



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
11950	Therapy for contour defects	X	-	X	-	X	-
11951	Therapy for contour defects	X	-	X	-	X	-
11952	Therapy for contour defects	X	-	X	-	X	-
11954	Therapy for contour defects	X	-	X	-	X	-
15775	Hair transplant punch grafts	X	-	X	-	X	-
15776	Hair transplant punch grafts	X	-	X	-	X	-
15780	Abrasion treatment of skin	X	-	X	-	X	-
15781	Abrasion treatment of skin	X	-	X	-	X	-
15782	Fusion of spine	X	-	X	-	X	-
15783	Abrasion treatment of skin	X	-	X	-	X	-
15786	Abrasion, lesion, single	X	-	X	-	X	-
15787	Abrasion, lesions, add-on	X	-	X	-	X	-
15788	Chemical peel, face, epiderm	X	-	X	-	X	-
15789	Chemical peel, face, dermal	X	-	X	-	X	-
15792	Chemical peel, nonfacial	X	-	X	-	X	-
15793	Chemical peel, nonfacial	X	-	X	-	X	-
15820	Revision of lower eyelid	-	X	-	X	-	X
15821	Revision of lower eyelid	-	X	-	X	-	X
15822	Revision of upper eyelid	-	X	-	X	-	X
15823	Revision of upper eyelid	-	X	-	X	-	X
15824	Removal of forehead wrinkles	X	-	X	-	X	-
15825	Removal of neck wrinkles	X	-	X	-	X	-
15826	Removal of brow wrinkles	X	-	X	-	X	-
15828	Removal of face wrinkles	X	-	X	-	X	-
15829	Removal of skin wrinkles	X	-	X	-	X	-
15832	Excise excessive skin tissue	X	-	X	-	X	-
15833	Excise excessive skin tissue	X	-	X	-	X	-
15834	Excise excessive skin tissue	X	-	X	-	X	-
15835	Excise excessive skin tissue	X	-	X	-	X	-
15836	Excise excessive skin tissue	X	-	X	-	X	-
15837	Excise excessive skin tissue	X	-	X	-	X	-
15838	Excise excessive skin tissue	X	-	X	-	X	-
15845	Skin and muscle repair, face	X	-	X	-	X	-
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	X	-	X	-	X	-
15850	Removal of sutures	X	-	X	-	X	-
15876	Suction assisted lipectomy	X	-	X	-	X	-
15877	Suction assisted lipectomy	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
15878	Suction assisted lipectomy	X	-	X	-	X	-
15879	Suction assisted lipectomy	X	-	X	-	X	-
17360	Skin peel therapy	X	-	X	-	X	-
17380	Hair removal by electrolysis	X	-	X	-	X	-
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	X	-	X	-	X	-
19355	Correct inverted nipple(s)	X	-	X	-	X	-
20560	Ndl insj w/o njx 1 or 2 musc	X	-	X	-	X	-
20561	Ndl insj w/o njx 3+ musc	X	-	X	-	X	-
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	X	-	X	-	X	-
20936	Spinal bone autograft	X	-	X	-	X	-
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in additio	X	-	X	-	X	-
21010	Incision of jaw joint	-	-	X	-	-	-
21050	Removal of jaw joint	-	-	X	-	-	-
21060	Remove jaw joint cartilage	-	-	X	-	-	-
21070	Remove coronoid process	-	-	X	-	-	-
21073	Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, general or monitored	-	-	X	-	-	-
21084	Prepare face/oral prosthesis	X	-	X	-	X	-
21110	Interdental fixation	X	-	X	-	X	-
21116	Injection, jaw joint x-ray	-	-	X	-	-	-
21120	Reconstruction of chin	X	-	X	-	X	-
21121	Reconstruction of chin	X	-	X	-	X	-
21122	Reconstruction of chin	X	-	X	-	X	-
21123	Reconstruction of chin	X	-	X	-	X	-
21280	Revision of eyelid	-	X	-	X	-	X
21282	Revision of eyelid	-	X	-	X	-	X
21295	Revision of jaw muscle/bone	X	-	X	-	X	-
21296	Revision of jaw muscle/bone	X	-	X	-	X	-
21480	Reset dislocated jaw	-	-	X	-	-	-
21485	Reset dislocated jaw	-	-	X	-	-	-
21490	Repair dislocated jaw	-	-	X	-	-	-
21497	Interdental wiring	X	-	X	-	X	-
22505	Manipulation of spine	X	-	X	-	X	-
22510	Perq cervicothoracic inject	-	X	-	X	-	X
22511	Perq lumbosacral injection	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
22512	Vertebroplasty addl inject	-	X	-	X	-	X
22513	Perq vertebral augmentation	-	X	-	X	-	X
22514	Perq vertebral augmentation	-	X	-	X	-	X
22515	Perq vertebral augmentation	-	X	-	X	-	X
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	X	-	X	-	X	-
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo	X	-	X	-	X	-
22533	Arthrodesis, lateral extracavitary technique, including minimal disectomy to prepare interspace; lumbar	-	X	-	X	-	X
22551	Neck spine fuse&remove	-	X	-	X	-	X
22552	Neck spine fuse&remove addl	-	X	-	X	-	X
22554	Neck spine fusion	-	X	-	X	-	X
22558	Lumbar spine fusion	-	X	-	X	-	X
22586	Prescri fuse /w instr I5/1	X	-	X	-	X	-
22600	Neck spine fusion	-	X	-	X	-	X
22610	arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	-	X	-	X	-	X
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	X	-	X	-	X
22614	Spine fusion, extra segment	-	X	-	X	-	X
22630	Lumbar spine fusion	-	X	-	X	-	X
22632	Spine fusion, extra segment	-	X	-	X	-	X
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or disectomy sufficient to prepare interspace(other t	-	X	-	X	-	X
22800	Fusion of spine	-	X	-	X	-	X
22802	Fusion of spine	-	X	-	X	-	X
22804	Fusion of spine	-	X	-	X	-	X
22836	Anterior thoracic vertebral body tethering, including thoracoscopy	X	-	X	-	X	-
22837	Anterior thoracic vertebral body tethering, including thoracoscopy	X	-	X	-	X	-
22838	Anterior thoracic vertebral body tethering, including thoracoscopy	X	-	X	-	X	-
22856	Total disc arthroplasty (artificial disc), anterior approach, including disectomy with end plate preparation (includes	-	X	-	X	-	X
22857	Total disc arthroplasty (artificial disc), anterior approach, including disectomy to prepare interspace (other than for	-	X	-	X	-	X
22858	Second level cer disectomy	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (list separately in addition to code for primary procedure)	-	X	-	X	-	X
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sing	X	-	X	-	X	-
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; seco	X	-	X	-	X	-
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single	X	-	X	-	X	-
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second	X	-	X	-	X	-
23472	Reconstruct shoulder joint	-	X	-	X	-	X
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	X	-	X	-	X	-
27130	Total hip replacement	-	X	-	X	-	X
27447	Total knee replacement	-	X	-	X	-	X
27702	Reconstruct ankle joint	-	X	-	X	-	X
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultra	X	-	X	-	X	-
29800	Jaw arthroscopy/surgery	-	-	X	-	-	-
29804	Jaw arthroscopy/surgery	-	-	X	-	-	-
30400	Reconstruction of nose	X	-	X	-	X	-
30410	Reconstruction of nose	X	-	X	-	X	-
30430	Revision of nose	X	-	X	-	X	-
30435	Revision of nose	X	-	X	-	X	-
30450	Revision of nose	X	-	X	-	X	-
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	X	-	X	-	X	-
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	X	-	X	-	X	-
30620	Intranasal reconstruction	X	-	X	-	X	-
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic	X	-	X	-	X	-
32701	Thorax stereo rad target w/tx	-	X	-	X	-	X
32850	Donor pneumonectomy	-	X	-	X	-	X
32851	Lung transplant, single	-	X	-	X	-	X
32852	Lung transplant with bypass	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
32853	Lung transplant, double	-	X	-	X	-	X
32854	Lung transplant with bypass	-	X	-	X	-	X
32855	Backbench standard preparation of cadaver donor lung allograft; unilateral	-	X	-	X	-	X
32856	Backbench standard preparation of cadaver donor lung allograft; bilateral	-	X	-	X	-	X
32994	Ablation therapy for reduction or eradication of 1 or more pulm tumor(s)	X	-	X	-	X	-
33140	Heart revascularize (tmr)	X	-	X	-	X	-
33141	Heart tmr w/other procedure	X	-	X	-	X	-
33542	Removal of heart lesion	X	-	X	-	X	-
33930	Removal of donor heart/lung	-	X	-	X	-	X
33933	Backbench standard preparation of cadaver donor heart/lung allograft	-	X	-	X	-	X
33935	Transplantation, heart/lung	-	X	-	X	-	X
33940	Removal of donor heart	-	X	-	X	-	X
33944	Backbench standard preparation of cadaver donor heart allograft	-	X	-	X	-	X
33945	Transplantation of heart	-	X	-	X	-	X
34839	Plnning pt spec fenest graft	X	-	X	-	X	-
36000	Place needle in vein	X	-	X	-	X	-
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	X	-	X	-	X	-
36465	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	X	X	-	-	X
36466	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	-	X	X	-	-	X
36468	Injection(s), spider veins	X	-	X	-	X	-
36470	Injection therapy of vein	-	X	X	-	-	X
36471	Injection therapy of veins	-	X	X	-	-	X
36475	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	X	-	X	-	X
36476	Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins,same extrem,sep sites	-	X	-	X	-	X
36478	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	-	X	-	X	-	X
36479	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	X	-	X	-	X
36482	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	-	X	-	X	-	X
36483	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	-	X	-	X	-	X
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncorona	X	-	X	-	X	-
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (seps)	X	-	X	-	X	-
37700	Revise leg vein	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
37718	Ligation, division, and stripping, short saphenous vein	-	X	-	X	-	X
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	-	X	-	X	-	X
37735	Removal of leg veins/lesion	-	X	-	X	-	X
37760	Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open, 1 leg	-	X	-	X	-	X
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	-	X	-	X	-	X
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	-	X	X	-	-	X
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	-	X	X	-	-	X
37780	Revision of leg vein	-	X	-	X	-	X
37785	Revise secondary varicosity	-	X	-	X	-	X
37788	Revascularization, penis	-	-	X	-	-	-
37790	Penile venous occlusion	-	-	X	-	-	-
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	X	-	X	-	X	-
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	-	X	-	X	-	X
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	-	X	-	X	-	X
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	-	X	-	X	-	X
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	-	X	-	X	-	X
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	-	X	-	X	-	X
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	-	X	-	X	-	X
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	-	X	-	X	-	X
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	-	X	-	X	-	X
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	-	X	-	X	-	X
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	-	X	-	X	-	X
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	-	X	-	X	-	X
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	X	-	X	-	X	-
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	X	-	X	-	X	-
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
38230	Bone marrow harvesting for transplantation; allogenic	-	X	-	X	-	X
38232	Bone marrow harvesting for transplantation; autologous	-	X	-	X	-	X
38240	Bone marrow/stem transplant	-	X	-	X	-	X
38241	Bone marrow/stem transplant	-	X	-	X	-	X
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions	-	X	-	X	-	X
41512	Tongue base suspension, permanent suture technique	X	-	X	-	X	-
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	X	-	X	-	X	-
41821	Excision of gum flap	X	-	X	-	X	-
41822	Excision of gum lesion	X	-	X	-	X	-
41823	Excision of gum lesion	X	-	X	-	X	-
41825	Excision of gum lesion	X	-	X	-	X	-
41826	Excision of gum lesion	X	-	X	-	X	-
41827	Excision of gum lesion	X	-	X	-	X	-
41828	Excision of gum lesion	X	-	X	-	X	-
41830	Removal of gum tissue	X	-	X	-	X	-
41850	Treatment of gum lesion	X	-	X	-	X	-
41870	Gum graft	X	-	X	-	X	-
41872	Repair gum	X	-	X	-	X	-
41874	Repair tooth socket	X	-	X	-	X	-
42820	Remove tonsils and adenoids	-	X	-	X	-	X
42821	Remove tonsils and adenoids	-	X	-	X	-	X
42825	Removal of tonsils	-	X	-	X	-	X
42826	Removal of tonsils	-	X	-	X	-	X
42830	Removal of adenoids	-	X	-	X	-	X
42831	Removal of adenoids	-	X	-	X	-	X
42835	Removal of adenoids	-	X	-	X	-	X
42836	Removal of adenoids	-	X	-	X	-	X
43206	Esoph optical endomicroscopy	X	-	X	-	X	-
43252	Upper gi optical endomicroscopy	X	-	X	-	X	-
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	X	-	X	-	X	-
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	-	X	X	-	X	-
43633	Removal of stomach, partial	-	X	-	X	-	X
43644	Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	X	-	X	-	X
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneou	X	-	X	-	X	-
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	X	-	X	-	X	-
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	X	-	X	-	X	-
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	X	-	X	-	X	-
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port component	-	X	X	-	X	-
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	-	X	X	-	X	-
43800	Pyloroplasty	-	X	-	X	-	X
43842	Gastroplasty for obesity	-	X	X	-	X	-
43843	Gastroplasty for obesity	X	-	X	-	X	-
43845	Gastric revision for obesity	-	X	X	-	X	-
43846	Gastric bypass for obesity	-	X	X	-	X	-
43847	Gastric bypass for obesity	X	-	X	-	X	-
43848	Revision gastroplasty	-	X	X	-	X	-
43860	Revise stomach-bowel fusion	-	X	X	-	X	-
43865	Revise stomach-bowel fusion	-	X	X	-	X	-
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	X	-	X	-	X	-
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	X	-	X	-	X	-
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	X	-	X	-	X	-
44132	Enterectomy, cadaver donor	X	-	X	-	X	-
44133	Enterectomy, live donor	X	-	X	-	X	-
44135	Intestine transplnt, cadaver	-	X	-	X	-	X
44136	Intestine transplant, live	-	X	-	X	-	X
44137	Removal of transplanted intestinal allograft, complete	-	X	-	X	-	X
44715	Backbench standard preparation of cadaver or living donor intestine allograft	X	-	X	-	X	-
44720	Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	X	-	X	-	X	-
44721	Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	X	-	X	-	X	-
47133	Removal of donor liver	-	X	-	X	-	X
47135	Transplantation of liver	-	X	-	X	-	X
47140	Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only	-	X	-	X	-	X
47141	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy	-	X	-	X	-	X
47142	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	X	-	X	-	X
47143	Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	X	-	X	-	X
47144	Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts	-	X	-	X	-	X
47145	Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts	-	X	-	X	-	X
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	-	X	-	X	-	X
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	-	X	-	X	-	X
48550	Donor pancreatectomy	-	X	-	X	-	X
48551	Backbench standard preparation of cadaver donor pancreas allograft	-	X	-	X	-	X
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	-	X	-	X	-	X
48554	Transpl allograft pancreas	-	X	-	X	-	X
48556	Removal, allograft pancreas	-	X	-	X	-	X
50300	Removal of donor kidney	-	X	-	X	-	X
50320	Removal of donor kidney	-	X	-	X	-	X
50323	Backbench standard preparation of cadaver donor renal allograft	-	X	-	X	-	X
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	X	-	X	-	X
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	-	X	-	X	-	X
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	-	X	-	X	-	X
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	-	X	-	X	-	X
50340	Removal of kidney	-	X	-	X	-	X
50360	Transplantation of kidney	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
50365	Transplantation of kidney	-	X	-	X	-	X
50370	Remove transplanted kidney	-	X	-	X	-	X
50380	Reimplantation of kidney	-	X	-	X	-	X
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including r	X	-	X	-	X	-
50547	Laparo removal donor kidney	-	X	-	X	-	X
51925	Hysterectomy/bladder repair	-	X	-	X	-	X
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence	X	-	X	-	X	-
53444	Insertion of tandem cuff (dual cuff)	X	-	X	-	X	-
53860	Transurethral rf treatment	X	-	X	-	X	-
54115	Treatment of penis lesion	-	-	X	-	-	-
54150	Circumcision	-	-	X	-	-	-
54160	Circumcision	-	-	X	-	-	-
54161	Circumcision	-	-	X	-	-	-
54200	Treatment of penis lesion	-	-	X	-	X	-
54205	Treatment of penis lesion	-	-	X	-	X	-
54220	Treatment of penis lesion	-	-	X	-	X	-
54230	Prepare penis study	-	-	X	-	X	-
54231	Dynamic cavernosometry	-	-	X	-	X	-
54235	Penile injection	-	-	X	-	X	-
54240	Penis study	-	-	X	-	X	-
54250	Penis study	-	-	X	-	X	-
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	-	-	X	-	X	-
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	-	-	X	-	X	-
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session	-	-	X	-	X	-
54411	Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig & debridemnt	-	-	X	-	X	-
54415	Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis	-	-	X	-	X	-
54416	Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session	-	-	X	-	X	-
54417	Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridement	-	-	X	-	X	-
54660	Revision of testis	X	-	X	-	X	-
55400	Repair of sperm duct	-	-	X	-	X	-
55870	Electroejaculation	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	X	-	X	-	X	-
55970	Sex transformation, m to f	-	X	-	X	-	X
55980	Sex transformation, f to m	-	X	-	X	-	X
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)	X	-	X	-	X	-
58150	Total hysterectomy	-	X	-	X	-	X
58152	Total hysterectomy	-	X	-	X	-	X
58180	Partial hysterectomy	-	X	-	X	-	X
58200	Extensive hysterectomy	-	X	-	X	-	X
58260	Vaginal hysterectomy, for uterus 250 grams or less;	-	X	-	X	-	X
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	X	-	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	-	X	-	X
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type, pereyra	-	X	-	X	-	X
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	-	X	-	X	-	X
58275	Hysterectomy/revise vagina	-	X	-	X	-	X
58280	Hysterectomy/revise vagina	-	X	-	X	-	X
58290	Vaginal hysterectomy, for uterus greater than 250 grams;	-	X	-	X	-	X
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	-	X	-	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	-	X	-	X
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	-	X	-	X	-	X
58321	Artificial insemination	X	-	X	-	X	-
58322	Artificial insemination	X	-	X	-	X	-
58323	Sperm washing	X	-	X	-	X	-
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	-	X	-	X	-	X
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X	-	X	-	X
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	-	X	-	X	-	X
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	X	-	X	-	X
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
58552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	-	X	-	X	-	X
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	X	-	X	-	X
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar	-	X	-	X	-	X
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	X	-	X	-	X	-
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	-	X	-	X	-	X
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X	-	X	-	X
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	-	X	-	X	-	X
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	X	-	X	-	X
58673	Laparoscopy, salpingostomy	X	-	X	-	X	-
58750	Repair oviduct	X	-	X	-	X	-
58770	Create new tubal opening	X	-	X	-	X	-
58970	Retrieval of oocyte	X	-	X	-	X	-
58974	Transfer of embryo	X	-	X	-	X	-
58976	Transfer of embryo	X	-	X	-	X	-
59070	Transabdominal amniotomies, including ultrasound guidance	X	-	X	-	X	-
59072	Fetal umbilical cord occlusion, including ultrasound guidance	X	-	X	-	X	-
59866	Abortion (mpr)	X	-	X	-	X	-
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	-	X	-	X	-	X
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)	-	X	-	X	-	X
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	X	-	X	-	X	-
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop	X	-	X	-	X	-
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	X	-	X	-	X	-
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat	X	-	X	-	X	-
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	X	-	X	-	X	-
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	X	-	X	-	X	-
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	X	-	X	-	X	-
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	X	X	-	-	X
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis	-	X	X	-	-	X
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	X	X	-	-	X
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	X	X	-	-	X
61800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	X	X	-	-	X
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	X	-	X	-	X	-
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	X	-	X	-	X	-
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	X	-	X	-	X	-
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1	X	-	X	-	X	-
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (list separately in addition to code for primary procedure)	-	X	-	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)	-	X	-	X	-	X
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	-	X	X	-	-	X
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
64505	Injection, anesthetic agent; sphenopalatine ganglion	X	-	X	-	X	-
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	-	X	-	-	-
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	-	-	X	-	-	-
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	-	X	-	-	-
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	-	X	-	X	-	X
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	-	X	-	X	-	X
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint	-	X	-	X	-	X
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separat	-	X	-	X	-	X
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	-	X	-	X	-	X
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately	-	X	-	X	-	X
65760	Revision of cornea	X	-	X	-	X	-
65765	Revision of cornea	X	-	X	-	X	-
65767	Corneal tissue transplant	X	-	X	-	X	-
65770	Revise cornea with implant	X	-	X	-	X	-
65771	Radial keratotomy	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
66762	Revision of iris	X	-	X	-	X	-
67027	Implant eye drug system	-	X	-	X	-	X
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	X	-	X	-	X	-
67715	Incision of eyelid fold	X	-	X	-	X	-
67900	Repair brow defect	-	X	-	X	-	X
67901	Repair eyelid defect	-	X	-	X	-	X
67902	Repair eyelid defect	-	X	-	X	-	X
67903	Repair eyelid defect	-	X	-	X	-	X
67904	Repair eyelid defect	-	X	-	X	-	X
67906	Repair eyelid defect	-	X	-	X	-	X
67908	Repair eyelid defect	-	X	-	X	-	X
67909	Revise eyelid defect	-	X	-	X	-	X
67911	Revise eyelid defect	-	X	-	X	-	X
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	X	-	X	-	X	-
69090	Pierce earlobes	X	-	X	-	X	-
69300	Revise external ear	X	-	X	-	X	-
69710	Implant/replace hearing aid	-	-	X	-	-	-
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X	X	-	-	X
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	-	X	X	-	-	X
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X	X	-	-	X
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X	X	-	-	X
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X	X	-	-	X
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X	-	X	-	X
69930	Implant cochlear device	-	X	-	X	-	X
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	X	-	X	-	X	-
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	X	-	X	-	X	-
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	X	-	X	-	X	-
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	X	-	X	-	X	-
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	X	-	X	-	X	-
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	X	-	X	-	X	-
76140	X-ray consultation	X	-	X	-	X	-
76948	Echo guide, ova aspiration	X	-	X	-	X	-
76977	Us bone density measure	X	-	X	-	X	-
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) old code 760	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
77081	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, rad	X	-	X	-	X	-
77086	Fracture assessment via dxa	X	-	X	-	X	-
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	X	X	-	-	X
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	X	X	-	-	X
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	-	X	X	-	-	X
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blo	X	-	X	-	X	-
77432	Stereotactic radiation trmt	-	X	X	-	-	X
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image	-	X	X	-	-	X
77520	Proton trmt, simple w/o comp	-	X	-	X	-	X
77522	Proton trmt, simple w/comp	-	X	-	X	-	X
77523	Proton trmt, intermediate	-	X	-	X	-	X
77525	Proton treatment, complex	-	X	-	X	-	X
78350	Bone mineral, single photon	X	-	X	-	X	-
80320	Alcohols	X	-	X	-	X	-
80321	Alcohol biomarkers; 1 or 2	X	-	X	-	X	-
80322	Alcohol biomarkers; 3 or more	X	-	X	-	X	-
80323	Alkaloids, not otherwise specified	X	-	X	-	X	-
80324	Amphetamines; 1 or 2	X	-	X	-	X	-
80325	Amphetamines; 3 or 4	X	-	X	-	X	-
80326	Amphetamines; 5 or more	X	-	X	-	X	-
80327	Anabolic steroids; 1 or 2	X	-	X	-	X	-
80328	Anabolic steroids; 3 or more	X	-	X	-	X	-
80329	Analgesics, non-opioid; 1 or 2	X	-	X	-	X	-
80330	Analgesics, non-opioid; 3-5	X	-	X	-	X	-
80331	Analgesics, non-opioid; 6 or more	X	-	X	-	X	-
80332	Antidepressants, serotonergic class; 1 or 2	X	-	X	-	X	-
80333	Antidepressants, serotonergic class; 3-5	X	-	X	-	X	-
80334	Antidepressants, serotonergic class; 6 or more	X	-	X	-	X	-
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	X	-	X	-	X	-
80336	Antidepressants, tricyclic and other cyclicals; 3-5	X	-	X	-	X	-
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	X	-	X	-	X	-
80338	Antidepressants, not otherwise specified	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
80339	Antiepileptics, not otherwise specified; 1-3	X	-	X	-	X	-
80340	Antiepileptics, not otherwise specified; 4-6	X	-	X	-	X	-
80341	Antiepileptics, not otherwise specified; 7 or more	X	-	X	-	X	-
80342	Antipsychotics, not otherwise specified; 1-3	X	-	X	-	X	-
80343	Antipsychotics, not otherwise specified; 4-6	X	-	X	-	X	-
80344	Antipsychotics, not otherwise specified; 7 or more	X	-	X	-	X	-
80345	Barbiturates	X	-	X	-	X	-
80346	Benzodiazepines; 1-12	X	-	X	-	X	-
80347	Benzodiazepines; 13 or more	X	-	X	-	X	-
80348	Buprenorphine	X	-	X	-	X	-
80349	Cannabinoids, natural	X	-	X	-	X	-
80350	Cannabinoids, synthetic; 1-3	X	-	X	-	X	-
80351	Cannabinoids, synthetic; 4-6	X	-	X	-	X	-
80352	Cannabinoids, synthetic; 7 or more	X	-	X	-	X	-
80353	Cocaine	X	-	X	-	X	-
80354	Fentanyl	X	-	X	-	X	-
80355	Gabapentin, non-blood	X	-	X	-	X	-
80356	Heroin metabolite	X	-	X	-	X	-
80357	Ketamine and norketamine	X	-	X	-	X	-
80358	Methadone	X	-	X	-	X	-
80359	Methylenedioxymphetamines (mda, mdea, mdma)	X	-	X	-	X	-
80360	Methylphenidate	X	-	X	-	X	-
80361	Opiates, 1 or more	X	-	X	-	X	-
80362	Opioids and opiate analogs; 1 or 2	X	-	X	-	X	-
80363	Opioids and opiate analogs; 3 or 4	X	-	X	-	X	-
80364	Opioids and opiate analogs; 5 or more	X	-	X	-	X	-
80365	Oxycodone	X	-	X	-	X	-
80366	Pregabalin	X	-	X	-	X	-
80367	Propoxyphene	X	-	X	-	X	-
80368	Sedative hypnotics (non-benzodiazepines)	X	-	X	-	X	-
80369	Skeletal muscle relaxants; 1 or 2	X	-	X	-	X	-
80370	Skeletal muscle relaxants; 3 or more	X	-	X	-	X	-
80371	Stimulants, synthetic	X	-	X	-	X	-
80372	Tapentadol	X	-	X	-	X	-
80373	Tramadol	X	-	X	-	X	-
80374	Stereoisomer anal single drug class	X	-	X	-	X	-
80375	Drug(s) definitive, qual or quant nos 1-3	X	-	X	-	X	-
80376	Drug(s) definitive, qual or quant unlisted 4-6	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
80377	Drug(s) definitive, qual or quant nos 7 or more	X	-	X	-	X	-
81120	Idh1 (isocitrate dehydrogenase 1 [nadp+], soluble) (eg, glioma), common variants (eg, r132h, r132c)	-	X	-	X	-	X
