х | - |
| | Disease management program; per diem | X | - | Х | - |
| | Telephone calls by reg nurse to disease management program member | Х | - | Х | - |
| S0340 | Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar | Х | - | Х | - |
| S0341 | Lifestyle modification program for management for coronary artery disease, including all supportive services; second or | Х | - | Х | - |
| S0342 | Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua | Х | - | Х | - |
| S0353 | Treatment planning and care coordination management for cancer initial treatment | - | Х | - | Х |
| | Treatment planning and care coordination management for cancer established patient with a change of regimen | - | Х | - | Х |
| S0395 | Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic | Х | - | Х | - |
| S0504 | Single vision prescription lens (safety, athletic, or sunglass), per lens | Х | - | Х | - |
| | Bifocal vision prescription lens (safety, athletic, or sunglass), per lens | Х | - | Х | - |
| | Trifocal vision prescription lens (safety, athletic, or sunglass), per lens | Х | - | Х | - |
| | Non-prescription lens (safety, athletic, or sunglass), per lens | Х | - | Х | - |
| | Safety eyeglass frames | X | - | Х | - |
| | Sunglasses frames | Х | - | Х | - |
| S0580 | Polycarbonate lens (list this code in addition to the basic code for the lens) | Χ | - | Х | - |
| ⊃ ≨Q5⁄8 1he | Nonstandard lansolist thirscode in addition to the basic code for the lens) | Х | - | Х | - |



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|-------|---|-----------------------------|------------------------------|----------------|------------------------------|
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| S0590 | Integral lens service, miscellaneous services reported separately | Х | - | Х | - |
| S0595 | Dispensing new spectacle lenses for patient supplied frame | Χ | - | Х | - |
| S0596 | Phakic intraocular lens for correction of refractive error | Χ | - | Х | - |
| S0618 | Audiometry for hearing aid evaluation to determine the level and degree of hearing loss | Χ | - | Χ | - |
| S0622 | Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and managem | Х | - | Х | - |
| S0800 | Laser in situ keratomileusis | Χ | _ | Х | - |
| S0810 | Photorefractive keratectomy | Χ | - | Х | - |
| S0812 | Phototheraputic keratectomy (ptk) | Χ | _ | Х | - |
| | Deluxe item, patient aware (list in addition to code for basic item) | Χ | - | Х | - |
| S1002 | Customized item (list in addition to code for basic item) | Χ | - | Х | - |
| S1030 | Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code) | - | Х | - | Х |
| S1031 | Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor | - | Х | - | Х |
| S2053 | Transplantation of small int | Х | - | Х | - |
| S2054 | Transplantation of multivisc | Χ | - | Х | - |
| | Harvesting of donor multivis | Χ | - | Х | - |
| S2060 | Lobar lung transplantation | - | Χ | - | Х |
| | Donor lobectomy (lung) | - | Χ | - | Х |
| S2065 | Simultaneous pancreas kidney transplantation | - | Χ | - | Х |
| | Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline | Х | - | Х | - |
| S2102 | Islet cell tissue transplant | Х | - | Х | - |
| | Adrenal tissue transplant | X | - | Х | - |
| S2107 | Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe | Х | - | Х | - |
| | Cord blood harvesting | _ | Х | - | Х |
| | Cord blood-derived stem-cell | Χ | - | Х | - |
| | Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe | - | Х | - | Х |
| S2152 | Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, | Х | - | Х | - |
| S2202 | Echosclerotherapy | Х | _ | Х | - |
| S2230 | Implantation of magnetic component of semi-implantable hearing device on ossicles in middle | X | | X | - |



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| S2260 | Induced abortion, 17 to 24 weeks, any surgical method | Х | - | Х | - |
| S2265 | Abortion for fetal indication, 25-28 weeks | Х | - | Х | - |
| S2266 | Abortion for fetal indication, 29-31 weeks | Χ | - | Χ | - |
| S2267 | Abortion for fetal induction, 32 weeks or greater | Х | - | Х | - |
| S2300 | Arthroscopy, shoulder, surgi | Х | - | Х | - |
| S2348 | Decompress disc rf lumbar | Х | - | Х | - |
| S2350 | Diskectomy, anterior, with d | Χ | - | Х | - |
| S2351 | Diskectomy, anterior, with d | Χ | - | Х | - |
| S2405 | Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero | Χ | - | Х | - |
| | Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified | Х | - | Х | - |
| | Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure | Х | - | Х | - |
| | Performance measurement, evaluation of patient self assessment, depression | Х | _ | Х | _ |
| | Saliva test, hormone level; | Х | - | Х | _ |
| | Saliva test, hormone level; | Х | - | Х | _ |
| | Genetic testing for amyotrophic lateral sclerosis (als) | - | Х | - | Х |
| S3840 | Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2 | - | Х | - | Х |
| | Genetic testing for retinoblastoma | _ | Х | - | Х |
| | Genetic testing for von hippel-lindau disease | _ | Х | - | Х |
| | Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness | - | Х | - | X |
| S3845 | Genetic testing for alpha-thalassemia | _ | Х | - | Х |
| | Genetic testing for hemoglobin e beta-thalassemia | _ | X | - | X |
| | Genetic testing for niemann-pick disease | _ | Х | - | Х |
| | Genetic testing for sickle cell anemia | _ | Х | - | Х |
| | Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease | Х | - | Х | - |
| | Genetic testing for myotonic muscular dystrophy | - | Х | - | Х |
| | Gene expression profiling panel for use in the management of breast cancer treatment | - | X | - | X |
| S3861 | Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome | - | X | - | X |
| | Comprehensive gene sequence analysis for hypertrophic cardiomyopathy | _ | Х | _ | X |
| S3866 | Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mu | _ | X | - | X |