81121	Idh2 (isocitrate dehydrogenase 2 [nadp+], mitochondrial) (eg, glioma), common variants (eg, r140w, r172m)	-	X	-	X	-	X
81161	Dmd deletion and duplication analysis, if performed	-	X	-	X	-	X
81162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	-	X	-	X	-	X
81163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X	-	X	-	X
81164	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de	-	X	-	X	-	X
81165	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X	-	X	-	X
81166	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	X	-	X	-	X
81167	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	X	-	X	-	X
81173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	-	X	-	X	-	X
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	-	X	-	X	-	X
81175	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	-	X	-	X	-	X
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)	-	X	-	X	-	X
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	-	X	-	X	-	X
81186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	-	X	-	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	-	X	-	X	-	X
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81189	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	-	X	-	X	-	X
81190	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	X	-	X	-	X
81191	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	X	-	X	-	X
81192	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	X	-	X	-	X
81193	Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	X	-	X	-	X
81194	Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	X	-	X	-	X
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	-	X	-	X	-	X
81201	Apc gene analysis; full sequence	-	X	-	X	-	X
81202	Apc gene analysis; known fam variants	-	X	-	X	-	X
81203	Apc gene anaysis; duplication/deletion variants	-	X	-	X	-	X
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me	-	X	-	X	-	X
81209	Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	-	X	-	X	-	X
81212	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	-	X	-	X	-	X
81215	Brca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81216	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X	-	X	-	X
81217	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	X	-	X	-	X
81218	Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	X	-	X	-	X
81223	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	-	X	-	X	-	X
81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	-	X	-	X	-	X
81226	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	-	X	-	X	-	X
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	-	X	-	X	-	X
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	X	-	X	-	X
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosoma	-	X	-	X	-	X
81230	Cyp3a4, gene analysis, common variant(s)	-	X	-	X	-	X
81231	Cyp3a5, gene analaysis, common variants	-	X	-	X	-	X
81233	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)	-	X	-	X	-	X
81234	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X	-	X	-	X
81235	Egfr gene analysis; common variants	-	X	-	X	-	X
81236	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	-	X	-	X	-	X
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	-	X	-	X	-	X
81239	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	-	X	-	X	-	X
81242	Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	-	X	-	X	-	X
81250	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x)	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81251	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)	-	X	-	X	-	X
81252	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	-	X	-	X	-	X
81254	Gjb6 gene com variants	-	X	-	X	-	X
81260	Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg,2507+6	-	X	-	X	-	X
81261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,	-	X	-	X	-	X
81262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e	-	X	-	X	-	X
81263	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	-	X	-	X	-	X
81264	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	X	-	X	-	X
81272	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ	-	X	-	X	-	X
81273	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)	-	X	-	X	-	X
81278	Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative	-	X	-	X	-	X
81279	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	X	-	X	-	X
81284	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X	-	X	-	X
81285	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	X	-	X	-	X
81286	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	X	-	X	-	X
81287	Mgmt gene methylation anal	-	X	-	X	-	X
81288	Mlh1 gene methylation anal	-	X	-	X	-	X
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	X	-	X	-	X	-
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X	-	X	-	X
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X	-	X	-	X
81295	Msh2 (mutl homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X	-	X	-	X
81296	Msh2 (mutl homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X	-	X	-	X
81297	Msh2 (mutl homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X	-	X	-	X
81298	Msh6 (mutl homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X	-	X	-	X
81300	Msh6 (mutl homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X	-	X	-	X
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	-	X	-	X	-	X
81305	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	-	X	-	X	-	X
81307	Palb2 gene full gene seq	-	X	-	X	-	X
81309	Pik3ca gene trgt seq alys	-	X	-	X	-	X
81311	Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61)	-	X	-	X	-	X
81312	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81313	Pca3 klk3	-	X	-	X	-	X
81314	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	X	-	X	-	X
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	-	X	-	X	-	X
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X	-	X	-	X
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X	-	X	-	X
81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81320	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	-	X	-	X	-	X
81321	Pten gene analysis;full seq analysis	-	X	-	X	-	X
81323	Pten gene analysis; duplication/deletion variant	-	X	-	X	-	X
81324	Pmp22 gene analysis; dup/deletion analysis	-	X	-	X	-	X
81325	Pmp22 gene analysis; full seq analysis	-	X	-	X	-	X
81326	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	X	-	X	-	X
81327	Sept9 (septin9) (eg, colorectal cancer) methylation analysis	X	-	X	-	X	-
81328	Slc01b1, gene analysis, common variant(s)	-	X	-	X	-	X
81330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	-	X	-	X	-	X
81333	Tgfb1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	-	X	-	X	-	X
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)	-	X	-	X	-	X
81338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)	-	X	-	X	-	X
81339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	X	-	X	-	X
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol	-	X	-	X	-	X
81341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, southe	-	X	-	X	-	X
81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	X	-	X	-	X
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X	-	X	-	X
81345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	-	X	-	X	-	X
81347	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	X	-	X	-	X
81348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	-	X	-	X	-	X
81351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	X	-	X	-	X
81352	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	-	X	-	X	-	X
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	-	X	-	X	-	X
81357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, s34f, s34y, q157r, q157p)	-	X	-	X	-	X
81360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	-	X	-	X	-	X
81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm	-	X	-	X	-	X
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dy	-	X	-	X	-	X
81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul	-	X	-	X	-	X
81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions,	-	X	-	X	-	X
81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati	-	X	-	X	-	X
81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch	-	X	-	X	-	X
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar	-	X	-	X	-	X
81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysi	-	X	-	X	-	X
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (-	X	-	X	-	X
81410	Gsps for aortic dysfnc or dilat	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81411	Gsps for aortic dysfnc or dilat dupe delete anal	-	X	-	X	-	X
81412	Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia faconi anemia group c. gaucher disease, tay-sachs disease),	-	X	-	X	-	X
81413	Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel,	-	X	-	X	-	X
81414	Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication deletion gene analy	-	X	-	X	-	X
81415	Exome sequence anal	-	X	-	X	-	X
81416	Exome sequence anal ea add	-	X	-	X	-	X
81417	Exome sequence anal re-eval	-	X	-	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, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2	-	X	-	X	-	X
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-du-chat syndrome), circulating cell-free fetal dna in maternal blood	X	-	X	-	X	-
81425	Gsps for unex costitut heritable ds	-	X	-	X	-	X
81426	Gsps for unex costitut heritable ds ea add	-	X	-	X	-	X
81427	Gsps for unex costitut heritable ds re-eval	-	X	-	X	-	X
81430	Gsps for hearing loss	-	X	-	X	-	X
81431	Gsps for hearing loss dupe delete anal	-	X	-	X	-	X
81432	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 bri1 cdh	-	X	-	X	-	X
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystrophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b	-	X	-	X	-	X
81435	Gsps for colon ca	-	X	-	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	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu	-	X	-	X	-	X
81440	Gsps nuclear encod mitochondrial genes	-	X	-	X	-	X
81441	Inherited bone marrow failure syndromes (ibmfs) (eg, fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including brca2, bri1, dkc1, fanca, fancb, fancd2, fance, fancf, fancg, fanci, fancj, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tinf2	-	X	-	X	-	X
81442	Noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, noonan-like syndrome); must incl genomic sequencing 12 ge	-	X	-	X	-	X
81445	Gsps for solid organ neoplasm	-	X	-	X	-	X
81448	Hereditary peripheral neuropathies (eg, charcot-marie-tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, bscl2, gjb1, mfn2, mpz, reep1, spast, spg11, sptlc1)	-	X	-	X	-	X
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, met, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed; rna analysis	-	X	-	X	-	X
81450	Gsps hematolymphoid neo 5-50 genes	-	X	-	X	-	X
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	X	-	X	-	X
81455	Gsps hematolymphoid neo >=51 genes	-	X	-	X	-	X
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	X	-	X	-	X
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	-	X	-	X	-	X
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	-	X	-	X	-	X
81460	Gsps for whole mitochondrial genome	-	X	-	X	-	X
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	-	X	-	X	-	X
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	-	X	-	X	-	X
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	-	X	-	X	-	X
81465	Gsps for whole mitochondrial genome lg delete anal	-	X	-	X	-	X
81470	Gsps for xlid at least 60 genes	-	X	-	X	-	X
81471	Gsps for xlid at least 60 genes	-	X	-	X	-	X
81479	Unlisted molecular pathology	-	X	-	X	-	X
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	X	-	X	-	X	-
81493	Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	-	X	-	X	-	X
81500	Maaa 2 serum proteins	X	-	X	-	X	-
81503	Maaa 2 serum proteins	X	-	X	-	X	-
81504	Oncology tissue of origin	-	X	-	X	-	X
81506	Maaa 7 serum/plasma analytes	X	-	X	-	X	-
81507	Fetal aneuploidy trisom risk	-	X	-	X	-	X
81512	Maaa 5 maternal serum analytess	X	-	X	-	X	-
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	X	-	X	-	X	-
81518	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm	-	X	-	X	-	X
81519	Gsps onco (brst) 21 genes	-	X	-	X	-	X
81520	Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81521	Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	X	-	X	-	X
81522	Onc breast mrna 12 genes	-	X	-	X	-	X
81523	Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	-	X	-	X	-	X
81525	Oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm	-	X	-	X	-	X
81529	Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	X	-	X	-	X	-
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; first singl	X	-	X	-	X	-
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; each additi	X	-	X	-	X	-
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva	X	-	X	-	X	-
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human kallikrein-2 [hk2]) utilizing plasma or serum, prognostic	X	-	X	-	X	-
81540	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and	-	X	-	X	-	X
81541	Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	X	-	X	-	X
81542	Onc prostate mrna 22 cnt gen	-	X	-	X	-	X
81546	Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	-	X	-	X	-	X
81551	Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	X	-	X	-	X
81552	Onc breast mrna 12 genes	-	X	-	X	-	X
81554	Pulmonary disease (idiopathic pulmonary fibrosis [ipf]), mrna, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [uip])	-	X	-	X	-	X
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced cd154+t-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	X	-	X	-	X	-
81595	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	-	X	-	X	-	X
81596	Infectious disease, chronic hepatitis c virus (hcv) infection, six biochemical assays (alt, a2-macroglobulin, apolipoprotein a-1, total bilirubin, ggt, and haptoglobin) utiliz	X	-	X	-	X	-
82233	Beta-amyloid; 1-40 (Abeta 40)	X	-	X	-	X	-
82234	Beta-amyloid; 1-42 (Abeta 42)	X	-	X	-	X	-
82777	Assay of galectin-3	X	-	X	-	X	-
83006	Assay growth hormone (st2)	X	-	X	-	X	-
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when	X	-	X	-	X	-
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear mag	X	-	X	-	X	-
83950	Oncoprotein; her-2/neu	X	-	X	-	X	-
83951	Oncoprotein; des-gamma-carboxy-prothrombin (dcp)	X	-	X	-	X	-
83987	Ph; exhaled breath condensate	X	-	X	-	X	-
83992	Assay for phencyclidine	X	-	X	-	X	-
86005	Allergen specific ige; qualitative, multiallergen screen (eg, disk, sponge, card)	X	-	X	-	X	-
86152	Cell enumeration	X	-	X	-	X	-
86153	Cell enumeration phys interp	X	-	X	-	X	-
86343	Leukocyte histamine release	X	-	X	-	X	-
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, atp)	X	-	X	-	X	-
86890	Autologous blood process	-	-	X	-	-	-
86891	Autologous blood, op salvage	-	-	X	-	-	-
86923	Compatibility test each unit; electronic	X	-	X	-	X	-
87623	Hpv low-risk types	X	-	X	-	X	-
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	X	-	X	-	X	-
88120	Cytp urne 3-5 probes ea spec	X	-	X	-	X	-
88121	Cytp urine 3-5 probes cmptr	X	-	X	-	X	-
88375	Optical endomicroscopy interp	X	-	X	-	X	-
88738	Hemoglobin (hgb), quantitative, transcutaneous	X	-	X	-	X	-
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	X	-	X	-	X	-
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
89049	Caffeine halothane contracture test (chct) for malignant hyperthermia susceptibility, including interpretation and repor	X	-	X	-	X	-
89250	Fertilization of oocyte	X	-	X	-	X	-
89251	Culture oocyte w/embryos	X	-	X	-	X	-
89253	Embryo hatching	X	-	X	-	X	-
89254	Oocyte identification	X	-	X	-	X	-
89255	Prepare embryo for transfer	X	-	X	-	X	-
89257	Sperm identification	X	-	X	-	X	-
89258	Cryopreservation, embryo	X	-	X	-	X	-
89259	Cryopreservation, sperm	X	-	X	-	X	-
89260	Sperm isolation, simple	X	-	X	-	X	-
89261	Sperm isolation, complex	X	-	X	-	X	-
89268	Insemination of oocytes	X	-	X	-	X	-
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	X	-	X	-	X	-
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	X	-	X	-	X	-
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	X	-	X	-	X	-
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	X	-	X	-	X	-
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique; greater than 5 embryos	X	-	X	-	X	-
89300	Semen analysis	X	-	X	-	X	-
89329	Sperm evaluation test	X	-	X	-	X	-
89335	Cryopreservation, reproductive tissue, testicular	X	-	X	-	X	-
89337	Cryopreservation, mature oocyte(s)	X	-	X	-	X	-
89342	Storage, (per year); embryo(s)	X	-	X	-	X	-
89343	Storage, (per year); sperm/semen	X	-	X	-	X	-
89344	Storage, (per year); reproductive tissue, testicular/ovarian	X	-	X	-	X	-
89346	Storage, (per year); oocyte	X	-	X	-	X	-
89352	Thawing of cryopreserved; embryo(s)	X	-	X	-	X	-
89353	Thawing of cryopreserved; sperm/semen, each aliquot	X	-	X	-	X	-
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	X	-	X	-	X	-
89356	Thawing of cryopreserved; oocytes, each aliquot	X	-	X	-	X	-
89398	Unlisted reproductive medicine laboratory procedure	-	-	X	-	-	-
90581	Anthrax vaccine, for subcutaneous or intramuscular use	X	-	X	-	X	-
90585	Bcg vaccine, percut	X	-	X	-	X	-
90587	Dengue vaccine quadrivalent live 3 dose schedule for subcutaneous use	X	-	X	-	X	-
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	X	-	X	-	X	-
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	X	-	X	-	X	-
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	X	-	X	-	X	-
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	X	-	X	-	X	-
90690	Typhoid vaccine, oral	X	-	X	-	X	-
90691	Typhoid vaccine, im	X	-	X	-	X	-
90717	Yellow fever vaccine, sc	X	-	X	-	X	-
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	X	-	X	-	X	-
90865	Narcosynthesis	X	-	X	-	X	-
90875	Psychophysiological therapy	X	-	X	-	X	-
90876	Psychophysiological therapy	X	-	X	-	X	-
90880	Hypnotherapy	X	-	X	-	X	-
90882	Environmental manipulation	X	-	X	-	X	-
90885	Psy evaluation of records	X	-	X	-	X	-
90887	Consultation with family	X	-	X	-	X	-
90889	Preparation of report	X	-	X	-	X	-
90901	Biofeedback train, any meth	X	-	X	-	X	-
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	X	-	X	-	X	-
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)	X	-	X	-	X	-
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	X	-	X	-	X	-
91112	Gi wireless capsule measure	X	-	X	-	X	-
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	X	-	X	-	X	-
91117	Colon motility 6 hr study	X	-	X	-	X	-
92145	Corneal hysteresis deter	X	-	X	-	X	-
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	X	-	X	-	X	-
92311	Contact lens fitting	X	-	X	-	X	-
92312	Contact lens fitting	X	-	X	-	X	-
92315	Prescription of contact lens	X	-	X	-	X	-
92316	Prescription of contact lens	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
92340	Fitting of spectacles	X	-	-	-	-	-
92341	Fitting of spectacles	X	-	-	-	-	-
92342	Fitting of spectacles	X	-	-	-	-	-
92352	Special spectacles fitting	X	-	X	-	X	-
92353	Special spectacles fitting	X	-	X	-	X	-
92354	Special spectacles fitting	X	-	X	-	X	-
92355	Special spectacles fitting	X	-	X	-	X	-
92358	Eye prosthesis service	X	-	X	-	X	-
92370	Repair & adjust spectacles	X	-	X	-	X	-
92371	Repair & adjust spectacles	X	-	X	-	X	-
92507	Speech/hearing therapy	-	X*	-	X*	-	X*
92508	Speech/hearing therapy	-	X*	-	X*	-	X*
92521	Evaluation of speech fluency	-	X*	-	X*	-	X*
92522	Evaluate speech production	-	X*	-	X*	-	X*
92523	Speech sound lang comprehen	-	X*	-	X*	-	X*
92524	Behavral qualit analys voice	-	X*	-	X*	-	X*
92526	Oral function therapy	-	X*	-	X*	-	X*
92531	Spontaneous nystagmus study	X	-	X	-	X	-
92532	Positional nystagmus study	X	-	X	-	X	-
92533	Caloric vestibular test	X	-	X	-	X	-
92534	Optokinetic nystagmus	X	-	X	-	X	-
92571	Filtered speech hearing test	X	-	X	-	X	-
92572	Staggered spondaic word test	X	-	X	-	X	-
92575	Sensorineural acuity test	X	-	X	-	X	-
92576	Synthetic sentence test	X	-	X	-	X	-
92590	Hearing aid exam, one ear	-	-	X	-	-	-
92591	Hearing aid exam, both ears	-	-	X	-	-	-
92592	Hearing aid check, one ear	-	-	X	-	-	-
92593	Hearing aid check, both ears	-	-	X	-	-	-
92594	Electro hearng aid test, one	-	-	X	-	-	-
92595	Electro hearng aid tst, both	-	-	X	-	-	-
92596	Ear protector evaluation	X	-	X	-	X	-
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*	-	X*	-	X*
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*	-	X*	-	X*
92609	Therapeutic services for the use of speech-generating device, including programming and modification	-	X*	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
92630	Auditory rehabilitation; pre-lingual hearing loss	-	X*	-	X*	-	X*
92921	Prq cardiac angio addl art	X	-	X	-	X	-
92925	Prq card angio/athrect addl	X	-	X	-	X	-
92929	Prq card stent w/angio addl	X	-	X	-	X	-
92934	Prq card stent/ath/angio	X	-	X	-	X	-
92938	Prq revasc byp graft addl	X	-	X	-	X	-
92944	Percut translum revasc of chronic total occlusion, corn artery, corn artery branch, or bypass graft; each addl	X	-	X	-	X	-
93025	Microvolt t-wave alterans for assessment of ventricular arrhythmias	X	-	X	-	X	-
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transf	X	-	X	-	X	-
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	X	-	X	-	X	-
93591		Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	X	-	X	-	X
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	X	-	X	-	X	-
93668	Peripheral vascular rehab	-	X*	-	X*	-	X*
93701	Bioimpedance-derived physiologic cardiovascular analysis	X	-	X	-	X	-
93702	Bis xtracell fluid analysis	X	-	X	-	X	-
93740	Temperature gradient studies	X	-	X	-	X	-
93770	Measure venous pressure	X	-	X	-	X	-
93895	Carotid intima atheroma eval	X	-	X	-	X	-
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg,	X	-	X	-	X	-
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	X	-	X	-	X	-
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 yea	X	-	X	-	X	-
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve	X	-	X	-	X	-
94150	Vital capacity test	X	-	X	-	X	-
94452	High altitude simulation test (hast), with physician interpretation and report;	X	-	X	-	X	-
94453	High altitude simulation test (hast), with physician interpretation and report; with supplemental oxygen titration	X	-	X	-	X	-
94660	Pos airway pressure, cpap	-	-	X	-	-	-
95060	Eye allergy tests	X	-	-	-	-	-
95065	Nose allergy test	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
95782	Polysom <6 yrs 4/> paramtrs	-	-	X	-	-	-
95783	Polysom <6 yrs cpap/bilvl	-	-	X	-	-	-
95800	Slp stdy unattended	-	-	X	-	-	-
95801	Slp stdy unatnd w/anal	-	-	X	-	-	-
95803	Actigraphy testing,recording, analysis, interpretation, and report (minimum of 72 hours to 14consecutive days of recording)	-	-	X	-	-	-
95805	Multiple sleep latency test	-	-	X	-	-	-
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory	-	-	X	-	-	-
95807	Sleep study, attended	-	-	X	-	-	-
95808	Polysomnography, 1-3	-	-	X	-	-	-
95810	Polysomnography, 4 or more	-	-	X	-	-	-
95811	Polysomnography w/cpap	-	-	X	-	-	-
95957	Eeg digital analysis	X	-	X	-	X	-
96000	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics	X	-	X	-	X	-
96001	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics; with plantar pressure measurements	X	-	X	-	X	-
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	X	-	X	-	X	-
96004	Physician review & interp of motion analysis, plantar pressures, surface electromyography, and fine wire emg, w report	X	-	X	-	X	-
96105	Assessment of aphasia	X	-	X	-	X	-
96902	Trichogram	X	-	X	-	X	-
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history o	X	-	X	-	X	-
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	X	-	X	-	X	-
96932	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	X	-	X	-	X	-
96933	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
97010	Hot or cold packs therapy	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
97012	Mechanical traction therapy	-	X*	-	X*	-	X*
97014	Electric stimulation therapy	-	X*	-	X*	-	X*
97016	Vasopneumatic device therapy	-	X*	-	X*	-	X*
97018	Paraffin bath therapy	-	X*	-	X*	-	X*
97022	Whirlpool therapy	-	X*	-	X*	-	X*
97024	Diathermy treatment	-	X*	-	X*	-	X*
97026	Infrared therapy	X	-	X	-	X	-
97028	Ultraviolet therapy	-	X*	-	X*	-	X*
97032	Electrical stimulation	-	X*	-	X*	-	X*
97033	Electric current therapy	-	X*	-	X*	-	X*
97034	Contrast bath therapy	-	X*	-	X*	-	X*
97035	Ultrasound therapy	-	X*	-	X*	-	X*
97036	Hydrotherapy	-	X*	-	X*	-	X*
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	X	-	X	-	X	-
97039	Physical therapy treatment	-	X*	-	X*	-	X*
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	-	X*	-	X*	-	X*
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	-	X*	-	X*	-	X*
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	-	X*	-	X*	-	X*
97116	Gait training therapy	-	X*	-	X*	-	X*
97124	Massage therapy	-	X*	-	X*	-	X*
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	-	X*	-	X*	-	X*
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	-	X*	-	X*	-	X*
97139	Physical medicine procedure	-	X*	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
97140	Manual therapy	-	X*	-	X*	-	X*
97150	Group therapeutic procedures	X	-	X	-	X	-
97161	Physical therapy evaluation: low complex	-	X*	-	X*	-	X*
97162	Physical therapy evaluation: moderate complex	-	X*	-	X*	-	X*
97163	Physical therapy evaluation: high complex	-	X*	-	X*	-	X*
97164	Re-evaluation of physical therapy	-	X*	-	X*	-	X*
97165	Occupational therapy evaluation, low complex	-	X*	-	X*	-	X*
97166	Occupational therapy evaluation,moderate complex	-	X*	-	X*	-	X*
97167	Occupational therapy evaluation,high complex	-	X*	-	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*	-	X*
97169	Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	X	-	X	-	X	-
97170	Athletic training evaluation,moderate complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	X	-	X	-	X	-
97171	Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	X	-	X	-	X	-
97172	Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's current functional status when there is a documented change	X	-	X	-	X	-
97530	Therapeutic activities	-	X*	-	X*	-	X*
97533	Sensory integration	-	X*	-	X*	-	X*
97535	Self care mngment training	-	X*	-	X*	-	X*
97537	Community/work reintegration	-	X*	-	X*	-	X*
97542	Wheelchair mngment training	-	X*	-	X*	-	X*
97545	Work hardening	-	X*	-	X*	-	X*
97546	Work hardening add-on	-	X*	-	X*	-	X*
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	X	-	X	-	X	-
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,	X	-	X	-	X	-
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]	X	-	X	-	X	-
97602	Wound care non-selective	X	-	X	-	X	-
97610	Low frequency non-thermal us	X	-	X	-	X	-
97750	Physical performance test	-	X*	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
97799	Physical medicine procedure	-	X*	-	X*	-	X*
97810	Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient	X	-	X	-	X	-
97811	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	X	-	X	-	X	-
97813	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	X	-	X	-	X	-
97814	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	X	-	X	-	X	-