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

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



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| | Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism | _ | Х | _ | Х | |
| | spectrum disorder and/or mental | | | | | |
| | Surface electromyography (emg) | Х | - | Х | - | |
| | Masters two step | X | - | Χ | - | |
| | Interim labor facility global (labor occurring but not resulting in delivery) | X | - | Х | - | |
| | In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with | X | - | Х | - | |
| | Complete cycle, gamete intrafallopian transfer (gift), case rate | Х | - | Х | - | |
| | Complete cycle, zygote intrafallopian transfer (zift), case rate | X | - | X | - | |
| | Complete in vitro fertilization cycle, case rate | X | - | X | - | |
| | Frozen in vitro fertilization cycle, case rate | X | - | X | - | |
| | Incomplete cycle, treatment cancelled prior to stimulation, case rate | X | - | X | - | |
| | Frozen embryo transfer procedure cancelled before transfer, case rate | X | - | X | - | |
| | In vitro fertilization procedure cancelled before aspiration, case rate | X | - | X | - | |
| | In vitro fertilization procedure cancellation after aspiration, case rate | X | - | X | - | |
| | Assisted oocyte fertilization, case rate | X | - | X | - | |
| | Donor egg cycle, incomplete, case rate | X | - | X | _ | |
| | Air polymer-type a intrauterine foam, per study dose | X | - | X | - | |
| | Donor services for in vitro fertilization (sperm or embryo), case rate | X | - | X | - | |
| | Procurement of donor sperm from sperm bank | X | - | X | - | |
| | Storage of previously frozen embryos | X | - | X | _ | |
| | Microsurgical epididymal sperm aspiration (mesa) | X | - | X | - | |
| | Sperm procurement and cryopreservation services; initial visit | X | - | X | _ | |
| | Sperm procurement and cryopreservation services; subsequent visit | X | - | X | _ | |
| | Stimulated intrauterine insemination (iui), case rate | X | - | X | - | |
| | Cryopreserved embryo transfer, case rate | X | - | X | - | |
| | Monitoring and storage of cryopreserved embryos, per 30 days | X | - | X | - | |
| | Ovulation mgmt per cycle | X | - | X | _ | |
| | Penile contracture device, manual, greater than 3 lbs traction force | Х | - | Х | - | |
| | Nicotine patches, legend | X | - | X | - | |
| | Nicotine patches, non-legend | X | - | X | - | |
| | Contraceptive pills for birth control | X | - | X | - | |
| | Smoking cessation gum | X | - | X | - | |
| | Prescription drug, generic | X | - | X | - | |
| | Prescription drug,brand name | X | - | X | - | |
| | မြေကျွန်းများမှာ ရက်မျှနှာမှာ များများများမှာ မြောက်များမှာ မေးမှာ မေးမ | | Х | <u> </u> | Х | |



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| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, t cialty medications and should be directed to the Pharmacy link option within the website. | these coding lists d | o not reflect information r | egarding immu | nizations, injectable | |
| S5036 | Home infusion therapy, repair of infusion device (e.g., pump repair) | - | Х | - | Χ | |
| S5100 | Day care services, adult, per 15 minutes | X | - | Χ | - | |
| S5101 | Day care services, adult, per half day | X | - | Χ | - | |
| S5102 | Day care services, adult, per diem | X | - | Х | - | |
| S5105 | Day care services, center based, not incl in program fee, per diem | X | - | Х | - | |
| S5108 | Home care training to home care client, per 15 minutes | - | Х | - | Χ | |
| S5109 | Home care training to home care client, per 15 minutes per session | - | Х | - | Χ | |
| S5110 | Home care training, family, per 15 minutes | X | - | Х | - | |
| S5111 | Home care training, family, per session | X | - | Х | - | |
| S5115 | Home care training, non-family, per 15 minutes | X | - | Х | - | |
| S5116 | Home care training, non-family, per session | X | - | Х | - | |
| S5120 | Chore services, per 15 minutes | X | - | Х | - | |
| S5121 | Home care training, family, per diem | X | - | Х | - | |
| S5125 | Attendant care services, per 15 minutes | X | - | Х | - | |
| S5126 | Attendant care services, per diem | X | - | Х | - | |
| S5130 | Homemaker service, nos, per 15 minutes | X | - | Х | - | |
| | Homemaker services, nos, per diem | X | - | Х | - | |
| S5135 | Companion care, adult, per 15 minutes | X | - | Х | - | |
| S5136 | Companion care, adult, per diem | X | - | Х | - | |
| | Foster care, adult, per diem | X | - | Х | - | |
| S5141 | Foster care, adult, per month | X | - | Х | - | |
| S5145 | Foster care, therapeutic, child, per diem | X | - | Х | - | |
| | Foster care, therapeutic, child, per month | X | - | Х | - | |
| | Unskilled respite care, not hospice, per 15 minutes | X | - | Х | - | |
| | Unskilled respite care, not hospice, per diem | X | - | Х | - | |
| | Emergency response system, installation and testing | X | - | Х | - | |
| | Emergency response system, service fee per month | X | - | Х | - | |
| S5162 | Emergency response system, purchase only | X | - | Х | - | |
| | Home modifications, per service | X | - | Х | - | |
| | Home delivered meals, including preparation, per meal | Х | - | Х | - | |
| | Laundry service, external, professional, per order | Х | - | Х | - | |
| | Home health respiratory therapy, initial evaluation | - | Х | - | Χ | |
| | Home health respiratory therapy, nos, per diem | - | Х | - | Χ | |
| | Medication reminder services, no face to face, per month | Х | - | Х | - | |
| | Wellness assessment, performed by non-physician | X | - | Х | - | |
| | Scleral application of tantalum ring(s) for localization of Jesions for proton beam therapy | Х | - | Χ | | |