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X	-	X	-	X	-
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	X	-	X	-	X	-
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	X	-	X	-	X	-
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	X	-	X	-	X	-
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	X	-	X	-	X	-
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X	-	X	-	X	-
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	X	-	X	-	X	-
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X	-	X	-	X	-
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	X	-	X	-	X	-
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	X	-	X	-	X	-
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	X	-	X	-	X	-
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	X	-	X	-	X	-
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X	-	X	-	X	-
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	X	-	X	-	X	-
98940	Chiropractic manipulation	-	X*	-	X*	-	X*
98941	Chiropractic manipulation	-	X*	-	X*	-	X*
98942	Chiropractic manipulation	-	X*	-	X*	-	X*
98943	Chiropractic manipulation	-	X*	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	X	-	X	-	X	-
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	X	-	X	-	X	-
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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 more minutes	X	-	X	-	X	-
99000	Specimen handling	X	-	X	-	X	-
99001	Specimen handling	X	-	X	-	X	-
99002	Device handling	X	-	X	-	X	-
99024	Postop follow-up visit	X	-	X	-	X	-
99026	Hospital mandated on call service; in-hospital, each hour	X	-	X	-	X	-
99027	Hospital mandated on call service; out-of-hospital, each hour	X	-	X	-	X	-
99070	Special supplies	X	-	X	-	X	-
99071	Patient education materials	X	-	X	-	X	-
99072	Addl supl matrl&staf tm phe	X	-	X	-	X	-
99075	Medical testimony	X	-	X	-	X	-
99078	Group health education	X	-	X	-	X	-
99080	Special reports or forms	X	-	X	-	X	-
99082	Unusual physician travel	X	-	X	-	X	-
99116	Anesthesia with hypothermia	X	-	X	-	X	-
99221	Initial hospital care	-	X	-	X	-	X
99222	Initial hospital care	-	X	-	X	-	X
99223	Initial hospital care	-	X	-	X	-	X
99231	Subsequent hospital care	-	X	-	X	-	X
99232	Subsequent hospital care	-	X	-	X	-	X
99233	Subsequent hospital care	-	X	-	X	-	X
99241	Office consultation	X	-	X	-	X	-
99242	Office consultation	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
99243	Office consultation	X	-	X	-	X	-
99244	Office consultation	X	-	X	-	X	-
99245	Office consultation	X	-	X	-	X	-
99251	Initial inpatient consult	X	-	X	-	X	-
99252	Initial inpatient consult	X	-	X	-	X	-
99253	Initial inpatient consult	X	-	X	-	X	-
99254	Initial inpatient consult	X	-	X	-	X	-
99255	Initial inpatient consult	X	-	X	-	X	-
99304	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key co	-	X	-	X	-	X
99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key co	-	X	-	X	-	X
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key c	-	X	-	X	-	X
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	X	-	X	-	X
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	X	-	X	-	X
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	X	-	X	-	X
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	X	-	X	-	X
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key c	-	X	-	X	-	X
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted livi	X	-	X	-	X	-
99358	Prolong service w/o contact	X	-	X	-	X	-
99359	Prolong serv w/o contact add	X	-	X	-	X	-
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or famil	X	-	X	-	X	-
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	X	-	X	-	X	-
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	X	-	X	-	X	-
99374	Home health care supervision	X	-	X	-	X	-
99377	Hospice care supervision	X	-	X	-	X	-
99379	Nursing fac care supervision	X	-	X	-	X	-
99380	Nursing fac care supervision	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services)	X	-	X	-	X	-
99450	Life/disability evaluation	X	-	X	-	X	-
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 m	X	-	X	-	X	-
99455	Disability examination	X	-	X	-	X	-
99456	Disability examination	X	-	X	-	X	-
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	-	X	-
99485	Suprv interfacility transport	X	-	X	-	X	-
99486	Suprv interfac trnsport addl	X	-	X	-	X	-
99500	Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	-	X	-	X	-	X
99501	Home visit for postnatal assessment and follow-up care	-	X	-	X	-	X
99502	Home visit for newborn care and assessment	-	X	-	X	-	X
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	-	X	-	X	-	X
99504	Home visit for mechanical ventilation care	-	X	-	X	-	X
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	-	X	-	X	-	X
99506	Home visit for intramuscular injections	-	X	-	X	-	X
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	X	-	X	-	X	-
99509	Home visit for assistance with activities of daily living and personal care	X	-	X	-	X	-
99510	Home visit for individual, family, or marriage counseling	X	-	X	-	X	-
99511	Home visit for fecal impaction management and enema administration	X	-	X	-	X	-
99512	Home visit for hemodialysis, per diem	-	X	-	X	-	X
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	X	-	X	-	X	-
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment	X	-	X	-	X	-
0001F	Heart failure assessed (includes assessment of all the following components) (cad)	X	-	X	-	X	-
0005F	Osteoarthritis assessed (oa)	X	-	X	-	X	-
0012F	Community acquired bacterial pneumonia assessed (cap)	X	-	X	-	X	-
0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass	X	-	X	-	X	-
0015F	Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding	X	-	X	-	X	-
0500F	Initial prenatal care visit	X	-	X	-	X	-
0501F	Prenatal flow sheet documented in medical record by first prenatal visit	X	-	X	-	X	-
0502F	Subsequent prenatal care visit	X	-	X	-	X	-
0503F	Postpartum care visit2	X	-	X	-	X	-
0505F	Hemodialysis plan of care documented (esrd)	X	-	X	-	X	-
0507F	Peritoneal dialysis plan of care documented (esrd)	X	-	X	-	X	-
0509F	Urinary incontinence plan of care documented (ger)	X	-	X	-	X	-
0513F	Elevated blood pressure plan of care documented (ckd)1	X	-	X	-	X	-
0514F	Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis-stimulating agent (esa) thera	X	-	X	-	X	-
0516F	Anemia plan of care documented (esrd)1	X	-	X	-	X	-
0517F	Glaucoma plan of care documented (ec)5	X	-	X	-	X	-
0518F	Falls plan of care documented (ger)5	X	-	X	-	X	-
0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initia	X	-	X	-	X	-
0520F	Normal tissue dose constraints established within five treatment days from the initiation of a course of 3d conformal ra	X	-	X	-	X	-
0521F	Plan of care to address pain documented (onc)1	X	-	X	-	X	-
0525F	Initial visit for episode (bkp)2	X	-	X	-	X	-
0526F	Subsequent visit for episode (bkp)2	X	-	X	-	X	-
0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (end/polyp)	X	-	X	-	X	-
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)	X	-	X	-	X	-
0535F	Dyspnea management plan of care, documented (pall cr)	X	-	X	-	X	-
0540F	Glucorticoid management plan documented (ra)	X	-	X	-	X	-
0545F	Plan for follow-up care for major depressive disorder, documented (mdd adol)	X	-	X	-	X	-
0550F	Cytopath report-nongyn spcmn	X	-	X	-	X	-
0551F	Cytopath report non-routine	X	-	X	-	X	-
0555F	Symptom management plan of care documented (hf)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0556F	Plan of care to achieve lipid control documented (cad)	X	-	X	-	X	-
0557F	Plan of care to manage anigal symptoms documented (cad)	X	-	X	-	X	-
0575F	Hiv rna control plan of care, documented (hiv)	X	-	X	-	X	-
0580F	Multidisciplinary care plan	X	-	X	-	X	-
0581F	Pt trnsfrd from anesth to cc	X	-	X	-	X	-
0582F	No trnsfr from anesth to cc	X	-	X	-	X	-
0583F	Transfer care checklist used	X	-	X	-	X	-
0584F	No transfer care chklist used	X	-	X	-	X	-
1000F	Tobacco use, smoking, assessed1	X	-	X	-	X	-
1002F	Anginal symptoms and level of activity assessed (nma - no measure associated)	X	-	X	-	X	-
1003F	Level of activity assessed (nma no measure associated)	X	-	X	-	X	-
1004F	Clinical symptoms of volume overload (excess) assessed (nma - no measure associated)	X	-	X	-	X	-
1005F	Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (nma - no	X	-	X	-	X	-
1006F	Osteoarthritis symptoms and functional status assessed	X	-	X	-	X	-
1007F	Use of anti-inflammatory or analgesic over-the-counter (otc) medications for symptom relief assessed	X	-	X	-	X	-
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or otc nsais	X	-	X	-	X	-
1010F	Severity of angina assessed by level of activity (cad)	X	-	X	-	X	-
1011F	Angina present (cad)	X	-	X	-	X	-
1012F	Angina absent (cad)	X	-	X	-	X	-
1015F	Chronic obstructive pulmonary disease (copd) symptoms assessed (includes assessment of at least one of the following:	X	-	X	-	X	-
1018F	Dyspnea assessed, not present (copd)	X	-	X	-	X	-
1019F	Dyspnea assessed, present (copd)	X	-	X	-	X	-
1022F	Pneumococcus immunization status assessed (cap, copd)	X	-	X	-	X	-
1026F	Co-morbid conditions assessed 9eg, includes assessment for presence or absence of: malignancy, liver disease,	X	-	X	-	X	-
1030F	Influenza immunization status assessed (cap)	X	-	X	-	X	-
1031F	Smoking status and exposure to second hand smoke in the home assessed (asthma)	X	-	X	-	X	-
1032F	Current tobacco smoker or currently exposed to secondhand smoke (asthma)	X	-	X	-	X	-
1033F	Current tobacco non-smoker and not currently exposed to secondhand smoke (asthma)	X	-	X	-	X	-
1034F	Current tobacco smoker (cad, cap, copd, dm, pv)	X	-	X	-	X	-
1035F	Current smokeless tobacco user (eg chew, snuff)(pv)	X	-	X	-	X	-
1036F	Current tobacco non-user (cad, cap, copd, pv), (dm), (ibd)	X	-	X	-	X	-
1038F	Persistent asthma (mild, moderate or severe)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
1039F	Intermittent asthma	X	-	X	-	X	-
1040F	Dsm-iv criteria for major depressive disorder documented (mdd)	X	-	X	-	X	-
1050F	History obtained regarding new or changing moles (ml)	X	-	X	-	X	-
1052F	Type, anatomic location, and activity all assessed (ibd)	X	-	X	-	X	-
1055F	Visual functional status assessed (ec)	X	-	X	-	X	-
1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (str)	X	-	X	-	X	-
1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str)	X	-	X	-	X	-
1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (str)	X	-	X	-	X	-
1066F	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (str)	X	-	X	-	X	-
1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (gerd)	X	-	X	-	X	-
1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present (gerd)	X	-	X	-	X	-
1090F	Presence or absence of urinary incontinence assessed (ger)	X	-	X	-	X	-
1091F	Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger)	X	-	X	-	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	X	-	X	-	X	-
1101F	Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y	X	-	X	-	X	-
1110F	Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within	X	-	X	-	X	-
1111F	Discharge medications reconciled with the current medication list in outpatient medical record (ger)	X	-	X	-	X	-
1116F	Auricular or periauricular pain assessed (aoe)	X	-	X	-	X	-
1118F	Gerd symptoms assessed after 12 months of therapy (gerd)5	X	-	X	-	X	-
1119F	Initial evaluation for condition (hep c)1	X	-	X	-	X	-
1121F	Subsequent evaluation for condition (hep c)1	X	-	X	-	X	-
1123F	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (dem) (ger, pall cr)	X	-	X	-	X	-
1124F	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (X	-	X	-	X	-
1125F	Pain severity quantified; pain present (onc)1	X	-	X	-	X	-
1126F	Pain severity quantified; no pain present (onc)1	X	-	X	-	X	-
1127F	New episode for condition (nma-no measure associated)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
1128F	Subsequent episode for condition (nma-no measure associated)	X	-	X	-	X	-
1130F	Back pain and function assessed, including all of the following: pain assessment and functional status and patient histo	X	-	X	-	X	-
1134F	Episode of back pain lasting 6 weeks or less (bkp)	X	-	X	-	X	-
1135F	Episode of back pain lasting longer than six weeks (bkp)2	X	-	X	-	X	-
1136F	Episode of back pain lasting 12 weeks or less (bkp)2	X	-	X	-	X	-
1137F	Episode of back pain lasting longer than 12 weeks (bkp)2	X	-	X	-	X	-
1150F	Documentation that a patient has a substantial risk of death within 1 year (pall cr)	X	-	X	-	X	-
1151F	Documentation that a patient does not have a substantial risk of death within one year (pall cr)	X	-	X	-	X	-
1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)	X	-	X	-	X	-
1153F	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)	X	-	X	-	X	-
1157F	Advance care plan or similar legal document present in the medical record (coa)	X	-	X	-	X	-
1158F	Advance care planning discussion documented in the medical record (coa)	X	-	X	-	X	-
1159F	Medication list documented in medical record (coa)	X	-	X	-	X	-
1160F	Rvw meds by rx/dr in rcrd	X	-	X	-	X	-
1170F	Functional status assessed (coa) (ra)	X	-	X	-	X	-
1175F	Functional status for dementia assessed and results reviewed (dem)	X	-	X	-	X	-
1180F	All specified thromboembolic risk factors assessed (afib)	X	-	X	-	X	-
1181F	Neuropsychiatric symptoms assessed and results reviewed (dem)	X	-	X	-	X	-
1182F	Neuropsychiatric symptoms, one or more present (dem)	X	-	X	-	X	-
1183F	Neuropsychiatric symptoms, absent (dem)	X	-	X	-	X	-
1200F	Seizure type(s) and current seizure frequency(ies) documented (epi)	X	-	X	-	X	-
1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)	X	-	X	-	X	-
1220F	Patient screened for depression (sud)	X	-	X	-	X	-
1400F	Prkns diag rviewed	X	-	X	-	X	-
1450F	Symptoms improved or remained consistent with treatment goals since last assessment (hf)	X	-	X	-	X	-
1451F	Symptoms demonstrated clinically important deterioration since last assessment (hf)	X	-	X	-	X	-
1460F	Qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-	X	-	X	-
1461F	No qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-	X	-	X	-
1490F	Dementia severity classified, mild (dem)	X	-	X	-	X	-
1491F	Dementia severity classified, moderate (dem)	X	-	X	-	X	-
1493F	Dementia severity classified, severe (dem)	X	-	X	-	X	-
1494F	Cognition assessed and reviewed (dem)	X	-	X	-	X	-
1500F	Symptom + sign symm polyneuro	X	-	X	-	X	-
1501F	Not initial eval for cond	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
1502F	Pt queried pain fxn w/instr	X	-	X	-	X	-
1503F	Pt queried symp resp insufficient	X	-	X	-	X	-
1504F	Pt has resp insufficiency	X	-	X	-	X	-
1505F	Pt has no resp insufficiency	X	-	X	-	X	-
2000F	Blood pressure measured (ckd)(dm)	X	-	X	-	X	-
2001F	Weight recorded (pag)	X	-	X	-	X	-
2002F	Clinical signs of volume overload (excess) assessed (nma - no measure associated)	X	-	X	-	X	-
2004F	Initial examination of the involved joint(s)	X	-	X	-	X	-
2010F	Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap)	X	-	X	-	X	-
2014F	Mental status assessed (normal/mildly impaired/severely impaired)(cap)	X	-	X	-	X	-
2015F	Asthma impairment assessed (asthma)	X	-	X	-	X	-
2016F	Asthma risk assessed (asthma)	X	-	X	-	X	-
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	X	-	X	-	X	-
2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemmorrhage	X	-	X	-	X	-
2020F	Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	X	-	X	-	X	-
2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	X	-	X	-	X	-
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)	X	-	X	-	X	-
2023F	Dilat rta xm w/o rtnophy	X	-	X	-	X	-
2024F	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and review	X	-	X	-	X	-
2025F	F 7 fld rta photo w/o rtnophy	X	-	X	-	X	-
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed	X	-	X	-	X	-
2027F	Optic nerve head evaluation performed (ec)	X	-	X	-	X	-
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse	X	-	X	-	X	-
2029F	Complete physical skin exam performed (ml)	X	-	X	-	X	-
2030F	Hydration status documented, normally hydrated (pag)	X	-	X	-	X	-
2031F	Hydration status documented, dehydrated (pag)	X	-	X	-	X	-
2033F	Eye img valid w/o rtnophy	X	-	X	-	X	-
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	X	-	X	-	X	-
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back	X	-	X	-	X	-
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (cwc)	X	-	X	-	X	-
2060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	X	-	X	-	X	-
3006F	Chest xray results documented and reviewed (cap)	X	-	X	-	X	-
3008F	Body mass index (bmi), documented (pv)	X	-	X	-	X	-
3011F	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	X	-	X	-	X	-
3014F	Screening mammography results documented and reviewed	X	-	X	-	X	-
3015F	Cervical cancer screening results documented and reviewed (pv)	X	-	X	-	X	-
3016F	Patient screened for unhealthy alcohol use using a systematic screening method (pv)	X	-	X	-	X	-
3017F	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible	X	-	X	-	X	-
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)	X	-	X	-	X	-
3019F	Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)	X	-	X	-	X	-
3020F	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative ass	X	-	X	-	X	-
3021F	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular	X	-	X	-	X	-
3022F	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	X	-	X	-	X	-
3023F	Spirometry results documented and reviewed (copd)	X	-	X	-	X	-
3025F	Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)	X	-	X	-	X	-
3027F	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	X	-	X	-	X	-
3028F	Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood gas	X	-	X	-	X	-
3035F	Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	X	-	X	-	X	-
3037F	Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	X	-	X	-	X	-
3038F	Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
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	-
3044F	Most recent hemoglobin a1c level <7.0% (dm)	X	-	X	-	X	-
3046F	Hemoglobin a1c 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 100-129 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	-
3051F	Hg a1c>equal 7.0%<8.0%	X	-	X	-	X	-
3052F	Hg a1c>equal 8.0%	X	-	X	-	X	-
3055F	Left ventricular ejection fraction (lvef) less than or equal to 35% (hf)	X	-	X	-	X	-
3056F	Left ventricular ejection fraction (lvef) greater than 35% or no lvef result available (hf)	X	-	X	-	X	-
3060F	Positive microalbuminuria test result documneted 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	-
3066F	Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	X	-	X	-	X	-
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	X	-	X	-	X	-
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)	X	-	X	-	X	-
3077F	Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	X	-	X	-	X	-
3078F	Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	X	-	X	-	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	-
3082F	Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	X	-	X	-	X	-
3083F	Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	-	X	-	X	-
3084F	Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	-	X	-	X	-
3085F	Suicide risk assessed (mdd)	X	-	X	-	X	-
3088F	Major depressive disorder, mild (mdd)	X	-	X	-	X	-
3089F	Major depressive disorder, moderate (mdd)	X	-	X	-	X	-
3090F	Major depressive disorder, severe without psychotic features (mdd)	X	-	X	-	X	-
3091F	Major depressive disorder, severe with psychotic features (mdd)	X	-	X	-	X	-
3092F	Major depressive disorder, in remission (mdd)	X	-	X	-	X	-
3093F	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
3095F	Central dual - energy x-ray absorptionmetry (dxa) results documented (op)	X	-	X	-	X	-
3096F	Central dual - energy x-ray absorptionmetry (dxa) ordered (op)	X	-	X	-	X	-
3100F	Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a	X	-	X	-	X	-
3110F	Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str)	X	-	X	-	X	-
3111F	Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac	X	-	X	-	X	-
3112F	Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initia	X	-	X	-	X	-
3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (hf)	X	-	X	-	X	-
3117F	Heart failure disease specific structured assessment tool completed (hf)	X	-	X	-	X	-
3118F	New york heart association (nyha) class documented (hf)	X	-	X	-	X	-
3119F	No evaluation of level of activity or clinical symptoms (hf)	X	-	X	-	X	-
3120F	12-lead ecg performed (em)	X	-	X	-	X	-
3126F	Esoph bx rpt w/dyspl info	X	-	X	-	X	-
3130F	Upper gastrointestinal endoscopy performed (gerd)	X	-	X	-	X	-
3132F	Documentation of referral for upper gastrointestinal endoscopy (gerd)	X	-	X	-	X	-
3140F	Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)	X	-	X	-	X	-
3141F	Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)	X	-	X	-	X	-
3142F	Barium swallow test ordered (gerd)	X	-	X	-	X	-
3150F	Forceps esophageal biopsy performed (gerd)	X	-	X	-	X	-
3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)	X	-	X	-	X	-
3160F	Documentation of iron stores prior to initiating erythropoietin therapy (hem)	X	-	X	-	X	-
3170F	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	X	-	X	-	X	-
3200F	Barium swallow test not ordered (gerd)	X	-	X	-	X	-
3210F	Group a strep test performed (phar)	X	-	X	-	X	-
3215F	Patient has documented immunity to hepatitis a (hep-c)	X	-	X	-	X	-
3216F	Patient has documented immunity to hepatitis b (hep-c)	X	-	X	-	X	-
3218F	Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep	X	-	X	-	X	-
3220F	Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c)	X	-	X	-	X	-
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
3250F	Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	X	-	X	-	X	-
3260F	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report (pa	X	-	X	-	X	-
3265F	Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	X	-	X	-	X	-
3266F	Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1	X	-	X	-	X	-
3267F	Pathology report includes pt category, pn category, gleason score and statement about margin status (path)	X	-	X	-	X	-
3268F	Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm	X	-	X	-	X	-
3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	X	-	X	-	X	-
3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1	X	-	X	-	X	-
3271F	Low risk of recurrence, prostate cancer (prca)1	X	-	X	-	X	-
3272F	Intermediate risk of recurrence, prostate cancer (prca)1	X	-	X	-	X	-
3273F	High risk of recurrence, prostate cancer (prca)1	X	-	X	-	X	-
3274F	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	X	-	X	-	X	-
3278F	Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	X	-	X	-	X	-
3279F	Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	X	-	X	-	X	-
3280F	Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	X	-	X	-	X	-
3281F	Hemoglobin level less than 11 g/dl (ckd, esrd)1	X	-	X	-	X	-
3284F	Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre-intervention level (ec)5	X	-	X	-	X	-
3285F	Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5	X	-	X	-	X	-
3288F	Falls risk assessment documented (ger)5	X	-	X	-	X	-
3290F	Patient is d (rh) negative and unsensitized (prenatal)1	X	-	X	-	X	-
3291F	Patient is d (rh) positive or sensitized (prenatal)1	X	-	X	-	X	-
3292F	Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1	X	-	X	-	X	-
3293F	Abo and rh blood typing documented as performed (pre-cr)	X	-	X	-	X	-
3294F	Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
3300F	American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1	X	-	X	-	X	-
3301F	Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1	X	-	X	-	X	-
3315F	Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	X	-	X	-	X	-
3316F	Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	X	-	X	-	X	-
3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe	X	-	X	-	X	-
3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio	X	-	X	-	X	-
3319F	One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca	X	-	X	-	X	-
3320F	None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc	X	-	X	-	X	-
3321F	Ajcc cancer stage 0 or ia melanoma, documented (ml)	X	-	X	-	X	-
3322F	Melanoma greater than ajcc stage 0 or ia (ml)	X	-	X	-	X	-
3323F	Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	X	-	X	-	X	-
3324F	Mri or ct scan ordered, reviewed or requested (epi)	X	-	X	-	X	-
3325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula	X	-	X	-	X	-
3328F	Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)	X	-	X	-	X	-
3330F	Imaging study ordered (bcp)2	X	-	X	-	X	-
3331F	Imaging study not ordered (bcp)2	X	-	X	-	X	-
3340F	Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	X	-	X	-	X	-
3341F	Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	X	-	X	-	X	-
3342F	Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	X	-	X	-	X	-
3343F	Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	X	-	X	-	X	-
3344F	Mammogram assessment category of "suspicious," documented (rad)	X	-	X	-	X	-
3345F	Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	X	-	X	-	X	-
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)	X	-	X	-	X	-
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)	X	-	X	-	X	-
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd)	X	-	X	-	X	-
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (X	-	X	-	X	-
3370F	Ajcc breast cancer stage 0, documented (onc)	X	-	X	-	X	-
3372F	Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	X	-	X	-	X	-
3374F	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	X	-	X	-	X	-
3376F	Ajcc breast cancer stage ii, documented (onc)	X	-	X	-	X	-
3378F	Ajcc breast cancer stage iii, documented (onc)	X	-	X	-	X	-
3380F	Ajcc breast cancer stage iv, documented (onc)	X	-	X	-	X	-
3382F	Ajcc colon cancer, stage 0, documented (onc)	X	-	X	-	X	-
3384F	Ajcc colon cancer, stage i, documented (onc)	X	-	X	-	X	-
3386F	Ajcc colon cancer, stage ii, documented (onc)	X	-	X	-	X	-
3388F	Ajcc colon cancer, stage iii, documented (onc)	X	-	X	-	X	-
3390F	Ajcc colon cancer, stage iv, documented (onc)	X	-	X	-	X	-
3394F	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)	X	-	X	-	X	-
3395F	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9	X	-	X	-	X	-
3450F	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	X	-	X	-	X	-
3451F	Dyspnea screened, moderate or severe dyspnea (pall cr)	X	-	X	-	X	-
3452F	Dyspnea not screened (pall cr)	X	-	X	-	X	-
3455F	Tb screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for ra (ra)	X	-	X	-	X	-
3470F	Rheumatoid arthritis (ra) disease activity, low (ra)	X	-	X	-	X	-
3471F	Rheumatoid arthritis (ra) disease activity, moderate (ra)	X	-	X	-	X	-
3472F	Rheumatoid arthritis (ra) disease activity, high (ra)	X	-	X	-	X	-
3475F	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	X	-	X	-	X	-
3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	X	-	X	-	X	-
3490F	History of aids-defining condition (hiv)	X	-	X	-	X	-
3491F	Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	X	-	X	-	X	-
3492F	History of nadir cd4+ cell count <350 cells/mm (hiv)	X	-	X	-	X	-
3493F	No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
3494F	Cd4+ cell count <200 cells/mm (hiv)	X	-	X	-	X	-
3495F	Cd4+ cell count 200 - 499 cells/mm (hiv)	X	-	X	-	X	-
3496F	Cd4+ cell count >=500 cells/mm (hiv)	X	-	X	-	X	-
3497F	Cd4+ cell percentage <15% (hiv)	X	-	X	-	X	-
3498F	Cd4+ cell percentage >=15% (hiv)	X	-	X	-	X	-
3500F	Cd4+ cell count or cd4+ cell percentage documented as performed (hiv)	X	-	X	-	X	-
3502F	Hiv rna viral load below limits of quantification (hiv)	X	-	X	-	X	-
3503F	Hiv rna viral load not below limits of quantification (hiv)	X	-	X	-	X	-
3510F	Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	X	-	X	-	X	-
3511F	Chlamydia and gonorrhea screenings documented as performed (hiv)	X	-	X	-	X	-
3512F	Syphilis screening documented as performed (hiv)	X	-	X	-	X	-
3513F	Hepatitis b screening documented as performed (hiv)	X	-	X	-	X	-
3514F	Hepatitis c screening documented as performed (hiv)	X	-	X	-	X	-
3515F	Patient has documented immunity to hepatitis c (hiv)	X	-	X	-	X	-
3517F	Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a first course of anti-tnf (tumor necrosis factor) therapy (ibd)	X	-	X	-	X	-
3520F	Clostridium difficile testing performed (ibd)	X	-	X	-	X	-
3550F	Low risk for thromboembolism (afib)	X	-	X	-	X	-
3551F	Intermediate risk for thromboembolism (afib)	X	-	X	-	X	-
3552F	High risk for thromboembolism (afib)	X	-	X	-	X	-
3555F	Patient had international normalized ratio (inr) measurement performed (afib)	X	-	X	-	X	-
3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct	X	-	X	-	X	-
3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	-	X	-	X	-
3573F	Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	-	X	-	X	-
3650F	Electroencephalogram (eeg) ordered, reviewed or requested (epi)	X	-	X	-	X	-
3700F	Psych disorders assessed	X	-	X	-	X	-
3720F	Cognit impairment assessed	X	-	X	-	X	-
3725F	Screening for depression performed (dem)	X	-	X	-	X	-
3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)	X	-	X	-	X	-
3751F	Electrodiag polyneuro6mon	X	-	X	-	X	-
3752F	No electrodiag polyneuro6mon	X	-	X	-	X	-
3753F	Pt has symp plus signs neuropathy	X	-	X	-	X	-
3754F	Screening tests dm done	X	-	X	-	X	-
3755F	Cog and behav imprmnt scrng done	X	-	X	-	X	-
3756F	Pt /w pseudobulbar affect, sialorrhea or als rlted symptom	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
3757F	Pt /w no pseudobulbar affect, sialorrhea or als rlted symptom	X	-	X	-	X	-
3758F	Pt ref pulmon fx test with peak flow	X	-	X	-	X	-
3759F	Pt scrn dysphag /wt loss/nutrition	X	-	X	-	X	-
3760F	Pt w/ dysphag /wt loss/nutr	X	-	X	-	X	-
3761F	Pt not exhbt dysphagia, wt loss, or impaired nutrition	X	-	X	-	X	-
3762F	Patient is dysarthric	X	-	X	-	X	-
3763F	Patient is not dysarthric	X	-	X	-	X	-
3775F	Adenoma detected screening	X	-	X	-	X	-
3776F	Adenoma not detect screening	X	-	X	-	X	-
4000F	Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)	X	-	X	-	X	-
4001F	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	X	-	X	-	X	-
4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	X	-	X	-	X	-
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)	X	-	X	-	X	-
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)	X	-	X	-	X	-
4008F	Beta-blocker therapy prescribed or currently being taken (cad,hf)	X	-	X	-	X	-
4010F	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently being taken (cad, ckd, hf) (dm)	X	-	X	-	X	-
4011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	X	-	X	-	X	-
4012F	Warfarin therapy prescribed (nma-no measure associated)	X	-	X	-	X	-
4013F	Statin therapy prescribed or currently being taken (cad)	X	-	X	-	X	-
4014F	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica	X	-	X	-	X	-
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no measure associated) (note: there are no medical exclusio	X	-	X	-	X	-
4016F	Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), includng otc medication(s)]	X	-	X	-	X	-
4017F	Gastrointestinal prophylaxis for nsaid use prescribed	X	-	X	-	X	-
4018F	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed	X	-	X	-	X	-
4019F	Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or counseling regarding bot	X	-	X	-	X	-
4025F	Inhaled bronchodilator prescribed (copd)	X	-	X	-	X	-
4030F	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)	X	-	X	-	X	-
4033F	Pulmonary rehabilitation exercise training recommended (copd)	X	-	X	-	X	-

*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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
4035F	Influenza immunization recommended (copd)(ibd)	X	-	X	-	X	-
4037F	Influenza immunization ordered or administered (copd, pv)	X	-	X	-	X	-
4040F	Pneumococcal vaccine administer or previously received (copd) (pv)	X	-	X	-	X	-
4041F	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	X	-	X	-	X	-
4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra	X	-	X	-	X	-
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card	X	-	X	-	X	-
4044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in	X	-	X	-	X	-
4045F	Appropriate empiric antibio0	X	-	X	-	X	-
4046F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative	X	-	X	-	X	-
4047F	Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancom	X	-	X	-	X	-
4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon	X	-	X	-	X	-
4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car	X	-	X	-	X	-
4050F	Hypertension plan of care documented as appropriate (nma - no measure associated)	X	-	X	-	X	-
4051F	Referred for an arterio-venous (av) fistula (esrd)	X	-	X	-	X	-
4052F	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	X	-	X	-	X	-
4053F	Hemodialysis via functioning arterio-venous (av) graft (esrd)	X	-	X	-	X	-
4054F	Hemodialysis via catheter (esrd)	X	-	X	-	X	-
4055F	Patient receiving peritoneal dialysis (esrd)	X	-	X	-	X	-
4056F	Appropriate oral rehydration solution recommended (pag)	X	-	X	-	X	-
4058F	Pediatric gastroenteritis education provided to caregiver (pag)	X	-	X	-	X	-
4060F	Psychotherapy services provided (mdd)	X	-	X	-	X	-
4062F	Patient referral for psychotherapy documented (mdd)	X	-	X	-	X	-
4063F	Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	X	-	X	-	X	-
4064F	Antidepressant pharmacotherapy prescribed (mdd)	X	-	X	-	X	-
4065F	Antipsychotic pharmacotherapy prescribed (mdd)	X	-	X	-	X	-
4066F	Electroconvulsive therapy (ect) provided (mdd)	X	-	X	-	X	-
4067F	Patient referral for electroconvulsive therapy (ect) documented (mdd)	X	-	X	-	X	-
4069F	Venous thromboembolism (vte) prophylaxis received (ibd)	X	-	X	-	X	-
4070F	Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	X	-	X	-	X	-
4073F	Oral antiplatelet therapy prescribed at discharge (str)	X	-	X	-	X	-
4075F	Anticoagulant therapy prescribed at discharge (str)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
4077F	Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	X	-	X	-	X	-
4079F	Documentation that rehabilitation services were considered (str)	X	-	X	-	X	-
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)	X	-	X	-	X	-
4086F	Aspirin or clopidogrel prescribed or currently being taken (cad)	X	-	X	-	X	-
4090F	Patient receiving erythropoietin therapy (hem)	X	-	X	-	X	-
4095F	Patient not receiving erythropoietin therapy (hem)	X	-	X	-	X	-
4100F	Bisphosphonate therapy, intravenous, ordered or received (hem)	X	-	X	-	X	-
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)	X	-	X	-	X	-
4115F	Beta blocker administered within 24 hours prior to surgical incision (cabg)	X	-	X	-	X	-
4120F	Antibiotic prescribed or dispensed (uri, phar)	X	-	X	-	X	-
4124F	Antibiotic neither prescribed nor dispensed (uri, phar)	X	-	X	-	X	-
4130F	Topical preparations (including otc) prescribed for acute otitis externa (aoe)	X	-	X	-	X	-
4131F	Systemic antimicrobial therapy prescribed (aoe)	X	-	X	-	X	-
4132F	Systemic antimicrobial therapy not prescribed (aoe)	X	-	X	-	X	-
4133F	Antihistamines or decongestants prescribed or recommended (ome)	X	-	X	-	X	-
4134F	Antihistamines or decongestants neither prescribed nor recommended (ome)	X	-	X	-	X	-
4135F	Systemic corticosteroids prescribed (ome)	X	-	X	-	X	-
4136F	Systemic corticosteroids not prescribed (ome)	X	-	X	-	X	-
4140F	Inhaled corticosteroids prescribed (asthma)	X	-	X	-	X	-
4142F	Corticosteroid sparing therapy prescribed (ibd)	X	-	X	-	X	-
4144F	Alternative long-term control medication prescribed (asthma)	X	-	X	-	X	-
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	X	-	X	-	X	-
4148F	Hepatitis a vaccine injection administered or previously received (hep-c)	X	-	X	-	X	-
4149F	Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	X	-	X	-	X	-
4150F	Patient receiving antiviral treatment for hepatitis c (hep-c)	X	-	X	-	X	-
4151F	Patient not receiving antiviral treatment for hepatitis c (hep-c)	X	-	X	-	X	-
4153F	Combination peginterferon and ribavirin therapy prescribed (hep-c)	X	-	X	-	X	-
4155F	Hepatitis a vaccine series previously received (hep-c)	X	-	X	-	X	-
4157F	Hepatitis b vaccine series previously received (hep-c)	X	-	X	-	X	-
4158F	Patient counseled about risks of alcohol use (hep-c)	X	-	X	-	X	-
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	X	-	X	-	X	-
4163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	X	-	X	-	X	-
4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
4165F	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	X	-	X	-	X	-
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	X	-	X	-	X	-
4168F	Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1	X	-	X	-	X	-
4169F	Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving	X	-	X	-	X	-
4171F	Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	X	-	X	-	X	-
4172F	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	X	-	X	-	X	-
4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	X	-	X	-	X	-
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	X	-	X	-	X	-
4176F	Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	X	-	X	-	X	-
4177F	Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr	X	-	X	-	X	-
4178F	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	X	-	X	-	X	-
4179F	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	X	-	X	-	X	-
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	X	-	X	-	X	-
4181F	Conformal radiation therapy received (onc)1	X	-	X	-	X	-
4182F	Conformal radiation therapy not received (onc)1	X	-	X	-	X	-
4185F	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger	X	-	X	-	X	-
4186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec	X	-	X	-	X	-
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	X	-	X	-	X	-
4188F	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered	X	-	X	-	X	-
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	X	-	X	-	X	-
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (am)2	X	-	X	-	X	-
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	X	-	X	-	X	-
4192F	Patient not receiving glucocorticoid therapy (ra)	X	-	X	-	X	-
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months (ra)	X	-	X	-	X	-
4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	X	-	X	-	X	-
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	X	-	X	-	X	-
4200F	External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)	X	-	X	-	X	-
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient	X	-	X	-	X	-
4210F	Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2	X	-	X	-	X	-
4220F	Digoxin medication therapy for 6 months or more (mm)2	X	-	X	-	X	-
4221F	Diuretic medication therapy for 6 months or more (mm)2	X	-	X	-	X	-
4230F	Anticonvulsant medication therapy for 6 months or more (mm)2	X	-	X	-	X	-
4240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las	X	-	X	-	X	-
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	X	-	X	-	X	-
4245F	Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	X	-	X	-	X	-
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2	X	-	X	-	X	-
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal	X	-	X	-	X	-
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	X	-	X	-	X	-
4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit)	X	-	X	-	X	-
4260F	Wound surface culture technique used (cwc)	X	-	X	-	X	-
4261F	Tech other than surfc cultr	X	-	X	-	X	-
4265F	Use of wet to dry dressings prescribed or recommended (cwc)	X	-	X	-	X	-
4266F	Use of wet to dry dressings neither prescribed nor recommended (cwc)	X	-	X	-	X	-
4267F	Compression therapy prescribed (cwc)	X	-	X	-	X	-
4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc)	X	-	X	-	X	-
4269F	Appropriate method of offloading (pressure relief) prescribed (cwc)	X	-	X	-	X	-
4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	X	-	X	-	X	-
4271F	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h	X	-	X	-	X	-
4274F	Influenza immunization administered or previously received (hiv)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
4276F	Potent antiretroviral therapy prescribed (hiv)	X	-	X	-	X	-
4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	X	-	X	-	X	-
4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv)	X	-	X	-	X	-
4290F	Patient screened for injection drug use (hiv)	X	-	X	-	X	-
4293F	Patient screened for high-risk sexual behavior (hiv)	X	-	X	-	X	-
4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	X	-	X	-	X	-
4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	X	-	X	-	X	-
4305F	Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	X	-	X	-	X	-
4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	X	-	X	-	X	-
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud)	X	-	X	-	X	-
4322F	Caregiver provided with education and referred to additional resources for support (dem)	X	-	X	-	X	-
4324F	Pt queried prkns complic	X	-	X	-	X	-
4325F	Med txmnt options rvwd w/pt	X	-	X	-	X	-
4326F	Pt asked re symp auto dysfxn	X	-	X	-	X	-
4328F	Pt asked re sleep disturb	X	-	X	-	X	-
4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	X	-	X	-	X	-
4340F	Counseling for women of childbearing potential with epilepsy (epi)	X	-	X	-	X	-
4350F	Counseling provided on symptom management, end of life decisions, and palliation (dem)	X	-	X	-	X	-
4400F	Rehab thxpy options w/pt	X	-	X	-	X	-
4450F	Self-care education provided to patient (hf)	X	-	X	-	X	-
4470F	Implantable cardioverter-defibrillator (icd) counseling provided (hf)	X	-	X	-	X	-
4480F	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	X	-	X	-	X	-
4481F	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)	X	-	X	-	X	-
4500F	Referred to an outpatient cardiac rehabilitation program (cad)	X	-	X	-	X	-
4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	X	-	X	-	X	-
4525F	Neuropsychiatric intervention ordered (dem)	X	-	X	-	X	-
4526F	Neuropsychiatric intervention received (dem)	X	-	X	-	X	-
4540F	Disease modified pharmacothxpy	X	-	X	-	X	-
4541F	Pt offered tx for pseudobulb	X	-	X	-	X	-
4550F	Noninvas resp support talk	X	-	X	-	X	-
4551F	Nutritional support offered	X	-	X	-	X	-
4552F	Pt ref for speech lang path	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
4553F	Pt asst re end life issues	X	-	X	-	X	-
4554F	Pt recvd inhal anesthetic	X	-	X	-	X	-
4555F	Pt recvd no inhal anesthetic	X	-	X	-	X	-
4556F	Ptw/3+ post-op nausea and vommiting	X	-	X	-	X	-
4557F	Pt w/o 3+ pot-op nausea and vommiting	X	-	X	-	X	-
4558F	Pt recvd 2 rx anti-emetagns	X	-	X	-	X	-
4559F	1 bodytemp >=35.5 cw/in 30 mins	X	-	X	-	X	-
4560F	Anesth w/o general or neurax anesth	X	-	X	-	X	-
4561F	Pt w/ coronary artery stent	X	-	X	-	X	-
4562F	Patient does not have coronary artery stent	X	-	X	-	X	-
4563F	Pt recvd aspirin w/in 24 hours	X	-	X	-	X	-
5005F	Patient counseled on self - examination for new or changing moles (ml)	X	-	X	-	X	-
5010F	Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)	X	-	X	-	X	-
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for oste	X	-	X	-	X	-
5020F	Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of co	X	-	X	-	X	-
5050F	Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	X	-	X	-	X	-
5060F	Findings from diagnostic mammogram communicated to practice managing patient¿s on-going care within 3 business days of e	X	-	X	-	X	-
5062F	Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imag	X	-	X	-	X	-
5100F	Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study (nuc_med)	X	-	X	-	X	-
5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy	X	-	X	-	X	-
5250F	Asthma discharge plan present (asthma)	X	-	X	-	X	-
6005F	Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	X	-	X	-	X	-
6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	X	-	X	-	X	-
6015F	Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	X	-	X	-	X	-
6020F	Npo (nothing by mouth) ordered (str)	X	-	X	-	X	-
6030F	All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves a	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
6040F	Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure, document	X	-	X	-	X	-
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5	X	-	X	-	X	-
6070F	Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)	X	-	X	-	X	-
6080F	Pt/caregiver queried falls	X	-	X	-	X	-
6090F	Pt/caregiver counsel safety	X	-	X	-	X	-
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (path)9	X	-	X	-	X	-
6101F	Safety counsel dementia prov	X	-	X	-	X	-
6102F	Safety counsel dementia ord	X	-	X	-	X	-
6110F	Counsel risks driving and alternatives	X	-	X	-	X	-
6150F	Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	X	-	X	-	X	-
7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to	X	-	X	-	X	-
7020F	Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for a	X	-	X	-	X	-
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (rad)5	X	-	X	-	X	-
9001F	Immunohisto antibod add slid	X	-	X	-	X	-
9002F	Aortic aneurysm 5-5.4cm diam	X	-	X	-	X	-
9003F	Aortic anrysm5.5-5.9cm diam	X	-	X	-	X	-
9004F	Aortic anrysm 6/> cm diam	X	-	X	-	X	-
9005F	Asympt carot/vrtbrbas sten	X	-	X	-	X	-
9006F	Sympt sten-tia/strk<120days	X	-	X	-	X	-
9007F	Other carot sten 120 days/>	X	-	X	-	X	-
0002M	Liver disease, 10 biochem assays	X	-	X	-	X	-
0003M	Liver disease, 10 biochem assays	X	-	X	-	X	-
0004M	Scoliosis dna alys	X	-	X	-	X	-
0006M	Onc hep gene risk classifier	X	-	X	-	X	-
0007M	Onc gastro 51 gene nomogram	X	-	X	-	X	-
0011M	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	X	-	X	-	X
0012M	Onc mrna 5 genes ur alg risk urothelial cancer	X	-	X	-	X	-
0013M	Onc mrna 5 genes ur alg risk recr urothelial ca	X	-	X	-	X	-
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using mmunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0015M	AdrnI cortcl tum bchm asy 25	X	-	X	-	X	-
0016M	Onc bladder mrna 219 gen alg	X	-	X	-	X	-
0017M	Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	X	-	X	-	X	-
0018M	TrnspIj rnl meas cd154+cll	X	-	X	-	X	-
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	X	-	X	-	X	-
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	X	-	X	-	X	-
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic	X	-	X	-	X	-
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on ct/mri images	X	-	X	-	X	-
0071T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	X	-	X	-	X	-
0072T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	X	-	X	-	X	-
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	X	-	X	-	X	-
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	X	-	X	-	X	-
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later	X	-	X	-	X	-
0106T	Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar	X	-	X	-	X	-
0107T	Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	X	-	X	-	X	-
0108T	Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv	X	-	X	-	X	-
0109T	Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n	X	-	X	-	X	-
0110T	Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	X	-	X	-	X
0174T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	X	-	X	-	X	-
0175T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	X	-	X	-	X	-
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	X	-	X	-	X	-
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	X	-	X	-	X	-
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	X	-	X	-	X	-
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	X	-	X	-	X	-
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X	-	X	-	X
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	-	X	-	X	-
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	-	X	-	X	-
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	-	X	-	X	-
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	-	X	-	X	-
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	X	-	X	-	X	-
0263T	Im autol b1 mrw cel ther 1 leg compl incl hrvst	X	-	X	-	X	-
0264T	Im autol b1 mrw cel ther 1 leg compl xcl hrvst	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0265T	Im autol b1 mrw cel ther uni/bi hrvt only	X	-	X	-	X	-
0266T	Impltj/rplcmt crtd sns brorflx actv dev tot sys	X	-	X	-	X	-
0267T	Impltj/rplcmt crtd sns brorflx actv dev lead uni	X	-	X	-	X	-
0268T	Impltj/rplcmt crtd sns brorflx actv dev pls gen	X	-	X	-	X	-
0269T	Rev/remvl crtd sns brorflx actv dev tot sys	X	-	X	-	X	-
0270T	Rev/remvl crtd sns brorflx actv dev lead uni	X	-	X	-	X	-
0271T	Rev/remvl crtd sns brorflx actv dev pls gen	X	-	X	-	X	-
0272T	Interrogation eval crtd sns brorflx actv sys	X	-	X	-	X	-
0273T	Interrogation eval crtd sns brorflx w/progrmg	X	-	X	-	X	-
0274T	Perq lamot/lam any meth single/mlt lvl crv/thrc	X	-	X	-	X	-
0275T	Perq lamot/lam any meth single/mlt lvl lumbar	X	-	X	-	X	-
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes).	X	-	X	-	X	-
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	X	-	X	-	X	-
0312T	Laps impltj nstim vagus	X	-	X	-	X	-
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	X	-	X	-	X	-
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator	X	-	X	-	X	-
0315T	Rmvl vagus nerve pls gen	X	-	X	-	X	-
0316T	Replc vagus nerve pls gen	X	-	X	-	X	-
0317T	Elec analysis vagus nerve pls gen	X	-	X	-	X	-
0329T	Mntr io press 24hrs/> uni/bi	X	-	X	-	X	-
0330T	Tear film img uni/bi w/i&r	X	-	X	-	X	-
0331T	Heart symp image plnr	X	-	X	-	X	-
0332T	Heart symp image plnr spect	X	-	X	-	X	-
0333T	Visual ep acuity screen auto	X	-	X	-	X	-
0338T	Trnscth renal symp denrv unl	X	-	X	-	X	-
0339T	Trnscth renal symp denrv bil	X	-	X	-	X	-
0347T	Ins bone device for rsa	X	-	X	-	X	-
0348T	Rsa spine exam	X	-	X	-	X	-
0349T	Rsa upper extr exam	X	-	X	-	X	-
0350T	Rsa lower extr exam	X	-	X	-	X	-
0351T	Intraop oct brst/node spec	X	-	X	-	X	-
0352T	Oct brst/node i&r per spec	X	-	X	-	X	-
0353T	Intraop oct breast cavity	X	-	X	-	X	-
0354T	Oct breast surg cavity i&r	X	-	X	-	X	-
0358T	Bia whole body	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	X	-	X	-	X	-
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	X	-	X	-	X	-
0397T	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)	X	-	X	-	X	-
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting	-	-	X	-	-	-
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	X	-	X	-	X	-
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	X	-	X	-	X	-
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	X	-	X	-	X	-
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	X	-	X	-	X	-
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	X	-	X	-	X	-
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	X	-	X	-	X	-
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	X	-	X	-	X	-
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	X	-	X	-	X	-
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	X	-	X	-	X	-
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	X	-	X	-	X	-
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr	X	-	X	-	X	-
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	X	-	X	-	X	-
0439T	Myocrd contrast prfuj echo	X	-	X	-	X	-
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	X	-	X	-	X	-
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	X	-	X	-	X	-
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	X	-	X	-	X	-
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	X	-	X	-	X	-
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	X	-	X	-	X	-
0446T	Crtj subq insj impltbl glucose sensor sys	X	-	X	-	X	-
0447T	Rmvl impltbl glucose sensor subq pocket via inc	X	-	X	-	X	-
0448T	Rmvl insj impltbl gluc sensor dif anatomic site	X	-	X	-	X	-
0464T	Visual ep testing for glaucoma w/interpj & rept	X	-	X	-	X	-
0470T	Oct skn img acquisj i&r 1st	X	-	X	-	X	-
0471T	Oct skn img acquisj i&r addl	X	-	X	-	X	-
0472T	Prgrmg io rta eltrd ra	X	-	X	-	X	-
0473T	Reprgrmg io rta eltrd ra	X	-	X	-	X	-
0474T	Insj aqueous drg dev io rsvr	X	-	X	-	X	-
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	-	X	-	X	-	X
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	-	X	-	X	-	X
0485T	Oct middle ear with i&r unilateral	X	-	X	-	X	-
0486T	Oct middle ear with i&r bilateral	X	-	X	-	X	-
0488T	Diabetes prev online/electronic prgrm pr 30 days	X	-	X	-	X	-
0489T	Autol regn cell tx scleroderma hands	X	-	X	-	X	-
0490T	Autol regn cell tx scldr mlt inj one or both hands	X	-	X	-	X	-
0510T	Removal of sinus tarsi implant	X	-	X	-	X	-
0511T	Removal and reinsertion of sinus tarsi implant	X	-	X	-	X	-
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	X	-	X	-	X	-
0513T	Esw integ wnd hlg ea addl	X	-	X	-	X	-
0524T	Ev cath dir chem abltj w/img	X	-	X	-	X	-
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	X	-	X	-	X	-
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	X	-	X	-	X	-
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	-	X	-	X	-	X
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	X	-	X	-	X	-
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	X	-	X	-	X	-
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	X	-	X	-	X	-
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	X	-	X	-	X	-
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	X	-	X	-	X	-
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	X	-	X	-	X	-
0559T	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure	X	-	X	-	X	-
0560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (list separately in addition to code for primary procedure)	X	-	X	-	X	-
0561T	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	X	-	X	-	X	-
0562T	Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide (list separately in addition to code for primary procedure)	X	-	X	-	X	-
0563T	Evac meibomian gland heat bi	X	-	X	-	X	-
0565T	Autol cell implt adps hrvg	X	-	X	-	X	-
0566T	Autol cell implt adps njx	X	-	X	-	X	-
0569T	Ttvr perq appr 1st prosth	-	X	-	X	-	X
0570T	Ttvr perq ea addl prosth	-	X	-	X	-	X
0584T	Perq islet cell transplant	X	-	X	-	X	-
0585T	Laps islet cell transplant	X	-	X	-	X	-
0586T	Open islet cell transplant	X	-	X	-	X	-
0591T	Hlth&wb coaching indiv 1st	X	-	X	-	X	-
0592T	Hlth&wb coaching indiv f-up	X	-	X	-	X	-
0593T	Hlth&wb coaching group	X	-	X	-	X	-
0594T	Osteot hum xtrnl lngth dev	X	-	X	-	X	-
0596T	Temp fml iu vlv-pmp 1st insj	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0597T	Temp fml iu valve-pmp rplcmt	X	-	X	-	X	-
0598T	Ncntc r-t fluor wnd img 1st	X	-	X	-	X	-
0599T	Ncntc r-t fluor wnd img ea	X	-	X	-	X	-
0600T	Ire abltj 1+tum organ perq	X	-	X	-	X	-
0601T	Ire abltj 1+tumors open	X	-	X	-	X	-