| | Description | Small Employer / Individual | | Large Employer | |
|-------------------------|---|-----------------------------|------------------------------|----------------|------------------------------|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| S8035 | Magnetic source imaging | - | - | Х | - |
| S8040 | Topographic brain mapping | Х | - | Χ | - |
| 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 | Χ | - | Χ | - |
| | included in the CPT code for multifetal pregnancy reduction | | | | |
| S8085 | Fluorine-18 fluorodeoxygluco | Х | - | Х | - |
| S8092 | Electron beam computed tomog | Х | - | Х | - |
| S8130 | Interferential current stimulator, 2 channel | Х | - | Χ | - |
| S8131 | Interferential current stimulator, 4 channel | Х | - | Χ | - |
| S8415 | Supplies for home delivery of infant | Х | - | Х | - |
| S8930 | Auricular electrostim | Х | - | Χ | - |
| S8940 | Equestrian/hippotherapy, per session | Х | - | Χ | - |
| S8948 | Application of a modality (requiring constant provider attendance) to one or | Х | - | Х | - |
| S8950 | Complex lymphedema therapy, | Х | - | Χ | - |
| S8990 | Physical or manipulative therapy performed for maintenance rather than restoration | Х | - | Х | - |
| S9001 | Home uterine monitor with or | Х | - | Х | - |
| S9002 | Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation | Х | | Х | |
| | device | ^ | 1 | ^ | • |
| S9007 | Ultrafiltration monitor | - | Χ | - | Χ |
| S9024 | Paranasal sinus ultrasound | Χ | • | Χ | • |
| S9034 | Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp, | Χ | • | Χ | • |
| | Procuren or other growth fac | Χ | 1 | Χ | - |
| S9056 | Coma stimulation per diem | Χ | • | Χ | • |
| | Vertebral axial decompressio | Χ | 1 | Χ | - |
| | Home visit for wound care | - | Χ | - | Χ |
| S9098 | Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, | | X | | Х |
| | blood draw, supplies a | _ | ^ | _ | Χ |
| S9110 | Telemonitoring of patient in their home, including all necessary equipment; computer system, | Х | | Х | |
| | connections, and software; maintenance; patient education and support; per | ^ | • | ^ | • |
| S9117 | Back school, per visit | - | Χ* | - | X* |
| S9122 | Home health aide or certifie | Х | - | Х | - |
| | Nursing care, in the home; b | Х | - | - | Χ |
| | Nursing care, in the home; b | Х | - | - | Χ |
| S9125 | Respite care, in the home, p | Х | - | Х | - |
| | Hospice care, in the home, p | - | Χ | - | Χ |
| , Sea 1 t 2 7 ne | Secial work in in the hears. Limit depends on plan/provider type. | - | Χ | - | Χ |



| | Description | Small Er | nployer / Individual | Large Employer | | |
|-------|---|--------------------|------------------------------|----------------|------------------------------|--|
| Codes | | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website. | ese coding lists d | o not reflect information re | egarding immu | inizations, injectable | |
| S9128 | Speech therapy, in the home, | - | X* | - | X* | |
| | Occupational therapy, in the | - | X* | - | X* | |
| | Physical therapy, in the home, per diem | - | X* | - | X* | |
| | Diabetic management program, | X | - | Х | - | |
| | Diabetic management program, | Х | - | Х | - | |
| | Insulin pump initiation, instruction in initial use of pump (pump not included) | Х | - | Х | - | |
| S9150 | Evaluation by ocularist | Х | - | Х | - | |
| | Speech therapy, re-evaluation | - | Χ | - | Х | |
| | Delivery or service to high risk areas requiring escort or extra protection, per visit | Х | - | Х | - | |
| | Pharmacy compounding and dispensing services | Х | - | Х | - | |
| | Med food non inborn err meta | Х | - | Х | - | |
| S9436 | Childbirth preparation/lamaze classes, non-physician provider, per session | Х | - | Х | - | |
| | Childbirth refresher classes, non-physician provider, per session | Х | - | Х | - | |
| | Cesarean birth classes, non-physician provider, per session | Х | - | Х | - | |
| | Vbac (vaginal birth after cesarean) classes, non-physician provider, per session | Х | - | Х | - | |
| | Birthing classes, non-physician provider, per session | Х | - | Х | - | |
| | Parenting classes, non-physician provider, per session | Х | - | Х | - | |
| | Infant safety (including cpr) classes, non-physician provider, per session | Х | - | Х | - | |
| | Weight management classes, non-physician provider, per session | Х | - | Х | - | |
| | Exercise classes, non-physician provider, per session | Х | - | Х | - | |
| | Smoking cessation classes, non-physician provider, per session | Х | - | Х | - | |
| | Stress management classes, non-physician provider, per session | Х | - | Х | - | |
| | Cardiac rehabilitation progr | Х | - | Х | - | |
| | Pulmonary rehabilitation pro | Х | - | Х | - | |
| S9474 | Enterostomal therapy by a re | Х | - | Х | - | |
| | Ambulatory setting substance | - | Χ | - | Х | |
| | Vestibular rehabilitation program, non-physician provider, per diem | Х | - | Х | - | |
| | Intensive outpatient psychia | - | Х | - | Х | |
| | Family stabilization services, per 15 minutes | Х | - | Х | - | |
| | Crisis intervention mental health services, per hour | - | Х | - | Х | |
| | Crisis intervention mental h | - | Х | - | Х | |
| | Services by a journal-listed christian science practitioner for the purpose of healing, per diem | Х | - | Х | - | |
| S9901 | Christian sci nurse visit | Х | - | Х | - | |
| | Air ambulanc nonemerg fixed | Х | - | Х | - | |
| | Aditi affebulatin nonemere vota i Vimit depends on plan/provider type. | Х | - | Х | - | |