0602T	Transdermal gfr measurements	X	-	X	-	X	-
0603T	Transdermal gfr monitoring	X	-	X	-	X	-
0604T	Rem oct rta dev setup&educaj	X	-	X	-	X	-
0605T	Rem oct rta techl sprt min 8	X	-	X	-	X	-
0606T	Rem oct rta phys/qhp ea 30d	X	-	X	-	X	-
0607T	Rem mntr pulm flu mntr setup	X	-	X	-	X	-
0608T	Rem mntr pulm flu mntr alys	X	-	X	-	X	-
0609T	Mrs disc pain acquisj data	X	-	X	-	X	-
0610T	Mrs disc pain transmis data	X	-	X	-	X	-
0611T	Mrs disc pain alg alys data	X	-	X	-	X	-
0612T	Mrs discogenic pain i&r	X	-	X	-	X	-
0613T	Perq tcatt intratrnl septl sht	X	-	X	-	X	-
0615T	Eye mvmt alys w/o calbrj i&r	X	-	X	-	X	-
0621T	Trabeculostomy interno laser	X	-	X	-	X	-
0622T	Trabeculostomy int lsr w/scp	X	-	X	-	X	-
0623T	Auto quantification c plaque	X	-	X	-	X	-
0624T	Auto quan c plaq data prep	X	-	X	-	X	-
0625T	Auto quan c plaq cptr alys	X	-	X	-	X	-
0626T	Auto quan c plaq i&r	X	-	X	-	X	-
0627T	Perq njx algc fluor lmr 1st	X	-	X	-	X	-
0628T	Perq njx algc fluor lmr ea	X	-	X	-	X	-
0629T	Perq njx algc ct lmr 1st	X	-	X	-	X	-
0630T	Perq njx algc ct lmr ea	X	-	X	-	X	-
0632T	Perq tcatt us abltj nrv p-art	X	-	X	-	X	-
0633T	Ct breast w/3d uni c	X	-	X	-	X	-
0634T	Ct breast w/3d uni c+	X	-	X	-	X	-
0635T	Ct breast w/3d uni c-/c+	X	-	X	-	X	-
0636T	Ct breast w/3d bi c	X	-	X	-	X	-
0637T	Ct breast w/3d bi c+	X	-	X	-	X	-
0638T	Ct breast w/3d bi c-/c+	X	-	X	-	X	-
0639T	Wrls skn snr anisotropy meas	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound	X	-	X	-	X	-
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	X	-	X	-	X	-
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	X	-	X	-	X	-
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	X	-	X	-	X	-
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	X	-	X	-	X	-
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	X	-	X	-	X	-
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	X	-	X	-	X	-
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	X	-	X	-	X	-
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	X	-	X	-	X	-
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused images or other enhanced ultrasound imaging	X	-	X	-	X	-
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	X	-	X	-	X	-
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	X	-	X	-	X	-
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	X	-	X	-	X	-
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	X	-	X	-	X	-
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	X	-	X	-	X	-
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	X	-	X	-	X	-
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	X	-	X	-	X	-
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	X	-	X	-	X	-
0665T	Donor hysterectomy (including cold preservation); open, from living donor	X	-	X	-	X	-
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	X	-	X	-	X	-
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	X	-	X	-	X	-
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	X	-	X	-	X	-
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	X	-	X	-	X	-
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	X	-	X	-	X	-
0672T	Ndovag cryg rf remdl tiss	X	-	X	-	X	-
0673T	Abltj b9 thyr ndul perq lasr	X	-	X	-	X	-
0674T	Laps insj nw/rpcmt prm isdss	X	-	X	-	X	-
0675T	Laps insj nw/rpcmt isdss 1ld	X	-	X	-	X	-
0676T	Laps insj nw/rpcmt isdss ea	X	-	X	-	X	-
0677T	Laps repos lead isdss 1st ld	X	-	X	-	X	-
0678T	Laps repos lead isdss ea add	X	-	X	-	X	-
0679T	Laps rmvl lead isdss	X	-	X	-	X	-
0680T	Insj/rplcmt pg only isdss	X	-	X	-	X	-
0681T	Rlcj pulse gen only isdss	X	-	X	-	X	-
0682T	Removal pulse gen only isdss	X	-	X	-	X	-
0683T	Pgrmg dev eval isdss ip	X	-	X	-	X	-
0684T	Peri-px dev eval isdss ip	X	-	X	-	X	-
0685T	Interrog dev eval isdss ip	X	-	X	-	X	-
0686T	Histotripsy mal hepatcel tis	X	-	X	-	X	-
0687T	Tx amblyopia dev setup 1st	X	-	X	-	X	-
0688T	Tx amblyopia assmt w/report	X	-	X	-	X	-
0689T	Quan us tis charac w/o dx us	X	-	X	-	X	-
0690T	Quan us tis charac w/dx us	X	-	X	-	X	-
0691T	Auto alys xst ct std vrt fx	X	-	X	-	X	-
0692T	Therapeutic ultrafiltration	X	-	X	-	X	-
0693T	Compre ful bdy 3d mtn alys	X	-	X	-	X	-
0694T	3d vol img&rcnstj brst/ax	X	-	X	-	X	-
0695T	Bdy srf mpg pm/cvdfb tm impl	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
0696T	Bdy surf mapg pm/cvdfb f/up	X	-	X	-	X	-
0697T	Quan mr tis wo mri mlt orgn	X	-	X	-	X	-
0698T	Quan mr tiss w/mri mlt orgn	X	-	X	-	X	-
0700T	Molec fluor img sus nev 1st	X	-	X	-	X	-
0701T	Molec fluor img sus nev ea	X	-	X	-	X	-
0704T	Rem tx amblyopia setup&edu	X	-	X	-	X	-
0705T	Rem tx amblyopia tech sprt	X	-	X	-	X	-
0706T	Rem tx amblyopia i&r phy/qhp	X	-	X	-	X	-
0707T	Njx b1 sub mtrl sbchdrl dfct	X	-	X	-	X	-
0708T	Id ca immntx prep & 1st njx	X	-	X	-	X	-
0709T	Id ca immntx each addl njx	X	-	X	-	X	-
0710T	N-invas artl plaq alys	X	-	X	-	X	-
0711T	N-nvs artl plaq alys dat prp	X	-	X	-	X	-
0712T	N-nvs artl plaq alys quan	X	-	X	-	X	-
0713T	N-nvs artl plaq alys rvw i&r	X	-	X	-	X	-
0714T	Tprnl lsr ablt b9 prst8 hypr	X	-	X	-	X	-
0716T	Car acous wavfrm rec cad rsk	X	-	X	-	X	-
0717T	Adrc ther prtl rc tear	X	-	X	-	X	-
0718T	Adrc ther prtl rc tear njx	X	-	X	-	X	-
0719T	Pst vrt jt rplcmt lmb r 1 sgm	X	-	X	-	X	-
0720T	Prq elc nrv stim cn wo implt	X	-	X	-	X	-
0721T	Quan ct tiss charac w/o ct	X	-	X	-	X	-
0722T	Quan ct tiss charac w/ct	X	-	X	-	X	-
0723T	Qmrpc w/o dx mri sm anat ses	X	-	X	-	X	-
0724T	Qmrpc w/dx mri same anatomy	X	-	X	-	X	-
0725T	Vestibular dev impltj uni	X	-	X	-	X	-
0726T	Rmvl implt vstibular dev uni	X	-	X	-	X	-
0727T	Rmvl&rplcmt implt vstblr dev	X	-	X	-	X	-
0728T	Dx alys vstblr implt uni 1st	X	-	X	-	X	-
0729T	Dx alys vstblr implt uni sbq	X	-	X	-	X	-
0730T	Trabeculotomy lsr w/oct gdn	X	-	X	-	X	-
0731T	Augmnt ai-based fcl phnt a/r	X	-	X	-	X	-
0732T	Immntx admn electroporatr im	X	-	X	-	X	-
0733T	Rem bdy&lmb knmtc ther sply	X	-	X	-	X	-
0734T	Rem bdy&lmb knmtc tx mgmt	X	-	X	-	X	-
0736T	Colonic lavage 35+ l water	X	-	X	-	X	-
0737T	Xenograft impltj artclr surf	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (mri) examination	X	-	X	-	X	-
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	X	-	X	-	X	-
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	X	-	X	-	X	-
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	X	-	X	-	X	-
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)	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	X	-	X	-	X	-
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;	X	-	X	-	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	X	-	X	-	X	-
0751T	Digitization of glass microscope slides for level ii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0752T	Digitization of glass microscope slides for level iii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	X	-	X	-	X	-
0753T	Digitization of glass microscope slides for level iv, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	X	-	X	-	X	-
0754T	Digitization of glass microscope slides for level v, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	X	-	X	-	X	-
0755T	Digitization of glass microscope slide for level vi, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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)	X	-	X	-	X	-
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	X	-	X	-	X	-
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	X	-	X	-	X	-
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)	X	-	X	-	X	-
0770T	Virtual reality technology to assist therapy (list separately in addition to code for primary procedure)	X	-	X	-	X	-
0771T	Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	X	-	X	-	X	-
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)	X	-	X	-	X	-
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	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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	-	X	-	X	-
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	X	-	X	-	X	-
0777T	Real-time pressure-sensing epidural guidance system (list separately in addition to code for primary procedure)	X	-	X	-	X	-
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	X	-	X	-	X	-
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	X	-	X	-	X	-
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	X	-	X	-	X	-
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	X	-	X	-	X	-
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	X	-	X	-	X	-
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	X	-	X	-	X	-
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	X	-	X	-	X	-
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to code for primary procedure)	-	X*	-	X*	-	X*
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	X	-	X	-	X	-
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)	X	-	X	-	X	-
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	X	-	X	-	X	-
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	X	-	X	-	X	-
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or equal to 50 mL	X	-	X	-	X	-
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report	X	-	X	-	X	-
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	X	-	X	-	X	-
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	X	-	X	-	X	-
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	X	-	X	-	X	-
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	X	-	X	-	X	-
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	X	-	X	-	X	-
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	X	-	X	-	X	-
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	X	-	X	-	X	-
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	X	-	X	-	X	-
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	X	-	X	-	X	-
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	X	-	X	-	X	-
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	X	-	X	-	X	-
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	X	-	X	-	X	-
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	X	-	X	-	X	-
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	X	-	X	-	X	-
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	X	-	X	-	X	-
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	X	-	X	-	X	-
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	X	-	X	-	X	-
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	X	-	X	-	X	-
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	X	-	X	-	X	-
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	X	-	X	-	X	-
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	X	-	X	-	X	-
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	X	-	X	-	X	-
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional	X	-	X	-	X	-
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral	X	-	X	-	X	-
0936T	Photobiomodulation therapy of retina, single session	X	-	X	-	X	-
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	X	-	X	-	X	-
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	X	-	X	-	X	-
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	X	-	X	-	X	-
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	X	-	X	-	X	-
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	X	-	X	-	X	-
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	X	-	X	-	X	-
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	X	-	X	-	X	-
0950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance	X	-	X	-	X	-
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	X	-	X	-	X	-
0952T	revision or replacement, with mastoidectomy and replacement of sound processor	X	-	X	-	X	-
0953T	revision or replacement, without mastoidectomy and replacement of sound processor	X	-	X	-	X	-
0954T	replacement of sound processor only, with attachment to existing transducers	X	-	X	-	X	-
0955T	removal, including removal of sound processor and all implant components	X	-	X	-	X	-
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)	X	-	X	-	X	-
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional	X	-	X	-	X	-
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	X	-	X	-	X	-
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	X	-	X	-	X	-
0965T	dual arch, with additional mandibular advancement, non-fixed hinge mechanism	X	-	X	-	X	-
0966T	dual arch, with additional mandibular advancement, fixed hinge mechanism	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor	X	-	X	-	X	-
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	X	-	X	-	X	-
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report	X	-	X	-	X	-
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	X	-	X	-	X	-
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	X	-	X	-	X	-
0979T	soft palate only	X	-	X	-	X	-
0980T	base of tongue and lingual tonsil only	X	-	X	-	X	-
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed	X	-	X	-	X	-
0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment	X	-	X	-	X	-
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	X	-	X	-	X	-
0984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	X	-	X	-	X	-
0985T	each additional vessel (List separately in addition to code for primary procedure)	X	-	X	-	X	-
0986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	X	-	X	-	X	-
0987T	each additional vessel (List separately in addition to code for primary procedure)	X	-	X	-	X	-
0001U	Rbc dna hea 35 ag 11 bld grp whl bld cmn allele	-	X	-	X	-	X
0002U	Onc clrct quan 3 ur metabolites alg adnmts plp	X	-	X	-	X	-
0003U	Onc ovarian assay 5 proteins serum alg scor	X	-	X	-	X	-
0005U	Onco prst8 3 gene ur alg	-	X	-	X	-	X
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including dna authentication in	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0008U	Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rna, gyra, pbp1, rdxa and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fres	X	-	X	-	X	-
0009U	Oncology (breast cancer), erbb2 (her2) copy number by fish, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (dep) sorting	X	-	X	-	X	-
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	X	-	X	-	X	-
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	X	-	X	-	X	-
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	X	-	X	-	X
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra	-	X	-	X	-	X
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra	-	X	-	X	-	X
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	-	X	-	X
0019U	Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential	-	X	-	X	-	X
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	X	-	X	-	X	-
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	X	-	X	-	X	-
0024U	Glyca nuc mr spectroscopy quantitative	X	-	X	-	X	-
0025U	Tenofovir liq chrom tandem mass spect ur quan	X	-	X	-	X	-
0026U	Onc thyr dna&mrna 112 genes fna ndul alg alys	-	X	-	X	-	X
0029U	Rx metab advrs rx rxn & rspse trgt seq alys	-	X	-	X	-	X
0030U	Rx metab warfarin rx response trgt seq alys	-	X	-	X	-	X
0032U	Comt gene analysis c.472g>a variant	-	X	-	X	-	X
0033U	Htr2a htr2c gene analysis common variants	-	X	-	X	-	X
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	X	-	X	-	X	-
0036U	Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	-	X	-	X	-	X
0037U	Trgt gen seq alys sld orgn neo dna 324 genes	-	X	-	X	-	X
0038U	Vitamin d, 25 hydroxy d2 and d3, by lc-ms/ms, serum microsample, quantitative	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0039U	Deoxyribonucleic acid (dna) antibody, double stranded, high avidity	X	-	X	-	X	-
0040U	Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	-	X	-	X	-	X
0045U	Onc brst dux carc is mrna 12 genes alg rsk scor	-	X	-	X	-	X
0046U	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative	-	X	-	X	-	X
0047U	Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	X	-	X	-	X
0048U	Onc sld org neo dna 468 cancer associated genes	-	X	-	X	-	X
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	-	X	-	X	-	X
0052U	Lpoprtn bld w/5 maj class auto prfl ucentrfugtn	X	-	X	-	X	-
0053U	Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen, algorithm reported as probability of higher tumor grade	X	-	X	-	X	-
0054U	Rx mntr 14+ class drugs & sbsts capillary blood	X	-	X	-	X	-
0055U	Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	-	X	-	X	-	X
0056U	Hem aml dna gene rearrangement blood/bone marrow	-	X	-	X	-	X
0058U	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus oncoprotein (small t antigen), serum, quantitative	X	-	X	-	X	-
0059U	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus capsid protein (vp1), serum, reported as positive or negative	X	-	X	-	X	-
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal blood	X	-	X	-	X	-
0061U	Tc meas 5 biomarkers w/sfdi multi-spectral alys	X	-	X	-	X	-
0070U	Cyp2d6 gen com&slct rar vrnt	-	X	-	X	-	X
0071U	Cyp2d6 full gene sequence	-	X	-	X	-	X
0072U	Cyp2d6 gen cyp2d6-2d7 hybrid	-	X	-	X	-	X
0073U	Cyp2d6 gen cyp2d7-2d6 hybrid	-	X	-	X	-	X
0074U	Cyp2d6 nonduplicated gene	-	X	-	X	-	X
0075U	Cyp2d6 5' gene dup/mlt	-	X	-	X	-	X
0076U	Cyp2d6 3' gene dup/mlt	-	X	-	X	-	X
0079U	Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification	-	X	-	X	-	X
0080U	Onc lng 5 clin rsk factr alg	X	-	X	-	X	-
0082U	Rx test def 90+ rx/sbsts ur	X	-	X	-	X	-
0083U	Onc rspse chemo cntrst tomog	X	-	X	-	X	-
0084U	Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rna fish, 6 or more organism targets, reported as positive or negative with phenotypi	X	-	X	-	X	-
0087U	Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro	-	X	-	X	-	X
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil	-	X	-	X	-	X
0089U	Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es)	X	-	X	-	X	-
0090U	Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit	X	-	X	-	X	-
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive o	X	-	X	-	X	-
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	X	-	X	-	X	-
0093U	Prescription drug monitoring, evaluation of 65 common drugs by lc-ms/ms, urine, each drug reported detected or not detected	X	-	X	-	X	-
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	X	-	X	-	X
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	X	-	X	-	X	-
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (campylobacter [c. jejuni/c. coli/c.	X	-	X	-	X	-
0101U	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a	-	X	-	X	-	X
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing	-	X	-	X	-	X
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and arr	-	X	-	X	-	X
0105U	Neph ckd mult eclia tum nec	X	-	X	-	X	-
0107U	C diff tox ag detcj ia stool	X	-	X	-	X	-
0108U	Gi barrett esoph 9 prtn bmrk	X	-	X	-	X	-
0109U	Id aspergillus dna 4 species	X	-	X	-	X	-
0110U	Rx mntr 1+oral onc rx&sbsts	X	-	X	-	X	-
0112U	Iadi 16s&18s rna genes	X	-	X	-	X	-
0113U	Onc prst8 pca3&tmprss2- erg	-	X	-	X	-	X
0114U	Gi barretts esoph vim&ccna1	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0115U	Respir iadna 18 viral&2 bact	X	-	X	-	X	-
0116U	Rx mntr nzm ia 35+oral flu	X	-	X	-	X	-
0117U	Pain mgmt 11 endogenous anal	X	-	X	-	X	-
0118U	Trnspj don-drv cll-fr dna	-	X	-	X	-	X
0119U	Crd ceramides liq chrom plsm	X	-	X	-	X	-
0120U	Onc b cll lymphm mrna 58 gen	-	X	-	X	-	X
0121U	Sc dis vcam-1 whole blood	X	-	X	-	X	-
0122U	Sc dis p-selectin whl blood	X	-	X	-	X	-
0123U	Mchnl fragility rbc prflg	X	-	X	-	X	-
0129U	Hered brst ca rlted do panel	-	X	-	X	-	X
0130U	Hered colon ca do mrna pnl	-	X	-	X	-	X
0131U	Hered brst ca rlted do pnl 13	-	X	-	X	-	X
0132U	Hered ova ca rlted do pnl 17	-	X	-	X	-	X
0133U	Hered prst8 ca rlted do 11	-	X	-	X	-	X
0134U	Hered pan ca mrna pnl 18 gen	-	X	-	X	-	X
0135U	Hered gyn ca mrna pnl 12 gen	-	X	-	X	-	X
0136U	Atm mrna seq alys	-	X	-	X	-	X
0137U	Palb2 mrna seq alys	-	X	-	X	-	X
0138U	Brca1 brca2 mrna seq alys	-	X	-	X	-	X
0140U	Nfct ds fungi dna 15 trgt	X	-	X	-	X	-
0141U	Nfct ds bact&fng gram pos	X	-	X	-	X	-
0142U	Nfct ds bact&fng gram neg	X	-	X	-	X	-
0143U	Drug assay 120+ rx/metabl	X	-	X	-	X	-
0144U	Drug assay 160+ rx/metabl	X	-	X	-	X	-
0145U	Drug assay 65+ rx/metabl	X	-	X	-	X	-
0146U	Drug assay 80+ rx/metabl	X	-	X	-	X	-
0147U	Drug assay 85+ rx/metabl	X	-	X	-	X	-
0148U	Drug assay 100+ rx/metabl	X	-	X	-	X	-
0149U	Drug assay 60+ rx/metabl	X	-	X	-	X	-
0150U	Drug assay 120+ rx/metabl	X	-	X	-	X	-
0152U	Nfct bct fng prst dna >1000	X	-	X	-	X	-
0153U	Onc breast mrna 101 genes	-	X	-	X	-	X
0154U	Fgfr3 gene analysis	-	X	-	X	-	X
0155U	Pik3ca gene analysis	-	X	-	X	-	X
0156U	Copy number sequence alys	X	-	X	-	X	-
0157U	Apc mrna seq alys	-	X	-	X	-	X
0158U	Mlh1 mrna seq alys	-	X	-	X	-	X
0159U	Msh2 mrna seq alys	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0160U	Msh6 mrna seq alys	-	X	-	X	-	X
0161U	Pms2 mrna seq alys	-	X	-	X	-	X
0162U	Hered colon ca trgt mrna pnl	-	X	-	X	-	X
0163U	Onc clrct scr 3 prtn alg	X	-	X	-	X	-
0164U	Gi ibs ia anticdtb&vinculin	X	-	X	-	X	-
0165U	Peanut allg spec asmt 64 epi	X	-	X	-	X	-
0166U	Liver ds 10 biochem asy srm	X	-	X	-	X	-
0168U	Ftl aneuploidy dna seq alys	-	X	-	X	-	X
0170U	Neuro asd rna next gen seq	X	-	X	-	X	-
0171U	Trgt gen seq alys pnl dna 23	-	X	-	X	-	X
0172U	Onc sld tum alys brca1 brca2	-	X	-	X	-	X
0173U	Psyc gen alys panel 14 genes	X	-	X	-	X	-
0174U	Onc solid tumor 30 prtn trgt	X	-	X	-	X	-
0175U	Psyc gen alys panel 15 genes	X	-	X	-	X	-
0176U	Cdtb&vinculin igg antb ia	X	-	X	-	X	-
0177U	Onc brst ca dna pik3ca 11	-	X	-	X	-	X
0178U	Peanut allg asmt epi clin rx	X	-	X	-	X	-
0179U	Onc nonsm cll lng ca alys 23	-	X	-	X	-	X
0180U	Abo gnotyp abo 7 exons	X	-	X	-	X	-
0181U	Co gnotyp aqp1 exon 1	X	-	X	-	X	-
0182U	Crom gnotyp cd55 exons 1-10	X	-	X	-	X	-
0183U	Di gnotyp slc4a1 exon 19	X	-	X	-	X	-
0184U	Do gnotyp art4 exon 2	X	-	X	-	X	-
0185U	Fut1 gnotyp fut1 exon 4	X	-	X	-	X	-
0186U	Fut2 gnotyp fut2 exon 2	X	-	X	-	X	-
0187U	Fy gnotyp ackr1 exons 1-2	X	-	X	-	X	-
0188U	Ge gnotyp gypc exons 1-4	X	-	X	-	X	-
0189U	Gypa gnotyp ntrns 1 5 exon 2	X	-	X	-	X	-
0190U	Gypb gnotyp ntrns 1 5 seux 3	X	-	X	-	X	-
0191U	In gnotyp cd44 exons 2 3 6	X	-	X	-	X	-
0192U	Jk gnotyp slc14a1 exon 9	X	-	X	-	X	-
0193U	Jr gnotyp abcg2 exons 2-26	X	-	X	-	X	-
0194U	Kel gnotyp kel exon 8	X	-	X	-	X	-
0195U	Klf1 targeted sequencing	X	-	X	-	X	-
0196U	Lu gnotyp bcam exon 3	X	-	X	-	X	-
0197U	Lw gnotyp icam4 exon 1	X	-	X	-	X	-
0198U	Rhd&rhce gntyp rhd1-10&rhce5	X	-	X	-	X	-
0199U	Sc gnotyp ermap exons 4 12	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0200U	Xk gnotyp xk exons 1-3	X	-	X	-	X	-
0201U	Yt gnotyp ache exon 2	X	-	X	-	X	-
0203U	Ai ibd mrna xprsn prfl 17	X	-	X	-	X	-
0204U	Onc thyr mrna xprsn alys 593	-	X	-	X	-	X
0205U	Oph amd alys 3 gene variants	X	-	X	-	X	-
0206U	Neuro alzheimer cell aggregj	X	-	X	-	X	-
0207U	Neuro alzheimer quan imaging	X	-	X	-	X	-
0209U	Cytog const alys interrog	-	X	-	X	-	X
0210U	Syphilis tst antb ia quan	X	-	X	-	X	-
0211U	Onc pan-tum dna&rna gnrj seq	-	X	-	X	-	X
0212U	Rare ds gen dna alys proband	-	X	-	X	-	X
0213U	Rare ds gen dna alys ea comp	-	X	-	X	-	X
0214U	Rare ds xom dna alys proband	-	X	-	X	-	X
0215U	Rare ds xom dna alys ea comp	-	X	-	X	-	X
0216U	Neuro inh ataxia dna 12 com	-	X	-	X	-	X
0217U	Neuro inh ataxia dna 51 gene	-	X	-	X	-	X
0218U	Neuro musc dys dmd seq alys	-	X	-	X	-	X
0219U	Nfct agt hiv gnrj seq alys	X	-	X	-	X	-
0220U	Onc brst ca ai assmt 12 feat	X	-	X	-	X	-
0221U	Abo gnotyp next gnrj seq abo	X	-	X	-	X	-
0222U	Rhd&rhce gntyp next gnrj seq	X	-	X	-	X	-
0227U	Rx asy prsmv 30+rx/metabl	X	-	X	-	X	-
0228U	Onc prst8 ma molec prfl alg	X	-	X	-	X	-
0229U	Bcat1 promoter mthyltn alys	X	-	X	-	X	-
0230U	Ar full sequence analysis	-	X	-	X	-	X
0231U	Cacna1a full gene analysis	-	X	-	X	-	X
0232U	Cstb full gene analysis	-	X	-	X	-	X
0233U	Fxn gene analysis	-	X	-	X	-	X
0235U	Pten full gene analysis	-	X	-	X	-	X
0237U	Car ion chnlpthy gen seq pnl	-	X	-	X	-	X
0239U	Trgt gen seq alys pnl 311+	-	X	-	X	-	X
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	-	X	-	X	-	X
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0244U	Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue	X	-	X	-	X	-
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	-	X	-	X	-	X
0246U	Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	X	-	X	-	X	-
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	X	-	X	-	X	-
0248U	Onc brn sphrd cll 12 rx pnl	X	-	X	-	X	-
0249U	Onc brst alys 32 phsprtn alg	X	-	X	-	X	-
0250U	Onc sld org neo dna 505 gene	-	X	-	X	-	X
0251U	Hepcidin-25 elisa serum/plsm	X	-	X	-	X	-
0252U	Ftl aneuploidy str alys dna	-	X	-	X	-	X
0253U	Rprdtve med rna gen prfl 238	-	X	-	X	-	X
0254U	Reprdtve med alys 24 chrmsm	-	X	-	X	-	X
0255U	Andrology infertility assmt	X	-	X	-	X	-
0256U	Tma/tmao prfl ms/ms ur alg	X	-	X	-	X	-
0257U	Vlcad leuk nzm actv whl bld	X	-	X	-	X	-
0258U	Ai psor mrna 50-100 gen alg	X	-	X	-	X	-
0259U	Neph ckd nuc mrs meas gfr	X	-	X	-	X	-
0260U	Rare ds id opt genome mapg	-	X	-	X	-	X
0261U	Onc clrcr ca img alys w/ai	X	-	X	-	X	-
0262U	Onc sld tum rtPCR 7 gen	-	X	-	X	-	X
0263U	Neuro asd meas 16 c metblt	X	-	X	-	X	-
0264U	Rare ds id opt genome mapg	-	X	-	X	-	X
0265U	Rar do whl gn&mtcdrl dna als	-	X	-	X	-	X
0266U	Unxpl cnst hrtbl do gn xprsn	-	X	-	X	-	X
0267U	Rare do id opt gen mapg&seq	-	X	-	X	-	X
0268U	Hem ahus gen seq alys 15 gen	-	X	-	X	-	X
0269U	Hem aut dm cgen trmbctpna 14	-	X	-	X	-	X
0270U	Hem cgen coagj do 20 genes	-	X	-	X	-	X
0271U	Hem cgen neutropenia 23 gen	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0272U	Hem genetic bld do 51 genes	-	X	-	X	-	X
0273U	Hem gen hyprfibrnlrsis 8 gen	-	X	-	X	-	X
0274U	Hem gen pltit do 43 genes	-	X	-	X	-	X
0275U	Hem heprn nduc trmbctpna srm	X	-	X	-	X	-
0276U	Hem inh thrombocytopenia 23	-	X	-	X	-	X
0277U	Hem gen pltit funcj do 31	-	X	-	X	-	X
0278U	Hem gen thrombosis 12 genes	-	X	-	X	-	X
0279U	Hem vw factor&clgn iii bndg	X	-	X	-	X	-
0280U	Hem vw factor&clgn iv bndg	X	-	X	-	X	-
0281U	Hem vwd propeptide ag lvl	X	-	X	-	X	-
0282U	Rbc dna gntyp 12 bld grp gen	X	-	X	-	X	-
0283U	Vw factor type 2b eval plsm	X	-	X	-	X	-
0284U	Vw factor type 2n eval plsm	X	-	X	-	X	-
0285U	Onc rsps radj cll fr dna tox	-	X	-	X	-	X
0287U	Onc thyr dna&mrna 112 genes	-	X	-	X	-	X
0288U	Onc lung mrna quan pcr 11&3	-	X	-	X	-	X
0289U	Neuro alzheimer mrna 24 gen	X	-	X	-	X	-
0290U	Pain mgmt mrna gen xprsn 36	X	-	X	-	X	-
0291U	Psyc mood do mrna 144 genes	X	-	X	-	X	-
0292U	Psyc strs do mrna 72 genes	X	-	X	-	X	-
0293U	Psyc suicidal idea mrna 54	X	-	X	-	X	-
0294U	Lngvty&mrtlty rsk mrna 18gen	X	-	X	-	X	-
0295U	Onc brst dux carc 7 proteins	X	-	X	-	X	-
0296U	Onc orl&/orop ca 20 mlc feat	-	X	-	X	-	X
0297U	Onc pan tum whl gen seq dna	-	X	-	X	-	X
0298U	Onc pan tum whl trns seq rna	-	X	-	X	-	X
0299U	Onc pan tum whl gen opt mapg	-	X	-	X	-	X
0300U	Onc pan tum whl gen seq&opt	-	X	-	X	-	X
0301U	Adna bartonella ddpcr	X	-	X	-	X	-
0302U	Adna brtnla ddpcr flwg liq	X	-	X	-	X	-
0303U	Hem rbc ads whl bld hypoxic	X	-	X	-	X	-
0304U	Hem rbc ads whl bld normoxic	X	-	X	-	X	-
0305U	Hem rbc fncilty&dfrm shr strs	X	-	X	-	X	-
0306U	Onc mrd nxt-gnrj alys 1st	-	X	-	X	-	X
0307U	Onc mrd nxt-gnrj alys sbsq	-	X	-	X	-	X
0308U	Crd cad alys 3 prtn plsm alg	X	-	X	-	X	-
0309U	Crd cv ds aly 4 prtn plm alg	X	-	X	-	X	-
0310U	Ped vsclts kd alys 3 bmrks	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
0311U	Nfct ds bct quan antmcrb sc	X	-	X	-	X	-
0312U	Ai ds sle alys 8 igg autoant	X	-	X	-	X	-