| | | Small En | nployer / Individual | La | Large Employer | | |
|-------|---|----------------|------------------------------|----------------|------------------------------|--|--|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required | | |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists d | o not reflect information r | egarding immu | nizations, injectable | | |
| S9970 | Health club membership, annual | Х | - | Х | - | | |
| S9975 | Transplant related lodging, meals and transportation, per diem | Χ | - | Х | - | | |
| | Lodging, per diem, not otherwise specified | Χ | - | Х | - | | |
| S9977 | Meals, per diem, not otherwise specified | Χ | - | Х | - | | |
| S9981 | Medical records copying fee, administrative | Χ | - | Х | - | | |
| | Medical records copying fee, per page | Χ | - | Х | - | | |
| | Not medically necessary service (patient is aware that service not medically necessary) | Х | - | Х | - | | |
| | Services provided outside of the united states of america (list in addition to code(s) for service(s) | Х | - | Х | - | | |
| S9992 | Transportation costs to and | Х | - | Х | - | | |
| | Lodging costs (e.g. hotel ch | Χ | - | Х | - | | |
| | Meals for clinical trial par | Χ | - | Х | - | | |
| | Sales tax | Х | - | Х | - | | |
| | Private duty/independent nursing service(s) - licensed, up to 15 minutes | Х | - | - | Х | | |
| | Nursing assessment/evaluation | Х | - | - | Х | | |
| | Rn services, up to 15 minutes | Х | - | - | Х | | |
| | Lpn/lvn services, up to 15 minutes | Х | - | - | Х | | |
| | Services of a qualified nursing aide, up to 15 minutes | Х | - | Х | - | | |
| | Respite care services, up to 15 minutes | Х | - | Х | - | | |
| | Alcohol and/or substance abuse services, family/couple counseling | X | _ | X | - | | |
| | Alcohol and/or substance abuse services, treatment plan development and/or modification | Х | - | Х | - | | |
| | Child sitting services for children of the individual receiving alcohol and/or substance abuse services | Х | - | Х | - | | |
| T1010 | Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) | Х | - | Х | - | | |
| T1012 | Alcohol and/or substance abuse services, skills development | Х | - | Х | - | | |
| | Sign language or oral interpreter services | X | _ | X | - | | |
| | Telehealth transmission, per minute, professional services bill separately | X | - | X | - | | |
| | Clinic visit/encounter, all-inclusive | X | - | X | - | | |
| | Case management, each 15 minutes | X | _ | X | - | | |
| | Targeted case management, each 15 minutes | X | - | X | - | | |
| | School-based individualized education program (iep) services, bundled | X | - | X | - | | |
| | Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, | Х | - | X | - | | |
| | Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, | Х | - | Х | - | | |



| | | Small En | nployer / Individual | Laı | ge Employer |
|-----------------------|---|-----------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website. | coding lists de | o not reflect information r | egarding immu | nizations, injectable |
| T1021 | Home health aide or certified nurse assistant, per visit | Х | - | Х | - |
| T1022 | Contracted home health agency services, all services provided under contract,per day | Χ | - | Х | - |
| T1023 | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, pr | Х | - | Х | - |
| T1024 | Evaluation and treatment by an integrated, specialty team contracted to providecoordinated care to multiple or severely | Х | - | Х | - |
| T1025 | Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m | Х | - | Х | - |
| T1026 | Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m | Х | - | Х | - |
| T1027 | Family training and counseling for child development, per 15 minutes | Х | - | Х | - |
| | Assessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs | Х | - | Х | - |
| T1029 | Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling | Х | - | Х | - |
| T1030 | Nursing care, in the home, by registered nurse, per diem | - | Х | - | Χ |
| T1031 | Nursing care, in the home, by licensed practical nurse, per diem | - | Х | - | Х |
| | Services performed by a doula birth worker, per 15 minutes | Χ | - | Х | - |
| T1033 | Services performed by a doula birth worker, per diem | Х | - | Χ | - |
| | Comm bh clinic svc per diem | Х | - | Х | - |
| | Comm bh clinic svc per month | Х | - | Х | - |
| | Elec med comp dev, noc | Х | - | Х | - |
| | Non-emergency transportation; patient attendant/escort | Х | - | Х | - |
| | Non-emergency transportation; per diem | Х | - | Х | - |
| | Non-emergency transportation; encounter/trip | Х | - | Х | - |
| | Non-emergency transport; commercial carrier, multi-pass | Х | - | Х | - |
| | Non-emergency transportation; non-ambulatory stretcher van | Х | - | Х | - |
| T2007 | Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments | Х | - | Х | - |
| T2010 | Preadmission screening and resident review (pasrr) level i id screening, per screen | Χ | - | Χ | - |
| | Preadmission screening and resident review (pasrr) level ii eval, per eval | Х | - | Х | - |
| | Habilitation, educational; waiver, per diem | Χ | - | Χ | - |
| T2013 | Habilitation, educational, waiver; per hour | Χ | - | Χ | - |
| T2014 | Habilitation, prevocational, waiver; per diem | Χ | - | Χ | - |
| | Habilitation, prevocational, waiver; per hour | Х | - | Х | - |
| *Pr E20:116 1e | Habilitationairosidestialvisse veritees dies on plan/provider type. | Х | - | Χ | - |



| | | Small En | nployer / Individual | Lar | ge Employer |
|--------------|--|------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes cialty medications and should be directed to the Pharmacy link option within the website. | e coding lists d | o not reflect information r | egarding immu | nizations, injectable |
| T2017 | Habilitation, residential, waiver; 15 minutes | Х | - | Х | - |
| T2018 | Habilitation, supported employment, waiver; per diem | Χ | - | Χ | - |
| T2019 | Habilitation, supported employment, waiver; per 15 minutes | Χ | - | Χ | - |
| T2020 | Day habilitation, waiver; per diem | Χ | - | Χ | - |
| T2021 | Day habilitation, waiver; per 15 minutes | Х | - | Х | - |
| | Case management, per month | Х | - | Х | - |
| | Targeted case management; per month | Х | - | Х | - |
| T2024 | Service assessment/plan of care development, waiver | Х | - | Х | - |
| | Waiver services; not otherwise specified (nos) | Х | - | Х | - |
| | Specialized childcare, waiver; per diem | Х | - | Х | - |
| T2027 | Specialized childcare, waiver; per 15 minutes | Х | - | Х | - |
| | Specialized supply, not otherwise specified, waiver | Х | - | Х | - |
| T2029 | Specialized medical equipment, not otherwise specified, waiver | Х | - | Х | - |
| | Assisted living, waiver; per month | Х | - | Х | - |
| | Assisted living; waiver, per diem | Х | - | Х | - |
| | Residential care, not otherwise specified (nos), waiver; per month | Х | - | Х | - |
| | Residential care, not otherwise specified (nos), waiver; per diem | Х | - | Х | - |
| | Crisis intervention, waiver; per diem | Х | - | Х | - |
| | Utility services to support medical equipment and assistive technology/devices, waiver | Х | - | Х | - |
| | Therapeutic camping, overnight, waiver; each session | Х | - | Х | - |
| | Therapeutic camping, day, waiver; each session | Х | - | Х | - |
| | Community transition, waiver; per service | Х | - | Х | - |
| | Vehicle modifications, waiver; per service | Х | - | Х | - |
| | Financial management, self-directed, waiver; per 15 minutes | Х | - | Х | - |
| | Supports brokerage, self-directed, waiver; per 15 minutes | Х | - | Х | - |
| | Hospice routine home care; per diem | - | Х | - | Х |
| | Hospice continuous home care; per hour | - | Х | - | Х |
| | Hospice inpatient respite care; per diem | Х | - | Х | - |
| | Hospice general inpatient care; per diem | - | Х | - | Х |
| | Hospice long term care, room and board only; per diem | Х | - | Х | - |
| | Hab prevo waiver per 15 | Х | - | Х | - |
| | Behavioral health; long-term care residential (non-acute care in a residential program, per diem | Х | - | Х | - |
| | Non-emergency transportation; stretcher van, mileage; per mile | Х | - | Х | |
| T2050 | Financial mgt waiver/diem | Х | - | Х | - |
| *PrE20151her | Support braker waiver diam Limit depends on plan/provider type. | Х | - | Χ | - |



| | | Small En | nployer / Individual | Laı | rge Employer |
|----------|--|-------------------------------|------------------------------|----------------|------------------------------|
| Codes | Description | Not Covered | Preauthorization Required | Not Covered | Preauthorization Required |
| | lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additically medications and should be directed to the Pharmacy link option within the website. | ionally, these coding lists d | o not reflect information re | egarding immu | nizations, injectable |
| T4521 | Adult size brief/diaper sm | Х | - | Х | - |
| T4522 | Adult size brief/diaper med | Х | - | Χ | - |
| T4523 | Adult size brief/diaper lg | Х | - | Χ | - |
| T4524 | Adult size brief/diaper xl | Х | - | Χ | - |
| T4525 | Adult size pull-on sm | Х | - | Χ | - |
| T4526 | Adult size pull-on med | Х | - | Χ | - |
| T4527 | Adult size pull-on Ig | Х | - | Χ | - |
| T4528 | Adult size pull-on xl | Х | - | Χ | - |
| T4529 | Ped size brief/diaper sm/med | Х | - | Χ | - |
| T4530 | Ped size brief/diaper lg | Х | - | Χ | - |
| T4531 | Ped size pull-on sm/med | Х | - | Χ | - |
| T4532 | Ped size pull-on lg | Х | - | Χ | - |
| T4533 | Youth size brief/diaper | Х | - | Χ | - |
| T4534 | Youth size pull-on | Х | - | Χ | - |
| T4535 | Disposable liner/shield/pad | Х | - | Χ | - |
| T4536 | Reusable pull-on any size | Х | - | Χ | - |
| T4537 | Reusable underpad bed size | Х | - | Χ | - |
| T4538 | Diaper serv reusable diaper | Х | - | Χ | - |
| T4539 | Reuse diaper/brief any size | Х | - | Χ | - |
| T4540 | Reusable underpad chair size | Х | - | Х | - |
| T4541 | Large disposable underpad | Х | - | Χ | - |
| T4542 | Small disposable underpad | Х | - | Х | - |
| | Disposable incontinence product, brief/diaper, bariatric, each | Х | - | Χ | - |
| T4544 | Adlt disp und/pull on abv xl | Х | - | Χ | - |
| T4545 | Incontinence product, disposable, penile wrap, each | Х | - | Χ | - |
| T5001 | Positioning seat for persons with special orthopedic needs, for use in vehicles | Х | - | Χ | - |
| V2020 | Vision svcs frames purchases | - | - | Χ | - |
| V2025 | Eyeglasses delux frames | Х | - | Χ | - |
| V2100 | Lens spher single plano 4.00 | - | - | Х | - |
| V2101 | Single visn sphere 4.12-7.00 | - | - | Χ | - |
| V2102 | Singl visn sphere 7.12-20.00 | - | - | Х | - |
| | Spherocylindr 4.00d/12-2.00d | - | - | Χ | - |
| V2104 | Spherocylindr 4.00d/2.12-4d | - | - | Х | - |
| | Spherocylinder 4.00d/4.25-6d | - | - | Х | - |
| V2106 | Spherocylinder 4.00d/>6.00d | - | - | Х | - |
| -V21107- | Spherocylinder 4,25d/1232d imit depends on plan/provider type | - | - | Х | - |