0313U	Onc pncrs dna&mrna seq 74	-	X	-	X	-	X
0314U	Onc cutan mlnma mrna 35 gene	X	-	X	-	X	-
0315U	Onc cutan sq cll ca mrna 40	X	-	X	-	X	-
0316U	B brgdrferi lyme ds ospa evl	X	-	X	-	X	-
0317U	Onc lung ca 4-prb fish assay	-	X	-	X	-	X
0318U	Ped whl gen mthyltn alys 50+	-	X	-	X	-	X
0319U	Neph rna pretrnspl perph bld	-	X	-	X	-	X
0320U	Neph rna psttrnspl perph bld	-	X	-	X	-	X
0321U	Iadna gu pthgn 20bct&fng org	X	-	X	-	X	-
0322U	Neuro asd meas 14 acyl carn	X	-	X	-	X	-
0323U	Iadna cns pthgn next gen seq	X	-	X	-	X	-
0324U	Onc ovar sphrd cell 4 rx pnl	X	-	X	-	X	-
0325U	Onc ovar sphrd cell parp	X	-	X	-	X	-
0326U	Trgt gen seq alys pnl 83+	-	X	-	X	-	X
0328U	Drug assay 120+ rx&metablt	X	-	X	-	X	-
0329U	Onc neo xome&trns seq alys	-	X	-	X	-	X
0330U	Iadna vag pthgn panel 27 org	X	-	X	-	X	-
0331U	Onc hl neo opt gen mapping	-	X	-	X	-	X
0332U	Onc pan tum gen prflg 8 dna	-	X	-	X	-	X
0333U	Onc lvr surveilanc hcc cfdna	-	X	-	X	-	X
0334U	Onc sld orgn tgsa dna 84/+	-	X	-	X	-	X
0335U	Rare ds whl gen seq fetal	-	X	-	X	-	X
0336U	Rare ds whl gen seq bld/slv	-	X	-	X	-	X
0337U	Onc plsm cell do & myeloma id	X	-	X	-	X	-
0338U	Onc sld tum crcg tum cl slct	X	-	X	-	X	-
0339U	Onc prst8 mrna hoxc6 & dlx1	-	X	-	X	-	X
0340U	Onc pan ca alys mrd plasma	-	X	-	X	-	X
0341U	Ftl aneup dna seq cmpr alys	-	X	-	X	-	X
0342U	Onc pncrtc ca mult ia eclia	X	-	X	-	X	-
0343U	Onc prst8 xom aly 442 snrna	X	-	X	-	X	-
0344U	Hep nafld semiq evl 28 lipid	X	-	X	-	X	-
0345U	Psyc genom alys pnl 15 gen	X	-	X	-	X	-
0347U	Rx metab/pcx dna 16 gen alys	X	-	X	-	X	-
0348U	Rx metab/pcx dna 25 gen alys	X	-	X	-	X	-
0349U	Rx metab/pcx dna 27gen rx ia	X	-	X	-	X	-
0350U	Rx metab/pcx dna 27 gen alys	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0351U	Nfct ds bct/viral trail ip10	X	-	X	-	X	-
0354U	Hpv hi rsk qual mrna e6/e7	X	-	X	-	X	-
0355U	Apol1 (apolipoprotein l1) (eg, chronic kidney disease), risk variants (g1, g2)	X	-	X	-	X	-
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	X	-	X	-	X	-
0357U	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	X	-	X	-	X	-
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	X	-	X	-	X	-
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (psa) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	X	-	X	-	X	-
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	X	-	X	-	X	-
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	X	-	X	-	X	-
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment rna sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (ffpe) tissue, algorithm reported as one of three molecular subtypes	-	X	-	X	-	X
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	-	X	-	X	-	X
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
0371U	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogen, semiquantitative identification, dna from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qpcr), urine	X	-	X	-	X	-
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	X	-	X	-	X	-
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	X	-	X	-	X	-
0374U	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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)	X	-	X	-	X	-
0378U	Rfc1 (replication factor c subunit 1), repeat expansion variant analysis by traditional and repeat-primed pcr, blood, saliva, or buccal swab	X	-	X	-	X	-
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	X	-	X	-	X	-
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)	X	-	X	-	X	-
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (ambra1) and loricrin (amlo) by immunohistochemistry, formalinixed paraffin-embedded (ffpe) tissue, report for risk of progression	X	-	X	-	X	-
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0389U	Pediatric febrile illness (kawasaki disease [kd]), interferon alphasinducible protein 27 (ifi27) and mast cell-expressed membrane protein 1 (mcomp1), rna, using reverse transcription polymerase chain reaction (rt-qpcr), blood, reported as a risk score for kd	X	-	X	-	X	-
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	X	-	X	-	X	-
0391U	Oncology (solid tumor), dna and rna by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (ffpe) tissue, 437 genes, interpretive report for single nucleotide variants, splice site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	-	X	-	X	-	X
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	-	X	-	X	-	X
0393U	Neurology (eg, parkinson disease, dementia with lewy bodies), cerebrospinal fluid (csf), detection of misfolded α -synuclein protein by seed amplification assay, qualitative	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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	-	X	-	X	-	X
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, dna, reported as carrier positive or negative	-	X	-	X	-	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	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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	-	X	-	X	-	X
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	X	-	X	-	X	-
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	X	-	X	-	X	-
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4- carboxyphenyl] porphyrin [tcp], cd206, cd66b, cd3, cd19), algorithm reported as likelihood of lung cancer	X	-	X	-	X	-
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	X	-	X	-	X	-
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])	X	-	X	-	X	-
0409U	Oncology (solid tumor), dna (80 genes) and rna (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	-	X	-	X	-	X
0410U	Oncology (pancreatic), dna, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	X	-	X	-	X	-
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [adhd]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of cyp2d6 (for additional pla code with identical clinical descriptor, see 0345u. see appendix o to determine appropriate code assignment)	X	-	X	-	X	-
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	X	-	X	-	X	-
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker	-	X	-	X	-	X
0415U	Cardiovascular disease (acute coronary syndrome [acs]), il-16, fas, fasligand, hgf, ctack, eotaxin, and mcp-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for acs	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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	X	-	X	-	X	-
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder–associated genetic variants	X	-	X	-	X	-
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	X	-	X	-	X	-
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	X	-	X	-	X	-
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	-	X	-	X	-	X
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	X	-	X	-	X	-
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	X	-	X	-	X	-
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	X	-	X	-	X	-
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	X	-	X	-	X	-
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	-	X	-	X	-	X
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	-	X	-	X	-	X
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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)	X	-	X	-	X	-
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	X	-	X	-	X	-
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	X	-	X	-	X	-
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	X	-	X	-	X	-
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	X	-	X	-	X	-
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	X	-	X	-	X	-
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	X	-	X	-	X	-
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	X	-	X	-	X	-
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	X	-	X	-	X	-
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	X	-	X	-	X	-
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	X	-	X	-	X	-
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	X	-	X	-	X	-
0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	X	-	X	-	X	-
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	-	X	-	X	-	X
0445U	β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	X	-	X	-	X	-
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)	X	-	X	-	X	-
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	X	-	X	-	X	-
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	X	-	X	-	X	-
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	X	-	X	-	X	-
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA codes with identical clinical descriptor, see 0260U, 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	-	X	-	X	-	X
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	X	-	X	-	X	-
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzymelinked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	X	-	X	-	X	-
0459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	X	-	X	-	X	-
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	X	-	X	-	X	-
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	X	-	X	-	X	-
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	X	-	X	-	X	-
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	X	-	X	-	X	-
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	X	-	X	-	X	-
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	X	-	X	-	X	-
0466U	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	X	-	X	-	X	-
0467U	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	X	-	X	-	X	-
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	-	X	-	X	-	X
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	X	-	X	-	X	-
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	-	X	-	X	-	X
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjögren syndrome	X	-	X	-	X	-
0473U	Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	-	X	-	X	-	X
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	-	X	-	X	-	X
0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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	X	-	X	-	X	-
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	-	X	-
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	-	X	-	X	-	X
0479U	Tau, phosphorylated, pTau217	X	-	X	-	X	-
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification	X	-	X	-	X	-
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)	-	X	-	X	-	X
0482U	Obstetrics (preeclampsia), biochemical assay of soluble fmslike tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF), serum, ratio reported for sFlt1/PlGF, with risk of progression for preeclampsia with severe features within 2 weeks	X	-	X	-	X	-
0483U	Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance	X	-	X	-	X	-
0484U	Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	X	-	X	-	X	-
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	-	X	-	X	-	X
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	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	X	-	X	-	X	-
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	-	X	-	X	-	X
0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	-	X	-	X	-	X
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight melanoma-associated antigen, CD34 and CD45 protein biomarkers, peripheral blood	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	-	X	-	X	-	X
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	X	-	X	-	X	-
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	X	-	X	-	X	-
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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	-	X	-	X	-	X
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	-	X	-	X	-	X
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)	X	-	X	-	X	-
0501U	Oncology (colorectal), blood, quantitative measurement of cellfree DNA (cfDNA)	X	-	X	-	X	-
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	X	-	X	-	X	-
0503U	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 negativefor amyloid plaques	X	-	X	-	X	-
0504U	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, realtime PCR, reported as positive or negative for each organism	X	-	X	-	X	-
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism	X	-	X	-	X	-
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	X	-	X	-	X	-
0507U	Oncology (ovarian), DNA, wholegenome sequencing with 5- hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	X	-	X	-	X	-
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	-	X	-	X	-	X
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	-	X	-	X	-	X
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA wholetranscriptome data, reported as probability of predicted molecular subtype	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	X	-	X	-	X	-
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)	X	-	X	-	X	-
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalinixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	X	-	X	-	X	-
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
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	X	-	X	-	X	-
0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	X	-	X	-	X	-
0522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiquantitative, blood	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	-	X	-	X	-	X
0524U	Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value	X	-	X	-	X	-
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	X	-	X	-	X	-
0526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time	X	-	X	-	X	-
0527U	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected	X	-	X	-	X	-
0528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobialresistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria	X	-	X	-	X	-
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	X	-	X	-	X	-
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association	X	-	X	-	X	-
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for singlenucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	-	X	-	X	-	X
0540U	Transplantation medicine, quantification of donorderived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donorderived cell-free DNA to determine probability of rejection	-	X	-	X	-	X
0543U	Oncology (solid tumor), nextgeneration sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for singlenucleotide variants, multinucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	-	X	-	X	-	X
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA,	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative	X	-	X	-	X	-
0546U	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative	X	-	X	-	X	-
0547U	Neurofilament light chain (NFL), chemiluminescent enzyme immunoassay, plasma, quantitative	X	-	X	-	X	-
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma	X	-	X	-	X	-
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)	X	-	X	-	X	-
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	X	-	X	-	X	-
0551U	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma	X	-	X	-	X	-
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	-	X	-	X	-	X
0553U	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	-	X	-	X	-	X
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	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	-	X	-	X	-	X
0558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	X	-	X	-	X	-
0559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	X	-	X	-	X	-
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	X	-	X	-	X	-
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	-	X	-	X	-	X
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	-	X	-	X	-	X
0565U	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	-	X	-	X	-	X
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	-	X	-	X	-	X
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
0568U	Neurology (dementia), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology	X	-	X	-	X	-
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	-	X	-	X	-	X
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	X	-	X	-	X	-
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	-	X	-	X	-	X
0572U	Oncology (prostate), high throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	-	X	-	X	-	X
0573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	X	-	X	-	X	-
0574U	Mycobacterium tuberculosis, culture filtrate protein–10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS	X	-	X	-	X	-
A0080	percentage reported as risk	X	-	X	-	X	-
A0090	for rejection	X	-	X	-	X	-
A0100	Nonemergency transport taxi	X	-	X	-	X	-
A0110	Nonemergency transport bus	X	-	X	-	X	-
A0120	Noner transport mini-bus	X	-	X	-	X	-
A0160	Noner transport case worker	X	-	X	-	X	-
A0170	Noner transport parking fees	X	-	X	-	X	-
A0180	Noner transport lodgng recip	X	-	X	-	X	-
A0190	Noner transport meals recip	X	-	X	-	X	-
A0200	Noner transport lodgng escrt	X	-	X	-	X	-
A0210	Noner transport meals escort	X	-	X	-	X	-
A0420	Ambulance waiting 1/2 hr	X	-	X	-	X	-
A0424	Extra ambulance attendant	X	-	X	-	X	-
A0432	Pi volunteer ambulance co	X	-	X	-	X	-
A0888	Noncovered ambulance mileage	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
A2002	Mirragen adv wnd mat per sq	X	-	X	-	X	-
A2003	Bio-connekt wound matrix	X	-	X	-	X	-
A2004	Xcellistem, 1 mg	X	-	X	-	X	-
A2005	Microlyte matrix, per sq cm	X	-	X	-	X	-
A2006	Novosorb synpath per sq cm	X	-	X	-	X	-
A2008	Theragenesis, per sq cm	X	-	X	-	X	-
A2009	Symphony, per sq cm	X	-	X	-	X	-
A2010	Apis, per square centimeter	X	-	X	-	X	-
A2011	Supra sdrm, per square cm	X	-	X	-	X	-
A2012	Suprathel, per sq cm	X	-	X	-	X	-
A2014	Omeza collagen matrix, per 100 mg	X	-	X	-	X	-
A2015	Phoenix wound matrix, per square centimeter	X	-	X	-	X	-
A2016	Permeaderm b, per square centimeter	X	-	X	-	X	-
A2017	Permeaderm glove, each	X	-	X	-	X	-
A2018	Permeaderm c, per square centimeter	X	-	X	-	X	-
A2019	Kerecis marigen shld sq cm	X	-	X	-	X	-
A2020	Ac5 wound system	X	-	X	-	X	-
A2021	Neomatrix per sq cm	X	-	X	-	X	-
A2022	Innovaburn or innovamatrix xl, per square centimeter	X	-	X	-	X	-
A2023	Innovamatrix pd, 1 mg	X	-	X	-	X	-
A2024	Resolve matrix, per square centimeter	X	-	X	-	X	-
A2025	Miro3d, per cubic centimeter	X	-	X	-	X	-
A2027	Matriderm, per square centimeter	X	-	X	-	X	-
A2028	Micromatrix flex, per mg	X	-	X	-	X	-
A2029	Mirotract wound matrix sheet, per cubic centimeter	X	-	X	-	X	-
A2030	Miro3d fibers, per milligram	X	-	X	-	X	-
A2031	Mirodry wound matrix, per square centimeter	X	-	X	-	X	-
A2032	Myriad matrix, per square centimeter	X	-	X	-	X	-
A2033	Myriad morcells, 4 milligrams	X	-	X	-	X	-
A2034	Foundation drs solo, per square centimeter	X	-	X	-	X	-
A2035	Corplex p or theracor p or allacor p, per milligram	X	-	X	-	X	-
A4100	Skin sub fda clrd as dev nos	X	-	X	-	X	-
A4226	Supplies for maintenance of insulin infusion pump	X	-	X	-	X	-
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by	-	-	X	-	-	-
A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, eac	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	-	-	X	-	-	-
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	-	-	X	-	-	-
A4238	Adju cgm supply allowance	-	X	-	X	-	X
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	-	X	-	X	-	X
A4253	Blood glucose/reagent strips	-	-	X	-	-	-
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	X	-	X	-	X	-
A4262	Temporary tear duct plug	X	-	X	-	X	-
A4263	Permanent tear duct plug	X	-	X	-	X	-
A4265	Paraffin	X	-	X	-	X	-
A4267	Contraceptive supply, condom, male, each	X	-	X	-	X	-
A4268	Contraceptive supply, condom, female, each	X	-	X	-	X	-
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	X	-	X	-	X	-
A4270	Disposable endoscope sheath	X	-	X	-	X	-
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	-	-	X	-	-	-
A4281	Tubing for breast pump, replacement	X	-	X	-	X	-
A4282	Adapter for breast pump, replacement	X	-	X	-	X	-
A4283	Cap for breast pump bottle, replacement	X	-	X	-	X	-
A4284	Breast shield and splash protector for use with breast pump, replacement	X	-	X	-	X	-
A4285	Polycarbonate bottle for use with breast pump, replacement	X	-	X	-	X	-
A4286	Locking ring for breast pump, replacement	X	-	X	-	X	-
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	X	-	X	-	X	-
A4300	Cath impl vasc access portal	X	-	X	-	X	-
A4335	Incontinence supply	X	-	X	-	X	-
A4457	Enema tube, with or without adapter, any type, replacement only, each	X	-	X	-	X	-
A4458	Enema bag with tubing, reusable	X	-	X	-	X	-
A4465	Non-elastic extremity binder	X	-	X	-	X	-
A4468	Exsufflation belt, includes all supplies and accessories	X	-	X	-	X	-
A4490	Above knee surgical stocking	-	-	X	-	-	-
A4495	Thigh length surg stocking	-	-	X	-	-	-
A4500	Below knee surgical stocking	-	-	X	-	-	-
A4510	Full length surg stocking	-	-	X	-	-	-
A4520	Incontinence garment anytype	X	-	X	-	X	-
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
A4541	Monthly supplies for use of device coded at E0733	-	-	X	-	-	-
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	X	-	X	-	X	-
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	X	-	X	-	X	-
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	X	-	X	-	X	-
A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	X	-	X	-	X	-
A4550	Surgical trays	X	-	X	-	X	-
A4553	Nondisp underpads, all sizes	X	-	X	-	X	-
A4554	Disposable underpads	X	-	X	-	X	-
A4558	Conductive paste or gel	X	-	X	-	X	-
A4560	Nmes disposable	X	-	X	-	X	-
A4575	Hyperbaric o2 chamber disps	X	-	X	-	X	-
A4580	Cast supplies (plaster)	X	-	X	-	X	-
A4590	Special casting material	X	-	X	-	X	-
A4595	Tens suppl 2 lead per month	-	-	X	-	X	-
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	X	-	X	-	X	-
A4601	Lithium ion battery for non-prosthetic use, replacement	X	-	X	-	X	-
A4604	Tubing with integrated heating element for use with positive airway pressure device	-	-	X	-	-	-
A4611	Heavy duty battery	X	-	X	-	X	-
A4612	Battery cables	X	-	X	-	X	-
A4613	Battery charger	X	-	X	-	X	-
A4630	Repl bat t.e.n.s. own by pt	X	-	X	-	X	-
A4634	Replacement bulb for therapeutic light box, tabletop model	X	-	X	-	X	-
A4638	Replacement battery for patient-owned ear pulse generator, each	X	-	X	-	X	-
A4639	Replacement pad for infrared heating pad system, each	X	-	X	-	X	-
A4642	Satumomab pendetide per dose	X	-	X	-	X	-
A4660	Esrd blood pressure device	X	-	X	-	X	-
A4663	Esrd blood pressure cuff	X	-	X	-	X	-
A4670	Auto blood pressure monitor	X	-	-	X	-	X
A4680	Activated carbon filters	X	-	X	-	X	-
A4690	Dialyzers	X	-	X	-	X	-
A4931	Oral thermometer, reusable, any type, each	X	-	X	-	X	-
A4932	Rectal thermometer, reusable, any type, each	X	-	X	-	X	-
A5200	Percutaneous catheter anchor	X	-	X	-	X	-
A5503	Diabetic shoe w/roller/rockr	X	-	X	-	X	-
A5504	Diabetic shoe with wedge	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
A5505	Diab shoe w/metatarsal bar	X	-	X	-	X	-
A5506	Diabetic shoe w/off set heel	X	-	X	-	X	-
A5507	Modification diabetic shoe	X	-	X	-	X	-
A5508	Diabetic deluxe shoe	X	-	X	-	X	-
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density i	X	-	X	-	X	-
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	X	-	X	-	X	-
A6413	Adhesive bandage, first-aid type, any size, each	X	-	X	-	X	-
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom	-	-	X	-	-	-
A6516	Gradient compression wrap with adjustable straps, foot, each, custom	-	-	X	-	-	-
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom	-	-	X	-	-	-
A6518	Gradient compression wrap with adjustable straps, arm, each, custom	-	-	X	-	-	-
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each	-	-	X	-	-	-
A6520	Gradient compression garment, glove, padded, for nighttime use, each	-	-	X	-	-	-
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	-	-	X	-	-	-
A6522	Gradient compression garment, arm, padded, for nighttime use, each	-	-	X	-	-	-
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	-	-	X	-	-	-
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	-	-	X	-	-	-
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	-	-	X	-	-	-
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	-	-	X	-	-	-
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	-	-	X	-	-	-
A6528	Gradient compression garment, bra, for nighttime use, each	-	-	X	-	-	-
A6529	Gradient compression garment, bra, for nighttime use, custom, each	-	-	X	-	-	-
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	-	-	X	-	-	-
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	-	-	X	-	-	-
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	-	-	X	-	-	-
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	-	-	X	-	-	-
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	-	-	X	-	-	-
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	-	-	X	-	-	-
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	-	-	X	-	-	-
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	-	-	X	-	-	-
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	-	-	X	-	-	-
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	-	-	X	-	-	-
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	-	-	X	-	-	-
A6541	Gradient compression stocking, waist length, 40-50 mmhg, each	-	-	X	-	-	-
A6544	Gradient compression stocking, garter belt	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	-	-	X	-	-	-
A6549	Gradient compression stocking/sleeve, not otherwise specified	-	-	X	-	-	-
A6550	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	X	-	X	-	X
A6552	Gradient compression stocking, below knee, 30-40 mm Hg, each	-	-	X	-	-	-
A6553	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each	-	-	X	-	-	-
A6554	Gradient compression stocking, below knee, 40 mm Hg or greater, each	-	-	X	-	-	-
A6555	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each	-	-	X	-	-	-
A6556	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each	-	-	X	-	-	-
A6557	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	-	-	X	-	-	-
A6558	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	-	-	X	-	-	-
A6559	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each	-	-	X	-	-	-
A6560	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each	-	-	X	-	-	-
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each	-	-	X	-	-	-
A6562	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	-	-	X	-	-	-
A6563	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	-	-	X	-	-	-
A6564	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	-	-	X	-	-	-
A6565	Gradient compression gauntlet, custom, each	-	-	X	-	-	-
A6566	Gradient compression garment, neck/head, each	-	-	X	-	-	-
A6567	Gradient compression garment, neck/head, custom, each	-	-	X	-	-	-
A6568	Gradient compression garment, torso and shoulder, each	-	-	X	-	-	-
A6569	Gradient compression garment, torso/shoulder, custom, each	-	-	X	-	-	-
A6570	Gradient compression garment, genital region, each	-	-	X	-	-	-
A6571	Gradient compression garment, genital region, custom, each	-	-	X	-	-	-
A6572	Gradient compression garment, toe caps, each	-	-	X	-	-	-
A6573	Gradient compression garment, toe caps, custom, each	-	-	X	-	-	-
A6574	Gradient compression arm sleeve and glove combination, custom, each	-	-	X	-	-	-
A6575	Gradient compression arm sleeve and glove combination, each	-	-	X	-	-	-
A6576	Gradient compression arm sleeve, custom, medium weight, each	-	-	X	-	-	-