| V2108 Sph V2109 Sph V2110 Sph V2111 Sph V2112 Sph | note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the medications and should be directed to the Pharmacy link option within the website. herocylinder 4.25d/2.12-4d herocylinder 4.25d/4.25-6d herocylinder 4.25d/over 6d | Not Covered nese coding lists d | Preauthorization Required to not reflect information re | Not Covered egarding immu | Preauthorization Required nizations, injectable |
|---|--|---------------------------------------|---|---------------------------------|---|
| V2108 Sph V2109 Sph V2110 Sph V2111 Sph V2112 Sph | medications and should be directed to the Pharmacy link option within the website. herocylinder 4.25d/2.12-4d herocylinder 4.25d/4.25-6d herocylinder 4.25d/over 6d | - | o not reflect information re | | nizations, injectable |
| V2109 Sph V2110 Sph V2111 Sph V2112 Sph | herocylinder 4.25d/4.25-6d herocylinder 4.25d/over 6d | - | - | X | |
| V2110 Sph V2111 Sph V2112 Sph | herocylinder 4.25d/over 6d | - | | ^ | - |
| V2111 Sph V2112 Sph | | | - | Χ | - |
| V2112 Sph | h | - | - | Χ | - |
| | herocylindr 7.25d/.25-2.25 | - | - | Χ | - |
| 1/0/1/0 | herocylindr 7.25d/2.25-4d | - | - | Χ | - |
| V2113 Sph | herocylindr 7.25d/4.25-6d | - | - | Χ | - |
| V2114 Sph | herocylinder over 12.00d | - | - | Χ | - |
| V2115 Len | ns lenticular bifocal | - | - | Χ | - |
| V2118 Len | ns aniseikonic single | - | - | Χ | - |
| V2121 Len | nticular lens, per lens, single | - | - | Χ | - |
| V2200 Len | ns spher bifoc plano 4.00d | - | - | Χ | _ |
| V2201 Len | ns sphere bifocal 4.12-7.0 | - | - | Χ | - |
| V2202 Len | ns sphere bifocal 7.12-20. | - | - | Χ | _ |
| V2203 Len | ns sphcyl bifocal 4.00d/.1 | - | - | Χ | - |
| V2204 Len | ns sphcy bifocal 4.00d/2.1 | - | - | Χ | _ |
| V2205 Len | ns sphcy bifocal 4.00d/4.2 | - | - | Χ | - |
| V2206 Len | ns sphcy bifocal 4.00d/ove | - | - | Χ | _ |
| V2207 Len | ns sphcy bifocal 4.25-7d/. | - | - | Χ | - |
| V2208 Len | ns sphcy bifocal 4.25-7/2. | - | - | Χ | - |
| V2209 Len | ns sphcy bifocal 4.25-7/4. | - | - | Χ | - |
| V2210 Len | ns sphcy bifocal 4.25-7/ov | - | - | Χ | - |
| V2211 Len | ns sphcy bifo 7.25-12/.25- | - | - | Χ | - |
| V2212 Len | ns sphcyl bifo 7.25-12/2.2 | - | - | Χ | - |
| | ns sphcyl bifo 7.25-12/4.2 | - | - | Χ | - |
| | ns sphcyl bifocal over 12. | - | - | Χ | - |
| V2215 Len | ns lenticular bifocal | - | - | Χ | • |
| | ns aniseikonic bifocal | - | - | Χ | - |
| V2219 Len | ns bifocal seg width over | - | - | Χ | • |
| | ns bifocal add over 3.25d | - | - | Х | - |
| | nticular lens, per lens, bifocal | - | - | Х | - |
| | ns bifocal speciality | - | - | Х | - |
| | ns sphere trifocal 4.00d | - | - | Х | - |
| | ns sphere trifocal 4.12-7. | - | - | Χ | - |
| | ns sphere trifocal 7.12-20 | - | - | Х | 1 |
| | ns sphcy trifocal 4.0/.12- | - | - | Χ | - |
| PK2394edlen | Sinsphery trifned of 42 25 Limit depends on plan/provider type | - | - | Χ | ı |