A6577	Gradient compression arm sleeve, custom, heavy weight, each	-	-	X	-	-	-
A6578	Gradient compression arm sleeve, each	-	-	X	-	-	-
A6579	Gradient compression glove, custom, medium weight, each	-	-	X	-	-	-
A6580	Gradient compression glove, custom, heavy weight, each	-	-	X	-	-	-
A6581	Gradient compression glove, each	-	-	X	-	-	-
A6582	Gradient compression gauntlet, each	-	-	X	-	-	-
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	-	-	X	-	-	-
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
A6585	Gradient pressure wrap with adjustable straps, above knee, each	-	-	X	-	-	-
A6586	Gradient pressure wrap with adjustable straps, full leg, each	-	-	X	-	-	-
A6587	Gradient pressure wrap with adjustable straps, foot, each	-	-	X	-	-	-
A6588	Gradient pressure wrap with adjustable straps, arm, each	-	-	X	-	-	-
A6589	Gradient pressure wrap with adjustable straps, bra, each	-	-	X	-	-	-
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise specified	-	-	X	-	-	-
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	-	-	X	-	-	-
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	-	-	X	-	-	-
A6596	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each	-	-	X	-	-	-
A6597	Gradient compression bandage roll, elastic long stretch, linear yd, any width, each	-	-	X	-	-	-
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each	-	-	X	-	-	-
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each	-	-	X	-	-	-
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each	-	-	X	-	-	-
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	-	-	X	-	-	-
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any width, each	-	-	X	-	-	-
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each	-	-	X	-	-	-
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each	-	-	X	-	-	-
A6605	Gradient compression bandaging supply, padded foam, per linear yd, any width, each	-	-	X	-	-	-
A6606	Gradient compression bandaging supply, padded textile, per linear yd, any width, each	-	-	X	-	-	-
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each	-	-	X	-	-	-
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each	-	-	X	-	-	-
A6609	Gradient compression bandaging supply, not otherwise specified	-	-	X	-	-	-
A6610	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	-	-	X	-	-	-
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom	-	-	X	-	-	-
A7000	Disposable canister for pump	-	-	-	X	-	-
A7020	Interface, cough stim device	-	X	-	X	-	X
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	X	-	X	-	X	-
A7025	High frequency chest wall oscillation system vest, replacement for use withpatient owned equipment, each	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
A7026	High frequency chest wall oscillation system hose, replacement for use withpatient owned equipment, each	-	-	X	-	-	-
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	-	-	X	-	-	-
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	-	-	X	-	-	-
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	-	-	X	-	-	-
A7030	Full face mask used with positive airway pressure device, each	-	-	X	-	-	-
A7031	Face mask interface, replacement for full face mask, each	-	-	X	-	-	-
A7032	Replacement cushion for nasal application device, each	-	-	X	-	-	-
A7033	Replacement pillows for nasal application device, pair	-	-	X	-	-	-
A7034	Nasal interface (mask or cannula type) used with positive airway pressuredevice, with or without head strap	-	-	X	-	-	-
A7035	Headgear used with positive airway pressure device	-	-	X	-	-	-
A7036	Chinstrap used with positive airway pressure device	-	-	X	-	-	-
A7037	Tubing used with positive airway pressure device	-	-	X	-	-	-
A7038	Filter, disposable, used with positive airway pressure device	-	-	X	-	-	-
A7039	Filter, non disposable, used with positive airway pressure device	-	-	X	-	-	-
A7044	Oral interface used with positive airway pressure device, each	-	-	X	-	-	-
A7045	Repl exhalation port for pap	-	-	X	-	-	-
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	-	-	X	-	-	-
A7049	Epap nasal valve	X	-	X	-	X	-
A9150	Misc/exper non-prescript dru	X	-	X	-	X	-
A9152	Single vitamin nos	X	-	X	-	X	-
A9153	Multi-vitamin nos	X	-	X	-	X	-
A9154	Artificial saliva, 1 ml	X	-	X	-	X	-
A9180	Naturopaths	X	-	X	-	X	-
A9268	Programmer for transient, orally ingested capsule	X	-	X	-	X	-
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month	X	-	X	-	X	-
A9270	Non-covered item or service	X	-	X	-	X	-
A9272	Mechanical wound suction, disposable, includes dressing, all accessories and components, each	-	X	-	X	-	X
A9273	Hot/cold h2obot/cap/col/wrap	X	-	X	-	X	-
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	-	X	-	X	-	X
A9275	Home glucose disposable monitor, includes test strips	X	-	X	-	X	-
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	-	X	-	X	-	X
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no	X	-	X	-	X	-
A9281	Reaching/grabbing device, any type, any length, each	X	-	X	-	X	-
A9282	Wig, any type, each	X	-	X	-	X	-
A9283	Foot pressure off loading/supportive device, any type, each	X	-	X	-	X	-
A9285	Inversion eversion cor devic	X	-	X	-	X	-
A9286	Any hygienic item, device	X	-	X	-	X	-
A9291	Pres digital behav thera fda	X	-	X	-	X	-
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	X	-	X	-	X	-
A9300	Exercise equipment	X	-	X	-	X	-
A9501	Technetium tc-99m teboroxime, diagnostic, per study dose	X	-	X	-	X	-
A9504	Technetium tc 99m apcitide	X	-	X	-	X	-
A9507	Indium/111 capromab pendetid	X	-	X	-	X	-
A9508	Iobenguane sulfate i-131	X	-	X	-	X	-
A9532	Supply of radiopharmaceutical therapeutic agent, iodinated i-125, serum albumin, 5 microcuries	X	-	X	-	X	-
A9536	Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries	X	-	X	-	X	-
A9546	Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	X	-	X	-	X	-
A9550	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries	X	-	X	-	X	-
A9559	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	X	-	X	-	X	-
A9566	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries	X	-	X	-	X	-
A9568	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries	X	-	X	-	X	-
A9574	Air poly intrauterine foam	X	-	X	-	X	-
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	X	-	X	-	X	-
A9600	Strontium-89 chloride	X	-	X	-	X	-
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	-	X	-	X	-	X
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	X	-	X	-	X	-
A9901	Delivery/set up/dispensing	X	-	X	-	X	-
B4100	Food thickener, administered orally, per ounce	X	-	X	-	X	-
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	X	-	X	-	X	-
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	-	X	-	X	-	X
C1734	Orth/devic/drug bn/bn,tis/bn	X	-	X	-	X	-
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	X	-	X	-	X	-
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)	-	X	-	X	-	X
C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	X	-	X	-	X	-
C1748	Endoscope, single, ugi	X	-	X	-	X	-
C1749	Endoscope, retrograde imaging/illumination colonoscope device implantable)	X	-	X	-	X	-
C1754	Catheter, intradiscal	X	-	X	-	X	-
C1770	Imaging coil, magnetic resonance (insertable)	X	-	X	-	X	-
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	X	-	X	-	X	-
C1813	Prosthesis, penile, inflatable	-	-	X	-	-	-
C1815	Prosthesis, urinary sphincter (implantable)	-	X	X	-	-	X
C1819	Tissue localization excision	X	-	X	-	X	-
C1821	Interspinous process distraction device (implantable) x-stop	X	-	X	-	X	-
C1824	Generator, ccm, implant	X	-	X	-	X	-
C1825	Gen, neuro, carot sinus baro	-	X	-	X	-	X
C1831	Personalized interbody cage	X	-	X	-	X	-
C1832	Auto cell process sys	X	-	X	-	X	-
C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	-	X	-	X	-	X
C1840	Lens, intraocular (telescopic)	X	-	X	-	X	-
C1841	Retinal prosthesis, includes all internal and external components; add-on	X	-	X	-	X	-
C1842	Retinal prosthesis	X	-	X	-	X	-
C1849	Skin substitute, synthetic	X	-	X	-	X	-
C1881	Dialysis access system (implantable)	X	-	X	-	X	-
C1890	No implantable/insertable device used with device-intensive procedures	X	-	X	-	X	-
C1891	Infusion pump, non-programmable, permanent (implantable)	-	X	-	X	-	X
C2613	Lung bx plug w/deliv sys	X	-	X	-	X	-
C2614	Probe, percutaneous lumbar discectomy	X	-	X	-	X	-
C2622	Prosthesis, penile, non-inflatable	-	-	X	-	-	-
C2624	Wireless pressure sensor	-	X	-	X	-	X
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	X	-	X	-	X
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	-	X	-	X	-	X
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	-	X	-	X	-	X
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	X	-	X	-	X	-
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	X	-	X	-	X	-
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)	X	-	X	-	X	-
C9293	Injection, glucarpidase, 10 units	X	-	X	-	X	-
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	-	-	X	-	-	-
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	X	-	X	-	X	-
C9726	Placement and removal (if performed) of applicator into therapy	X	-	X	-	X	-
C9727	Insertion of implants into the soft palate; minimum of three implants	X	-	X	-	X	-
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (icg) (list separately in addition to code for primary procedure)	X	-	X	-	X	-
C9757	Spine/lumbar disk surgery	X	-	X	-	X	-
C9758	Interatrial shunt ide	-	X	-	X	-	X
C9760	Non-blind interatrial shunt	-	X	-	X	-	X
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)	X	-	X	-	X	-
C9781	Arthro/shoul surg; w/spacer	-	X	-	X	-	X
C9782	Blind myocar trpl bon marrow	X	-	X	-	X	-
C9783	Blind cor sinus reducer impl	X	-	X	-	X	-
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	-	X	-	X	-	X
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	X	-	X	-	X	-
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	X	-	X	-	X	-
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)	X	-	X	-	X	-
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	X	-	X	-	X	-
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)	-	X	-	X	-	X
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	X	-	X	-	X	-
D0120	Periodic oral examination	X	-	-	-	-	-
D0140	Limited oral evaluation - problem-focused	X	-	-	-	-	-
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	X	-	-	-	-	-
D0150	Comprehensive oral evaluation	X	-	-	-	-	-
D0160	Detailed and extensive oral evaluation - problem-focused, by report	X	-	-	-	-	-
D0170	Re-evaluation - limited problem focused (established patient; not post-operative visit)	X	-	X	-	X	-
D0171	Re-evaluation- post operative office visit	X	-	X	-	X	-
D0180	Comprehensive periodontal evaluation - new or established patient	X	-	X	-	X	-
D0190	A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	X	-	X	-	X	-
D0191	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagno	X	-	X	-	X	-
D0210	Intraoral- complete series of radiographic images	X	-	-	-	-	-
D0220	Intraoral- periapical first radiographic image	X	-	X	-	X	-
D0230	Intraoral- periapical each additional radiographic image	X	-	X	-	X	-
D0240	Intraoral- occlusal radiographic image	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D0250	Extra-oral 2d projection radiographic image created using a stationary radiation source, and detector	X	-	X	-	X	-
D0251	Extra-oral posterior dental radiographic image	X	-	X	-	X	-
D0270	Bitewing- single radiographic image	X	-	-	-	-	-
D0272	Bitewings- two radiographic images	X	-	-	-	-	-
D0273	Bitewings- three radiographic images	X	-	-	-	-	-
D0274	Bitewings- four radiographic images	X	-	-	-	-	-
D0277	Vertical bitewings- 7 to 8 radiographic images	X	-	-	-	-	-
D0310	Sialography	X	-	X	-	X	-
D0322	Tomographic survey	X	-	X	-	X	-
D0330	Panoramic radiographic image	X	-	-	-	-	-
D0340	2d cephalometric radiographic image-acquisition, measurement and analysis	X	-	X	-	X	-
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	X	-	X	-	X	-
D0351	3d photographic image	X	-	X	-	X	-
D0364	Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	X	-	X	-	X	-
D0365	Cone beam ct capture and interpretation with field of view of one dental arch-mandible	X	-	X	-	X	-
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	X	-	X	-	X	-
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	X	-	X	-	X	-
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures	X	-	X	-	X	-
D0369	Maxillofacial mri capture and interpretation	X	-	X	-	X	-
D0370	Maxillofacial ultrasound capture and interpretation	X	-	X	-	X	-
D0371	Sialoendoscopy capture and interpretation	X	-	X	-	X	-
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	X	-	X	-	X	-
D0373	Intraoral tomosynthesis - bitewing radiographic image	X	-	X	-	X	-
D0374	Intraoral tomosynthesis - periapical radiographic image	X	-	X	-	X	-
D0380	Cone beam ct image capture with limited field of view- less than one whole jaw	X	-	X	-	X	-
D0381	Cone beam ct image capture with field of view of one full dental arch-mandible	X	-	X	-	X	-
D0382	Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	X	-	X	-	X	-
D0383	Cone beam ct image capture with field of view of both jaws, with or without cranium	X	-	X	-	X	-
D0384	Cone beam ct image capture for tmj series including two or more exposures	X	-	X	-	X	-
D0385	Maxillofacial mri image capture	X	-	X	-	X	-
D0386	Maxillofacial ultrasound image capture	X	-	X	-	X	-
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	X	-	X	-	X	-
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D0389	Intraoral tomosynthesis - periapical radiographic image- image capture only	X	-	X	-	X	-
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	X	-	X	-	X	-
D0393	Treatment simulation using 3d image volume	X	-	X	-	X	-
D0394	Digital subtraction of two or more images or image volumes of the same modality	X	-	X	-	X	-
D0395	Fusion of two or more 3d image volumes of one or more modalities	X	-	X	-	X	-
D0396	3D printing of a 3D dental surface scan	X	-	X	-	X	-
D0411	Hba1c in-office point of service testing	X	-	X	-	X	-
D0412	Blood glucose level test-in-office using a glucose meter	X	-	X	-	X	-
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	X	-	X	-	X	-
D0415	Bacteriologic studies for determination of pathologic agents	X	-	X	-	X	-
D0416	Viral culture	X	-	X	-	X	-
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	X	-	X	-	X	-
D0418	Analysis of saliva sample	X	-	X	-	X	-
D0419	Assessment of salivary flow by measurement	X	-	X	-	X	-
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	X	-	X	-	X	-
D0423	Genetic test for susceptibility to diseases- specimen analysis	X	-	X	-	X	-
D0425	Caries susceptibility tests	X	-	X	-	X	-
D0431	Diag tst detect mucos abnorm	X	-	X	-	X	-
D0460	Pulp vitality tests	X	-	X	-	X	-
D0470	Diagnostic casts	X	-	X	-	X	-
D0472	Accession of tissue gross examination prep/transmission of written report	X	-	X	-	X	-
D0473	Accession of tissue gross and microscopic examination prep/trans of report	X	-	X	-	X	-
D0474	Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	X	-	X	-	X	-
D0475	Decalcification procedure	X	-	X	-	X	-
D0476	Spec stains for microorganis	X	-	X	-	X	-
D0477	Spec stains not for microorg	X	-	X	-	X	-
D0478	Immunohistochemical stains	X	-	X	-	X	-
D0479	Tissue in-situ hybridization	X	-	X	-	X	-
D0480	Processing and interpretation of cytologic smears incl the prep/trans of written report	X	-	X	-	X	-
D0481	Electron microscopy	X	-	X	-	X	-
D0482	Direct immunofluorescence	X	-	X	-	X	-
D0483	Indirect immunofluorescence	X	-	X	-	X	-
D0484	Consult slides prep elsewher	X	-	X	-	X	-
D0485	Consult inc prep of slides	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of written report	X	-	X	-	X	-
D0502	Other oral pathology procedures, by report	X	-	X	-	X	-
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	X	-	X	-	X	-
D0601	Caries risk assessment and documentation, with a finding of low risk	X	-	X	-	X	-
D0602	Caries risk assessment and documentation, with a finding of moderate risk	X	-	X	-	X	-
D0603	Caries risk assessment and documentation, with a finding of high risk	X	-	X	-	X	-
D0636	Cone beam - three-dimensional image reconstruction using existing data, includes multiple images	X	-	X	-	X	-
D0701	Panoramic radiographic image – image capture only	X	-	X	-	X	-
D0702	2-d cephalometric radiographic image – image capture only	X	-	X	-	X	-
D0703	2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	X	-	X	-	X	-
D0704	3-d photographic image – image capture only	X	-	X	-	X	-
D0705	Extra-oral posterior dental radiographic image – image capture only	X	-	X	-	X	-
D0706	Intraoral – occlusal radiographic image – image capture only	X	-	X	-	X	-
D0707	Intraoral – periapical radiographic image – image capture only	X	-	X	-	X	-
D0708	Intraoral – bitewing radiographic image – image capture only	X	-	X	-	X	-
D0709	Intraoral – complete series of radiographic images – image capture only	X	-	X	-	X	-
D0801	3d dental scan direct	X	-	X	-	X	-
D0802	3d dental scan indirect	X	-	X	-	X	-
D0803	3d facial scan direct	X	-	X	-	X	-
D0804	3d facial scan indirect	X	-	X	-	X	-
D0999	Unspecified diagnostic procedure, by report	X	-	X	-	X	-
D1110	Prophylaxis-adult	X	-	X	-	X	-
D1120	Prophylaxis-child	X	-	X	-	X	-
D1206	Topical application of fluoride varnish	X	-	X	-	X	-
D1208	Topical application of fluoride- excluding varnish	X	-	X	-	X	-
D1301	Immunization counseling	X	-	X	-	X	-
D1310	Nutritional counseling for the control of dental disease	X	-	X	-	X	-
D1320	Tobacco counseling for the control and prevention of oral disease	X	-	X	-	X	-
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	X	-	X	-	X	-
D1330	Oral hygiene instruction	X	-	X	-	X	-
D1351	Sealant-per tooth	X	-	X	-	X	-
D1352	Prev resin rest, perm tooth	X	-	X	-	X	-
D1353	Sealant repair- per tooth	X	-	X	-	X	-
D1354	Interim caries arresting medicament application-per tooth	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D1355	Caries preventive medicament application – per tooth	X	-	X	-	X	-
D1510	Space maintainer-fixed unilateral	X	-	X	-	X	-
D1516	Space maintainer-fixed-bilateral, maxillary	X	-	X	-	X	-
D1517	Space maintainer-fixed-bilateral, mandibular	X	-	X	-	X	-
D1520	Space maintainer-removable unilateral	X	-	X	-	X	-
D1526	Space maintainer -removable-bilateral, maxillary	X	-	X	-	X	-
D1527	Space maintainer -removable-bilateral, mandibular	X	-	X	-	X	-
D1551	Re-cement or re-bond bilateral space maintainer-maxillary	X	-	X	-	X	-
D1552	Re-cement or re-bond bilateral space maintainer-mandibular	X	-	X	-	X	-
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	X	-	X	-	X	-
D1556	Removal of fixed unilateral space maintainer- per quadrant	X	-	X	-	X	-
D1557	Removal of fixed bilateral space maintainer- maxillary	X	-	X	-	X	-
D1558	Removal of fixed bilateral space maintainer- mandibular	X	-	X	-	X	-
D1575	Distal shoe space maintainer-fixed-unilateral	X	-	X	-	X	-
D1781	Vaccine administration - human papillomavirus - dose 1	X	-	X	-	X	-
D1782	Vaccine administration - human papillomavirus - dose 2	X	-	X	-	X	-
D1783	Vaccine administration - human papillomavirus - dose 3	X	-	X	-	X	-
D1999	Unspecified preventive procedure, by report	X	-	X	-	X	-
D2140	Amalgam-one surface, permanent	X	-	X	-	X	-
D2150	Amalgam-two surfaces, permanent	X	-	X	-	X	-
D2160	Amalgam-three surfaces, permanent	X	-	X	-	X	-
D2161	Amalgam-fouror more surfaces, permanent	X	-	X	-	X	-
D2330	Resin-one surface, anterior	X	-	X	-	X	-
D2331	Resin-two surfaces, anterior	X	-	X	-	X	-
D2332	Resin-three surfaces, anterior	X	-	X	-	X	-
D2335	Resin-fouror more surfacesor involving incisal angle (anterior)	X	-	X	-	X	-
D2390	Resin-based composite crown, anterior	X	-	X	-	X	-
D2391	Resin-based composite - one surface, posterior	X	-	X	-	X	-
D2392	Resin-based composite - two surfaces, posterior	X	-	X	-	X	-
D2393	Resin-based composite - three surfaces, posterior	X	-	X	-	X	-
D2394	Resin-based composite - four or more surfaces, posterior	X	-	X	-	X	-
D2410	Gold foil-one surface	X	-	X	-	X	-
D2420	Gold foil-two surfaces	X	-	X	-	X	-
D2430	Gold foil-three surfaces	X	-	X	-	X	-
D2510	Inlay-metallic-one surface	X	-	X	-	X	-
D2520	Inlay-metallic-two surfaces	X	-	X	-	X	-
D2530	Inlay-metallic-three surfaces	X	-	X	-	X	-
D2542	Onlay - metallic - two surfaces	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D2543	Onlay - metallic - three surfaces	X	-	X	-	X	-
D2544	Onlay - metallic - four or more surfaces	X	-	X	-	X	-
D2610	Inlay-porcelain/ceramic-one surface	X	-	X	-	X	-
D2620	Inlay-porcelain/ceramic-two surfaces	X	-	X	-	X	-
D2630	Inlay-porcelain/ceramic-three surfaces	X	-	X	-	X	-
D2642	Onlay - porcelain/ceramic - two surfaces	X	-	X	-	X	-
D2643	Onlay - porcelain/ceramic - three surfaces	X	-	X	-	X	-
D2644	Onlay - porcelain/ceramic - four or more surfaces	X	-	X	-	X	-
D2650	Inlay-composite/resin-one surface (laboratory processed)	X	-	X	-	X	-
D2651	Inlay-composite/resin-two surfaces (laboratory processed)	X	-	X	-	X	-
D2652	Inlay-composite/resin-three surfaces (laboratory processed)	X	-	X	-	X	-
D2662	Onlay - composite/resin - two surfaces (laboratory processed)	X	-	X	-	X	-
D2663	Onlay - composite/resin - three surfaces (laboratory processed)	X	-	X	-	X	-
D2664	Onlay - composite/resin - four or more surfaces (laboratory processed)	X	-	X	-	X	-
D2710	Crown resin (laboratory)	X	-	X	-	X	-
D2712	Crown 3/4 resin-based compos	X	-	X	-	X	-
D2720	Crown-resin with high noble metal	X	-	X	-	X	-
D2721	Crown-resin with predominantly base metal	X	-	X	-	X	-
D2722	Crown-resin with noble metal	X	-	X	-	X	-
D2740	Crown-porcelain/ceramic	X	-	X	-	X	-
D2750	Crown-porcelain fused to high noble metal	X	-	X	-	X	-
D2751	Crown-procelain fused to predominantly base metal	X	-	X	-	X	-
D2752	Crown-porcelain fused to noble metal	X	-	X	-	X	-
D2753	Crown-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
D2780	Crown - 3/4 cast high noble metal	X	-	X	-	X	-
D2781	Crown - 3/4 cast predominately base metal	X	-	X	-	X	-
D2782	Crown - 3/4 cast noble metal	X	-	X	-	X	-
D2783	Crown - 3/4 porcelain/ceramic	X	-	X	-	X	-
D2790	Crown-full cast high noble metal	X	-	X	-	X	-
D2791	Crown-full cast predominantly base metal	X	-	X	-	X	-
D2792	Crown-full cast noble metal	X	-	X	-	X	-
D2794	Crown-titanium	X	-	X	-	X	-
D2799	Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	X	-	X	-	X	-
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	X	-	X	-	X	-
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	X	-	X	-	X	-
D2920	Re-cement or re-bond crown	X	-	X	-	X	-
D2921	Reattachment of tooth fragment, incisal edge or cusp	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	X	-	X	-	X	-
D2929	Prefabricated porcelain/ceramic crown- primary tooth	X	-	X	-	X	-
D2930	Prefabricated stainless steel crown-primary tooth	X	-	X	-	X	-
D2931	Prefabricated stainless steel crown-permanent tooth	X	-	X	-	X	-
D2932	Prefabricated resin crown	X	-	X	-	X	-
D2933	Prefabricated stainless steel crown with resin window	X	-	X	-	X	-
D2934	Prefab steel crown primary	X	-	X	-	X	-
D2940	Protective restoration	X	-	X	-	X	-
D2941	Interim therapeutic restoration- primary dentition	X	-	X	-	X	-
D2949	Restorative foundation for an indirect restoration	X	-	X	-	X	-
D2950	Core buildup, including any pins when required	X	-	X	-	X	-
D2951	Pin retention-per tooth, in addition to restoration	X	-	X	-	X	-
D2952	Cast post and core in addition to crown	X	-	X	-	X	-
D2953	Each additional cast post - same tooth	X	-	X	-	X	-
D2954	Prefabricated post and core in addition to crown	X	-	X	-	X	-
D2955	Post removal	X	-	X	-	X	-
D2956	Removal of an indirect restoration on a natural tooth	X	-	X	-	X	-
D2957	Each additional prefabricated post - same tooth	X	-	X	-	X	-
D2960	Labial veneer (lamine)-chairside	X	-	X	-	X	-
D2961	Labial veneer (resin laminate)-laboratory	X	-	X	-	X	-
D2962	Labial veneer (porcelain laminate)-laboratory	X	-	X	-	X	-
D2971	Add proc construct new crown	X	-	X	-	X	-
D2975	Coping	X	-	X	-	X	-
D2976	Band stabilization – per tooth	X	-	X	-	X	-
D2980	Crown repair necessitated by restorative material failure	X	-	X	-	X	-
D2981	Inlay repair necessitated by restorative material failure	X	-	X	-	X	-
D2982	Onlay repair necessitated by restorative material failure	X	-	X	-	X	-
D2983	Veneer repair necessitated by restorative material failure	X	-	X	-	X	-
D2989	Excavation of a tooth resulting in the determination of non-restorability	X	-	X	-	X	-
D2990	Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion	X	-	X	-	X	-
D2991	Application of hydroxyapatite regeneration medicament – per tooth	X	-	X	-	X	-
D2999	Unspecified restorative procedure, by report	X	-	X	-	X	-
D3110	Pulp cap-direct (excluding final restoration)	X	-	X	-	X	-
D3120	Pulp cap-indirect (excluding final restoration)	X	-	X	-	X	-
D3220	Therapeutic pulpotomy (excluding final restoration)	X	-	X	-	X	-
D3221	Gross pulpal debridement primary and permanent teeth	X	-	X	-	X	-
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud	X	-	X	-	X	-
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	X	-	X	-	X	-
D3310	Anterior (excluding final restoration)	X	-	X	-	X	-
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	X	-	X	-	X	-
D3330	Endodontic therapy, molar tooth (excluding final restoration)	X	-	X	-	X	-
D3331	Treatment of root canal obstruction; non-surgical access	X	-	X	-	X	-
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	X	-	X	-	X	-
D3333	Internal root repair of perforation defects	X	-	X	-	X	-
D3346	Retreatment-anterior, by report	X	-	X	-	X	-
D3347	Retreatment of previous root canal therapy-premolar	X	-	X	-	X	-
D3348	Retreatment-molar, by report	X	-	X	-	X	-
D3351	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	X	-	X	-	X	-
D3352	Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	X	-	X	-	X	-
D3353	Apexification/recalcification-final visit (includes completed root can	X	-	X	-	X	-
D3355	Pulpal regeneration- initial visit	X	-	X	-	X	-
D3356	Pulpal regeneration- interim medication replacement	X	-	X	-	X	-
D3357	Pulpal regeneration- completion of treatment	X	-	X	-	X	-
D3410	Apicoectomy-anterior	X	-	X	-	X	-
D3421	Apicoectomy-premolar (first root)	X	-	X	-	X	-
D3425	Apicoectomy - molar (first root)	X	-	X	-	X	-
D3426	Apicoectomy - (each additional root)	X	-	X	-	X	-
D3428	Bone graft in conjunction with periradicular surgery- per tooth, single site	X	-	X	-	X	-
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	X	-	X	-	X	-
D3430	Retrograde filling-per root	X	-	X	-	X	-
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	X	-	X	-	X	-
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	X	-	X	-	X	-
D3450	Root amputation-per root	X	-	X	-	X	-
D3460	Endodontic endosseous implant	X	-	X	-	X	-
D3470	Intentional replantation (including necessary splinting)	X	-	X	-	X	-
D3471	Surgical repair of root resorption - anterior	X	-	X	-	X	-
D3472	Surgical repair of root resorption – premolar	X	-	X	-	X	-
D3473	Surgical repair of root resorption – molar	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	X	-	X	-	X	-
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	X	-	X	-	X	-
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	X	-	X	-	X	-
D3910	Surgical procedure for isolation of tooth with rubber dam	X	-	X	-	X	-