| | | Small Er | nployer / Individual | La | rge Employer |
|-------|---|-------------------------|------------------------------|----------------|------------------------------|
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| V2305 | Lens sphcy trifocal 4.0/4.25 | - | - | Х | - |
| V2306 | Lens sphcyl trifocal 4.00/>6 | - | - | Х | - |
| V2307 | Lens sphcy trifocal 4.25-7/. | - | - | Х | - |
| V2308 | Lens sphc trifocal 4.25-7/2. | - | - | Х | - |
| V2309 | Lens sphc trifocal 4.25-7/4. | - | - | Х | - |
| V2310 | Lens sphc trifocal 4.25-7/>6 | - | - | Х | - |
| V2311 | Lens sphc trifo 7.25-12/.25- | - | - | Х | - |
| V2312 | Lens sphc trifo 7.25-12/2.25 | - | - | Х | - |
| V2313 | Lens sphc trifo 7.25-12/4.25 | - | - | Х | - |
| V2314 | Lens sphcyl trifocal over 12 | - | - | Х | - |
| V2315 | Lens lenticular trifocal | - | - | Х | - |
| V2318 | Lens aniseikonic trifocal | - | - | Х | - |
| V2319 | Lens trifocal seg width > 28 | - | - | Х | - |
| V2320 | Lens trifocal add over 3.25d | - | - | Х | - |
| V2321 | Lenticular lens, per lens, trifocal | - | - | Х | - |
| V2399 | Lens trifocal speciality | Х | - | Х | - |
| | Lens variab asphericity sing | Х | - | Х | - |
| V2430 | Lens variable asphericity bi | X | - | Х | - |
| V2499 | Variable asphericity lens | X | - | Х | - |
| | Cntct lens hydrophil photoch | X | - | Х | - |
| V2526 | Contact lens, hydrophilic, with blue-violet filter, per lens | X | - | Х | - |
| V2600 | Hand held low vision aids | X | - | Х | - |
| V2610 | Single lens spectacle mount | X | - | Х | - |
| | Telescop/othr compound lens | X | - | Х | - |
| V2700 | Balance lens | - | - | Х | - |
| V2710 | Glass/plastic slab off prism | - | - | Х | - |
| V2715 | Prism lens/es | - | - | Х | - |
| V2718 | Fresnell prism press-on lens | X | - | Х | - |
| V2730 | Special base curve | - | - | Х | - |
| V2744 | Tint photochromatic lens/es | - | - | Х | - |
| V2745 | Addition to lens, tint, any color, solid, gradient or equal, excludes photocroatic | - | - | Х | - |
| V2750 | Anti-reflective coating | - | _ | Х | - |
| V2755 | Uv lens/es | - | - | Х | - |
| V2756 | Eye glass case | X | - | Х | - |
| V2760 | Scratch resistant coating | - | - | Х | - |
| | Mirror-coating any type is solid gradient or equal apyrlens material, per lens | Х | - | Х | - |



| | | Small En | nployer / Individual | La | rge Employer |
|-----------|--|----------------------|------------------------------|----------------|------------------------------|
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| V2762 | Polarization, any lens material, per lens | X | - | Х | - |
| V2770 | Occluder lens/es | - | - | Х | - |
| V2780 | Oversize lens/es | - | - | Х | - |
| V2781 | Progressive lens per lens | - | - | Х | - |
| V2782 | Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens | - | - | Х | - |
| V2783 | Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass | - | - | Х | - |
| V2784 | Lens, polycarbonate or equal, any index, per lens | - | - | Х | - |
| V2786 | Specialty occupational multifocal lens, per lens | Х | - | Х | - |
| V2787 | Astigmatism correcting function of intraocular lens | X | - | Χ | - |
| V2788 | Presbyopia correcting function of intraocular lens | Х | - | Х | - |
| V2797 | Vision supply, accessory and/or service component of another hcpcs vision code | - | - | Χ | - |
| V5010 | Assessment for hearing aid | - | Χ | - | Χ |
| V5011 | Hearing aid fitting/checking | - | Χ | - | Χ |
| V5014 | Hearing aid repair/modifying | - | Χ | - | Χ |
| V5020 | Conformity evaluation | - | Χ | - | Χ |
| V5030 | Body-worn hearing aid air | - | Χ | - | Χ |
| V5040 | Body-worn hearing aid bone | - | Χ | - | Χ |
| V5050 | Hearing aid monaural in ear | - | Χ | - | Χ |
| V5060 | Behind ear hearing aid | - | Χ | - | Χ |
| V5070 | Glasses air conduction | - | Χ | - | Χ |
| V5080 | Glasses bone conduction | X | - | Χ | - |
| V5090 | Hearing aid dispensing fee | X | - | Χ | - |
| V5095 | Semi-implantable middle ear hearing prosthesis | X | - | Χ | - |
| V5100 | Body-worn bilat hearing aid | - | Χ | - | Χ |
| V5110 | Hearing aid dispensing fee | - | Χ | - | Χ |
| V5120 | Body-worn binaur hearing aid | - | Χ | - | Χ |
| V5130 | In ear binaural hearing aid | - | Χ | - | Χ |
| V5140 | Behind ear binaur hearing ai | - | Χ | - | Χ |
| | Glasses binaural hearing aid | - | Χ | - | Χ |
| V5160 | Dispensing fee binaural | - | Χ | - | Χ |
| | Hearing aid, contralateral routing device, monaural, in the ear (ite) | - | Χ | Х | - |
| | Hearing aid, contralateral routing device, monaural, in the canal (itc) | - | Χ | Х | - |
| | Hearing aid, contralateral routing device, monaural, behind the ear (bte) | - | Χ | Х | - |
| | Glasses cros hearing aid | - | Χ | Х | - |
| | Cros hearing aid dispens fee | X | - | Х | 1 |
| *PK52111e | Hearing aid contralateral souting system bina yral ite (ite | X | - | Χ | - |



| | | Small En | nployer / Individual | Lar | ge Employer |
|-------|---|----------------------------------|------------------------------|----------------|------------------------------|
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| V5212 | Hearing aid, contralateral routing system, binaural, ite/itc | - | Х | Х | - |
| V5213 | Hearing aid, contralateral routing system, binaural, ite/bte | - | Χ | Х | - |
| V5214 | Hearing aid, contralateral routing system, binaural, itc/itc | - | Χ | Х | - |
| V5215 | Hearing aid, contralateral routing system, binaural, itc/bte | - | Χ | Х | - |
| V5221 | Hearing aid, contralateral routing system, binaural, bte/bte | - | Х | Х | - |
| V5230 | Glasses bicros hearing aid | - | Χ | Χ | - |
| V5240 | Dispensing fee bicros | Х | - | Χ | - |
| V5241 | Dispensing fee, monaural healing aid, any type | - | Х | - | Χ |
| V5242 | Hearing aid, analog, monaural, cic (completely in the ear canal) | - | Х | - | Χ |
| V5243 | Hearing aid, analog, monaural, itc (in the canal) | - | Χ | - | Χ |
| V5244 | Hearing aid, digitally programmable analog, monaural, cic | - | Χ | - | Χ |
| | Hearing aid, digitally programmable analog, monaural, itc | - | X | - | Χ |
| V5246 | Hearing aid, digitally programmable analog, monaural, ite (in the ear) | - | X | - | Х |
| | Hearing aid, digitally programmable analog, monaural, bte (behind the ear) | - | Χ | - | Х |
| | Hearing aid, analog, binaural, cic | - | Χ | - | Χ |
| | Hearing aid, analog, binaural, itc | - | Х | - | Х |
| | Hearing aid, digitally programmable analog, binaural, cic | - | Х | - | Х |
| | Hearing aid, digitally programmable analog, binaural, itc | - | Х | - | Х |
| | Hearing aid, digitally programmable binaural, ite | - | Х | - | Х |
| | Hearing aid, digitally programmable binaural, bte | - | Х | - | Х |
| | Hearing aid, digital, monaural, cic | - | Х | - | Х |
| | Hearing aid, digital, monaural, itc | - | Х | - | Х |
| | Hearing aid, digital, monaural, ite | - | Х | _ | Х |
| | Hearing aid, digital, monaural, bte | - | Х | - | Х |
| | Hearing aid, digital, binaural, cic | - | Х | - | Х |
| | Hearing aid, digital, binaural, itc | - | Х | - | Х |
| | Hearing aid, digital, binaural, ite | - | Х | - | Х |
| | Hearing aid, digital, binaural, bte | - | Х | - | Х |
| | Hearing aid, disposable, and type, monaural | - | X | - | Х |
| | Hearing aid, disposable, and type, binaural | - | X | - | X |
| | Ear mold/insert, not disposable, any type | Х | - | Х | - |
| | Ear mold/insert, disposable, any type | X | - | X | - |
| | Battery for use in hearing device | X | - | X | _ |
| | Hearing aid supplies/accessories | - | Х | X | - |
| | Assistive listening device, telephone amplifier, any type | Х | - | Х | - |
| | Assistive listening device it a lenting any system type | X | - | X | - |



| | | Small Er | nployer / Individual | La | rge Employer |
|-------|--|-------------------|------------------------------|------------------------------|-----------------------|
| Codes | Description Not Preauthorization Covered Required | | Not Covered | Preauthorization Required | |
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| V5270 | Assistive listening device, television amplifier, any type | Х | - | Х | - |
| V5271 | Assistive listening device, television caption decoder | Х | - | Х | - |
| V5272 | Assistive listening device, tdd | Х | - | Х | - |
| V5273 | Assistive listening device, for use with cochlear implant | - | - | Χ | - |
| V5274 | Assistive listening devise, not otherwise specified | Х | - | Χ | - |
| V5275 | Ear impression, each | Χ | • | Χ | • |
| V5281 | Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type | Х | - | Х | - |
| V5282 | Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type | Х | - | Х | - |
| | Assistive listening device, personal fm/dm neck, loop induction receiver | Х | _ | Х | - |
| V5284 | Assistive listening device, personal fm/dm, ear level receiver | X | _ | X | - |
| V5285 | Assistive listening device, personal fm/dm, direct audio input receiver | X | _ | X | - |
| V5286 | Assistive listening device, personal blue tooth fm/dm receiver | X | _ | Х | - |
| V5287 | Assistive listening device, personal fm/dm receiver, not otherwise specified | Х | - | Х | - |
| V5288 | Assistive listening device, personal fm/dm transmitter assistive listening device | Х | - | Х | - |
| V5289 | Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type | Х | - | Х | - |
| V5290 | Assistive listening device, transmitter microphone, any type | Х | - | Х | - |
| V5298 | Hearing aid, not otherwise classified | - | Х | Х | - |
| V5362 | Speech screening | Х | - | Х | - |
| V5363 | Language screening | Х | - | Х | - |
| V5364 | Dysphagia screening | Х | - | Х | - |
| | END OF DATA | | | | |

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

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