D3911	Intraorifice barrier	X	-	X	-	X	-
D3920	Hemisection (including any root removal), not including root canal the	X	-	X	-	X	-
D3921	Decoronation or submergence of an erupted tooth	X	-	X	-	X	-
D3950	Canal preparation and fitting of preformed dowel or post	X	-	X	-	X	-
D3999	Unspecified endodontic procedure, by report	X	-	X	-	X	-
D4210	Gingivectomy or gingivoplasty-per quadrant	X	-	X	-	X	-
D4211	Gingivectomy or gingivoplasty-per tooth	X	-	X	-	X	-
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	X	-	X	-	X	-
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	X	-	X	-	X	-
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	X	-	X	-	X	-
D4240	Gingival flap procedure, including root planing-per quadrant	X	-	X	-	X	-
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	X	-	X	-	X	-
D4245	Apically positioned flap	X	-	X	-	X	-
D4249	Crown lengthening-hard and soft tissue, by report	X	-	X	-	X	-
D4260	Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant	X	-	X	-	X	-
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant	X	-	X	-	X	-
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	X	-	X	-	X	-
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	X	-	X	-	X	-
D4265	Biologic materials to aid in soft and osseous tissue regeneration	X	-	X	-	X	-
D4266	Guided tissue regeneration - resorbable barrier, per site, per tooth	X	-	X	-	X	-
D4267	Guided tissue regeneration - non-resorbable barrier, per site, per too	X	-	X	-	X	-
D4268	Surgical revision procedure per tooth	X	-	X	-	X	-
D4270	Pedicle soft tissue graft procedure	X	-	X	-	X	-
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	X	-	X	-	X	-
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	X	-	X	-	X	-
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D4276	Combined connective tissue and double pedicle graft	X	-	X	-	X	-
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	X	-	X	-	X	-
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	X	-	X	-	X	-
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)-each additional contiguous tooth, implant or edentulous tooth position in same gra	X	-	X	-	X	-
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position	X	-	X	-	X	-
D4286	Removal of non-resorbable barrier	X	-	X	-	X	-
D4320	Provisional splinting-intracoronar	X	-	X	-	X	-
D4321	Provisional splinting-extracoronar	X	-	X	-	X	-
D4322	Splint - intra-coronar; natural teeth or prosthetic crowns	X	-	X	-	X	-
D4323	Splint - extra-coronar; natural teeth or prosthetic crowns	X	-	X	-	X	-
D4341	Periodontal scaling and root planing-per quadrant	X	-	X	-	X	-
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	X	-	X	-	X	-
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	X	-	X	-	X	-
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	X	-	X	-	X	-
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	X	-	X	-	X	-
D4910	Periodontal maintenance procedures (following active therapy)	X	-	X	-	X	-
D4920	Unscheduled dressing change (by someone other than treating dentist)	X	-	X	-	X	-
D4921	Gingival irrigation- per quadrant	X	-	X	-	X	-
D4999	Unspecified periodontal procedure, by report	X	-	X	-	X	-
D5110	Complete upper	X	-	X	-	X	-
D5120	Complete lower	X	-	X	-	X	-
D5130	Immediate upper	X	-	X	-	X	-
D5140	Immediate lower	X	-	X	-	X	-
D5211	Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	X	-	X	-	X	-
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	X	-	X	-	X	-
D5213	Upper partial-cast metal base with resin saddles (including any conven	X	-	X	-	X	-
D5214	Lower partial-cast metal base with resin saddles (including any conven	X	-	X	-	X	-
D5221	Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	X	-	X	-	X	-
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	X	-	X	-	X	-
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	X	-	X	-	X	-
D5225	Maxillary part denture flex	X	-	X	-	X	-
D5226	Mandibular part denture flex	X	-	X	-	X	-
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	X	-	X	-	X	-
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	X	-	X	-	X	-
D5282	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary	X	-	X	-	X	-
D5283	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular	X	-	X	-	X	-
D5284	Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant	X	-	X	-	X	-
D5286	Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant	X	-	X	-	X	-
D5410	Adjust complete denture-upper	X	-	X	-	X	-
D5411	Adjust complete denture-lower	X	-	X	-	X	-
D5421	Adjust partial denture-upper	X	-	X	-	X	-
D5422	Adjust partial denture-lower	X	-	X	-	X	-
D5511	Repair broken complete denture base, mandibular	X	-	X	-	X	-
D5512	Repair broken complete denture base, maxillary	X	-	X	-	X	-
D5520	Replace missingor broken teeth-complete denture (each tooth)	X	-	X	-	X	-
D5611	Repair resin partial denture base, mandibular	X	-	X	-	X	-
D5612	Repair resin partial denture base, maxillary	X	-	X	-	X	-
D5621	Repair cast partial framework, mandibular	X	-	X	-	X	-
D5622	Repair cast partial framework, maxillary	X	-	X	-	X	-
D5630	Repair or replace broken retentive/clasping materials per tooth	X	-	X	-	X	-
D5640	Replace broken teeth-per tooth	X	-	X	-	X	-
D5650	Add tooth to existing partial denture	X	-	X	-	X	-
D5660	Add clasp to existing partial denture- per tooth	X	-	X	-	X	-
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	X	-	X	-	X	-
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	X	-	X	-	X	-
D5710	Rebase complete upper denture	X	-	X	-	X	-
D5711	Rebase complete lower denture	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D5720	Rebase upper partial denture	X	-	X	-	X	-
D5721	Rebase lower partial denture	X	-	X	-	X	-
D5725	Rebase hybrid prosthesis	X	-	X	-	X	-
D5730	Reline upper complete denture (chairside)	X	-	X	-	X	-
D5731	Reline lower complete denture (chairside)	X	-	X	-	X	-
D5740	Reline upper partial denture (chairside)	X	-	X	-	X	-
D5741	Reline lower partial denture (chairside)	X	-	X	-	X	-
D5750	Reline upper complete denture (laboratory)	X	-	X	-	X	-
D5751	Reline lower complete denture (laboratory)	X	-	X	-	X	-
D5760	Reline upper partial denture (laboratory)	X	-	X	-	X	-
D5761	Reline lower partial denture (laboratory)	X	-	X	-	X	-
D5765	Soft liner for complete or partial removable denture - indirect	X	-	X	-	X	-
D5810	Interim complete denture (upper)	X	-	X	-	X	-
D5811	Interim complete denture (lower)	X	-	X	-	X	-
D5820	Interim partial denture (upper)	X	-	X	-	X	-
D5821	Interim partial denture (lower)	X	-	X	-	X	-
D5850	Tissue conditioning, upper-per denture unit	X	-	X	-	X	-
D5851	Tissue conditioning, lower-per denture unit	X	-	X	-	X	-
D5862	Precision attachment, by report	X	-	X	-	X	-
D5863	Overdenture- complete maxillary	X	-	X	-	X	-
D5864	Overdenture- partial maxillary	X	-	X	-	X	-
D5865	Overdenture- complete mandibular	X	-	X	-	X	-
D5866	Overdenture- partial mandibular	X	-	X	-	X	-
D5867	Replacement of replaceable part of semi-precision/attachment (m/f component)	X	-	X	-	X	-
D5875	Modification of removable prosthesis following implant surgery	X	-	X	-	X	-
D5876	Add metal substructure to acrylic full denture (per arch)	X	-	X	-	X	-
D5899	Unspecified removable prosthodontic procedure, by report	X	-	X	-	X	-
D5911	Facial moulage (sectional)	X	-	X	-	X	-
D5912	Facial moulage (complete)	X	-	X	-	X	-
D5913	Nasal prosthesis	X	-	X	-	X	-
D5914	Auricular prosthesis	X	-	X	-	X	-
D5915	Orbital prosthesis	X	-	X	-	X	-
D5916	Ocular prosthesis	X	-	X	-	X	-
D5919	Facial prosthesis	X	-	X	-	X	-
D5922	Nasal septal prosthesis	X	-	X	-	X	-
D5923	Ocular prosthesis, interim	X	-	X	-	X	-
D5924	Cranial prosthesis	X	-	X	-	X	-
D5925	Facial augmentation implant prosthesis	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D5926	Nasal prosthesis, replacement	X	-	X	-	X	-
D5927	Auricular prosthesis, replacement	X	-	X	-	X	-
D5928	Orbital prosthesis, replacement	X	-	X	-	X	-
D5929	Facial prosthesis, replacement	X	-	X	-	X	-
D5931	Obturator prosthesis, surgical	X	-	X	-	X	-
D5932	Obturator prosthesis, definitive	X	-	X	-	X	-
D5933	Obturator prosthesis, modification	X	-	X	-	X	-
D5934	Mandibular resection prosthesis with guide flange	X	-	X	-	X	-
D5935	Mandibular resection prosthesis without guide flange	X	-	X	-	X	-
D5936	Obturator/prosthesis, interim	X	-	X	-	X	-
D5937	Trismus appliance (not for tm treatment)	X	-	X	-	X	-
D5951	Feeding aid	X	-	X	-	X	-
D5952	Speech aid prosthesis, pediatric	X	-	X	-	X	-
D5953	Speech aid prosthesis, adult	X	-	X	-	X	-
D5954	Palatal augmentation prosthesis	X	-	X	-	X	-
D5955	Palatal lift prosthesis, definitive	X	-	X	-	X	-
D5958	Palatal lift prosthesis, interim	X	-	X	-	X	-
D5959	Palatal lift prosthesis, modification	X	-	X	-	X	-
D5960	Speech aid prosthesis, modification	X	-	X	-	X	-
D5982	Surgical stent	X	-	X	-	X	-
D5983	Radiation carrier	X	-	X	-	X	-
D5984	Radiation shield	X	-	X	-	X	-
D5985	Radiation cone locator	X	-	X	-	X	-
D5986	Fluoride gel carrier	X	-	X	-	X	-
D5987	Commissure splint	X	-	X	-	X	-
D5988	Surgical splint	X	-	X	-	X	-
D5991	Vesiculobullous disease medicament carrier	X	-	X	-	X	-
D5992	Adjust max prost appliance	X	-	X	-	X	-
D5993	Main/clean max prosthesis	X	-	X	-	X	-
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	X	-	X	-	X	-
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	X	-	X	-	X	-
D5999	Unspecified maxillofacial prosthesis, by report	X	-	X	-	X	-
D6010	Surgical placement of implant body: endosteal implant. see also 21248	X	-	X	-	X	-
D6011	Second stage implant surgery	X	-	X	-	X	-
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	X	-	X	-	X	-
D6013	Surgical placement of mini implant	X	-	X	-	X	-
D6040	Subperiosteal implant	X	-	X	-	X	-
D6050	Transosseous implant	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D6051	Includes placement and removal. a healing cap is not an interim abutment	X	-	X	-	X	-
D6055	Implant connecting bar	X	-	X	-	X	-
D6056	Prefabricated abutment- includes modification and placement	X	-	X	-	X	-
D6057	Custom fabricated abutment- includes placement	X	-	X	-	X	-
D6058	Abutment supported porcelain/ceramic crown	X	-	X	-	X	-
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	X	-	X	-	X	-
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	X	-	X	-	X	-
D6061	Abutment supported porcelain fused to metal crown (noble metal)	X	-	X	-	X	-
D6062	Abutment supported cast metal crown (high noble metal)	X	-	X	-	X	-
D6063	Abutment supported cast metal crown (predominantly base metal)	X	-	X	-	X	-
D6064	Abutment supported cast metal crown (noble metal)	X	-	X	-	X	-
D6065	Implant supported porcelain/ceramic crown	X	-	X	-	X	-
D6066	Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)	X	-	X	-	X	-
D6067	Implant supported metal crown (titanium/alloy high noble metal)	X	-	X	-	X	-
D6068	Abutment supported retainer for porcelain/ceramic fpd	X	-	X	-	X	-
D6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	X	-	X	-	X	-
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	X	-	X	-	X	-
D6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	X	-	X	-	X	-
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	X	-	X	-	X	-
D6073	Abutment supported retainer for cast metal fpd (predominately base metal)	X	-	X	-	X	-
D6074	Abutment supported retainer for cast metal fpd (noble metal)	X	-	X	-	X	-
D6075	Implant supported retainer for ceramic fpd	X	-	X	-	X	-
D6076	Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	X	-	X	-	X	-
D6077	Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	X	-	X	-	X	-
D6080	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments	X	-	X	-	X	-
D6081	Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	X	-	X	-	X	-
D6082	Implant supported crown-porcelain fused to predominantly base alloys	X	-	X	-	X	-
D6083	Implant supported crown-porcelain fused to noble alloys	X	-	X	-	X	-
D6084	Implant supported crown-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
D6085	Provisional implant crown	X	-	X	-	X	-
D6086	Implant supported crown-predominantly base alloys	X	-	X	-	X	-
D6087	Implant supported crown-noble alloys	X	-	X	-	X	-
D6088	Implant supported crown-titanium and titanium alloys	X	-	X	-	X	-
D6089	Accessing and retorquing loose implant screw - per screw	X	-	X	-	X	-
D6090	Repair implant, by report	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis	X	-	X	-	X	-
D6092	Re-cement or re-bond implant/abutment supported crown	X	-	X	-	X	-
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	X	-	X	-	X	-
D6094	Abut support crown titanium	X	-	X	-	X	-
D6095	Repair implant abutment, by report. see also code 21299	X	-	X	-	X	-
D6096	Remove broken implant retaining screw	X	-	X	-	X	-
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
D6098	Implant supported retainer-porcelain fused to predominantly base alloys	X	-	X	-	X	-
D6099	Implant supported retainer for fpd-porcelain fused to noble alloys	X	-	X	-	X	-
D6100	Implant removal, by report	X	-	X	-	X	-
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	X	-	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	X	-	X	-	X	-
D6103	Bone graft for repair of peri-implant defect- does not include flap entry and closure.	X	-	X	-	X	-
D6104	Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately	X	-	X	-	X	-
D6105	Removal of implant body not requiring bone removal nor flap elevation	X	-	X	-	X	-
D6106	Guided tissue regeneration - resorbable barrier, per implant	X	-	X	-	X	-
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	X	-	X	-	X	-
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	X	-	X	-	X	-
D6111	Implant/ abutment supported removable denture for edentulous arch- mandibular	X	-	X	-	X	-
D6112	Implant/ abutment supported removable denture for partially edentulous arch- maxillary	X	-	X	-	X	-
D6113	Implant/ abutment supported removable denture for partially edentulous arch- mandibular	X	-	X	-	X	-
D6114	Implant/ abutment supported fixed denture for edentulous arch- maxillary	X	-	X	-	X	-
D6115	Implant/ abutment supported fixed denture for edentulous arch- mandibular	X	-	X	-	X	-
D6116	Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	X	-	X	-	X	-
D6117	Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	X	-	X	-	X	-
D6118	Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular	X	-	X	-	X	-
D6119	Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	X	-	X	-	X	-
D6120	Implant supported retainer -porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
D6121	Implant supported retainer for metal fpd -predominantly base alloys	X	-	X	-	X	-
D6122	Implant supported retainer for metal fpd -noble alloys	X	-	X	-	X	-
D6123	Implant supported retainer for metal fpd -titanium and titanium alloys	X	-	X	-	X	-
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	X	-	X	-	X	-
D6190	Radio/surgical implant index	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D6191	Semi-precision abutment – placement	X	-	X	-	X	-
D6192	Semi-precision attachment – placement	X	-	X	-	X	-
D6193	Replacement of an implant screw	X	-	X	-	X	-
D6194	Abut support retainer titani	X	-	X	-	X	-
D6195	Abutment supported retainer-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	X	-	X	-	X	-
D6198	Remove interim implant component	X	-	X	-	X	-
D6199	Unspecified implant procedure, by report	X	-	X	-	X	-
D6205	Pontic-indirect resin based	X	-	X	-	X	-
D6210	Pontic-cast high noble metal	X	-	X	-	X	-
D6211	Pontic-cast predominantly base metal	X	-	X	-	X	-
D6212	Pontic-cast noble metal	X	-	X	-	X	-
D6214	Pontic titanium	X	-	X	-	X	-
D6240	Pontic-porcelain fused to high noble metal	X	-	X	-	X	-
D6241	Pontic-porcelain fused to predominantly base metal	X	-	X	-	X	-
D6242	Pontic-porcelain fused to noble metal	X	-	X	-	X	-
D6243	Pontic-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
D6245	Pontic - porcelain/ceramic	X	-	X	-	X	-
D6250	Pontic-resin with high noble metal	X	-	X	-	X	-
D6251	Pontic-resin with predominantly base metal	X	-	X	-	X	-
D6252	Pontic-resin with noble metal	X	-	X	-	X	-
D6253	Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression	X	-	X	-	X	-
D6545	Retainer-cast metal for acid etched fixed prosthesis	X	-	X	-	X	-
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	X	-	X	-	X	-
D6549	Resin retainer- for resin bonded fixed prosthesis	X	-	X	-	X	-
D6600	Retainer inlay-porcelain/ceramic, two surfaces	X	-	X	-	X	-
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	X	-	X	-	X	-
D6602	Retainer inlay - cast high noble metal, two surfaces	X	-	X	-	X	-
D6603	Retainer inlay - cast high noble metal, three or more surfaces	X	-	X	-	X	-
D6604	Retainer inlay - cast predominantly base metal, two surfaces	X	-	X	-	X	-
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	X	-	X	-	X	-
D6606	Retainer inlay - cast noble metal, two surfaces	X	-	X	-	X	-
D6607	Retainer inlay - cast noble metal, three or more surfaces	X	-	X	-	X	-
D6608	Retainer onlay - porcelain/ceramic, two surfaces	X	-	X	-	X	-
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	X	-	X	-	X	-
D6610	Retainer onlay - cast high noble metal, two surfaces	X	-	X	-	X	-

*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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D6611	Retainer onlay - cast high noble metal, three or more surfaces	X	-	X	-	X	-
D6612	Retainer onlay - cast predominantly base metal, two surfaces	X	-	X	-	X	-
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	X	-	X	-	X	-
D6614	Retainer onlay - cast noble metal, two surfaces	X	-	X	-	X	-
D6615	Retainer onlay - cast noble metal, three or more surfaces	X	-	X	-	X	-
D6624	Retainer inlay titanium	X	-	X	-	X	-
D6634	Retainer onlay titanium	X	-	X	-	X	-
D6710	Retainer crown-indirect resin based composite	X	-	X	-	X	-
D6720	Retainer crown-resin with high noble metal	X	-	X	-	X	-
D6721	Retainer crown-resin with predominantly base metal	X	-	X	-	X	-
D6722	Retainer crown-resin with noble metal	X	-	X	-	X	-
D6740	Retainer crown - porcelain/ceramic	X	-	X	-	X	-
D6750	Retainer crown-porcelain fused to high noble metal	X	-	X	-	X	-
D6751	Retainer crown-porcelain fused to predominantly base metal	X	-	X	-	X	-
D6752	Retainer crown-porcelain fused to noble metal	X	-	X	-	X	-
D6753	Retainer crown-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
D6780	Retainer crown-3/4 cast high noble metal	X	-	X	-	X	-
D6781	Retainer crown - 3/4 cast predominately based metal	X	-	X	-	X	-
D6782	Retainer crown - 3/4 cast noble metal	X	-	X	-	X	-
D6783	Retainer crown - 3/4 porcelain/ceramic	X	-	X	-	X	-
D6784	Retainer crown 3/4-titanium and titanium alloys	X	-	X	-	X	-
D6790	Retainer crown-full cast high noble metal	X	-	X	-	X	-
D6791	Retainer crown-full cast predominantly base metal	X	-	X	-	X	-
D6792	Retainer crown-full cast noble metal	X	-	X	-	X	-
D6793	Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	X	-	X	-	X	-
D6794	Retainer crown titanium	X	-	X	-	X	-
D6920	Connector bar	X	-	X	-	X	-
D6930	Re-cement or re-bond fixed partial denture	X	-	X	-	X	-
D6940	Stress breaker	X	-	X	-	X	-
D6950	Precision attachment	X	-	X	-	X	-
D6980	Fixed partial denture repair, necessitated by restorative material failure	X	-	X	-	X	-
D6985	Pediatric partial denture, fixed	X	-	X	-	X	-
D6999	Unspecified fixed prosthodontic procedure, by report	X	-	X	-	X	-
D7111	Extraction, coronal remnants - primary tooth	X	-	X	-	X	-
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	X	-	X	-	X	-
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiopsteal flap if indicated.	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D7220	Removal of impacted tooth-soft tissue	X	-	X	-	X	-
D7230	Removal of impacted tooth-partially bony	X	-	X	-	X	-
D7240	Removal of impacted tooth-completely bony	X	-	X	-	X	-
D7241	Removal of impacted tooth-completely bony, with unusual surgical compl	X	-	X	-	X	-
D7250	Removal of residual tooth roots (cutting procedure)	X	-	X	-	X	-
D7251	Coronectomy	X	-	X	-	X	-
D7252	Partial extraction for immediate implant placement	X	-	X	-	X	-
D7259	Nerve dissection	X	-	X	-	X	-
D7260	Oral antral fistula closure	X	-	X	-	X	-
D7261	Primary closure of a sinus perforation	X	-	X	-	X	-
D7270	Tooth re-implantation and/or stabilization of accidentally evulsedor d	X	-	X	-	X	-
D7272	Tooth transplantation	X	-	X	-	X	-
D7280	Exposure of an unerupted tooth	X	-	X	-	X	-
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	X	-	X	-	X	-
D7283	Place device impacted tooth	X	-	X	-	X	-
D7284	Excisional biopsy of minor salivary glands	X	-	X	-	X	-
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	X	-	X	-	X	-
D7286	Incisional biopsy of oral tissue-soft	X	-	X	-	X	-
D7287	Cytology sample collection	X	-	X	-	X	-
D7288	Brush biopsy	X	-	X	-	X	-
D7290	Surgical repositioning of teeth	X	-	X	-	X	-
D7291	Transseptal fiberotomy	X	-	X	-	X	-
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	X	-	X	-	X	-
D7293	Placement of temporary anchorage device requiring flap; includes device removal	X	-	X	-	X	-
D7294	Placement of temporary anchorage device without flap; includes device removal	X	-	X	-	X	-
D7295	Bone harvest,auto graft proc	X	-	X	-	X	-
D7296	Corticotomy ; one to three teeth or tooth spaces, per quadrant	X	-	X	-	X	-
D7297	Corticotomy ; four or more teeth or tooth spaces, per quadrant	X	-	X	-	X	-
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	X	-	X	-	X	-
D7299	Removal of temporary anchorage device, requiring flap	X	-	X	-	X	-
D7300	Removal of temporary anchorage device without flap	X	-	X	-	X	-
D7310	Alveoloplasty in conjunction with extractions - per quadrant	X	-	X	-	X	-
D7311	Alveoloplasty w/extract 1-3	X	-	X	-	X	-
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	X	-	X	-	X	-
D7321	Alveoloplasty not w/extracts	X	-	X	-	X	-
D7340	Vestibuloplasty-ridge extension (second epithelialization)	X	-	X	-	X	-
D7350	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D7410	Radical excision-lesion diameter up to 1.25 cm	X	-	X	-	X	-
D7411	Excision of benign lesion greater than 1.25 cm	X	-	X	-	X	-
D7412	Excision of benign lesion, complicated	X	-	X	-	X	-
D7413	Excision of malignant lesion up to 1.25 cm	X	-	X	-	X	-
D7414	Excision of malignant lesion greater than 1.25 cm	X	-	X	-	X	-
D7415	Excision of malignant lesion, complicated	X	-	X	-	X	-
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	X	-	X	-	X	-
D7441	Excision of malignant tumor-lesion diameter greater than 1.25 cm	X	-	X	-	X	-
D7450	Removal of odontogenic cystor tumor-lesion diameter up to 1.25 cm	X	-	X	-	X	-
D7451	Removal of odontogenic cystor tumor-lesion diameter greater than 1.25	X	-	X	-	X	-
D7460	Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	X	-	X	-	X	-
D7461	Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	X	-	X	-	X	-
D7465	Destruction of lesion(s) by physical or chemical methods, by report	X	-	X	-	X	-
D7471	Removal of exostosis - per site	X	-	X	-	X	-
D7472	Removal of torus palatinus	X	-	X	-	X	-
D7473	Removal of torus mandibularis	X	-	X	-	X	-
D7485	Reduction of osseous tuberosity	X	-	X	-	X	-
D7490	Radical resection of mandible with bone graft	X	-	X	-	X	-
D7509	Marsupialization of odontogenic cyst	X	-	X	-	X	-
D7510	Incision and drainage of abscess-intraoral soft tissue	X	-	X	-	X	-
D7511	Incision/drain abscess intra	X	-	X	-	X	-
D7520	Incision and drainage of abscess-extraoral soft tissue	X	-	X	-	X	-
D7521	Incision/drain abscess extra	X	-	X	-	X	-
D7530	Removal of foreign body, skin, or subcutaneous areolar tissue	X	-	X	-	X	-
D7540	Removal of reaction-producing foreign bodies-musculoskeletal system	X	-	X	-	X	-
D7550	Sequestrectomy for osteomyelitis	X	-	X	-	X	-
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	X	-	X	-	X	-
D7610	Maxilla-open reduction (teeth immobilized if present)	X	-	X	-	X	-
D7620	Maxilla-closed reduction (teeth immobilized if present)	X	-	X	-	X	-
D7630	Mandible-open reduction (teeth immobilized if present)	X	-	X	-	X	-
D7640	Mandible-closed reduction (teeth immobilized if present)	X	-	X	-	X	-
D7650	Malar and/or zygomatic arch-open reduction	X	-	X	-	X	-
D7660	Malar and/or zygomatic arch-closed reduction	X	-	X	-	X	-
D7670	Alveolus-stabilization of teeth, open reduction splinting	X	-	X	-	X	-
D7671	Alveolus - open reduction, may include stabilization of teeth	X	-	X	-	X	-
D7680	Facial bones-complicated reduction with fixation and multiple surgery	X	-	X	-	X	-
D7710	Maxilla-open reduction	X	-	X	-	X	-
D7730	Mandible-open reduction	X	-	X	-	X	-

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

**Preauth after 3rd rental month when doesn't meet criteria.

©2023 Select Health. All rights reserved. 2197751 09/23



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D7750	Malar and/or zygomatic arch-open reduction	X	-	X	-	X	-
D7760	Malar and/or zygomatic arch-closed reduction	X	-	X	-	X	-
D7770	Alveolus-stabilization of teeth, open reduction splinting	X	-	X	-	X	-
D7771	Alveolus, closed reduction stabilization of teeth	X	-	X	-	X	-
D7780	Facial bones - complicated reduction with fixation and multiple approaches	X	-	X	-	X	-
D7810	Open reduction of dislocation	X	-	X	-	X	-
D7881	Occlusal orthotic device adjustment	X	-	X	-	X	-
D7910	Suture of recent small wounds up to 5 cm	X	-	X	-	X	-
D7911	Complicated suture-up to 5 cm	X	-	X	-	X	-
D7912	Complicated suture-greater than 5 cm	X	-	X	-	X	-
D7920	Skin grafts (identify defect covered, location, and type of graft)	X	-	X	-	X	-
D7921	Collection and application of autologous blood concentrate product	X	-	X	-	X	-
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	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	-
D7940	Osteoplasty-for orthognathic deformities	X	-	X	-	X	-
D7946	Lefort i (maxilla-total)	X	-	X	-	X	-
D7947	Lefort i (maxilla-segmented)	X	-	X	-	X	-
D7948	Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl	X	-	X	-	X	-
D7949	Lefort iior lefort iii-with bone graft	X	-	X	-	X	-
D7950	Osseous, osteoperiosteal, periosteal,or cartilage graft of the mandibl	X	-	X	-	X	-
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	X	-	X	-	X	-
D7952	The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include	X	-	X	-	X	-
D7953	Bone replacement graft	X	-	X	-	X	-
D7955	Repair of maxillofacial soft and hard tissue defects	X	-	X	-	X	-
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	X	-	X	-	X	-
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	X	-	X	-	X	-
D7961	Buccal / labial frenectomy (frenulectomy)	X	-	X	-	X	-
D7962	Lingual frenectomy (frenulectomy)	X	-	X	-	X	-
D7963	Frenuloplasty	X	-	X	-	X	-
D7970	Excision of hyperplastic tissue-per arch	X	-	X	-	X	-
D7971	Excision of pericoronal gingiva	X	-	X	-	X	-
D7972	Surgical reduction of fibrous tuberosity	X	-	X	-	X	-
D7979	Non ç surgical sialolithotomy	X	-	X	-	X	-
D7980	Surgical sialolithotomy	X	-	X	-	X	-
D7981	Excision of salivary gland	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D7982	Sialodochoplasty	X	-	X	-	X	-
D7983	Closure of salivary fistula	X	-	X	-	X	-
D7990	Emergency tracheotomy	X	-	X	-	X	-
D7991	Coronoidectomy	X	-	X	-	X	-
D7993	Surgical placement of craniofacial implant – extra oral	X	-	X	-	X	-
D7994	Surgical placement: zygomatic implant	X	-	X	-	X	-
D7995	Synthetic graft - mandible or facial bones, by report. see also 21299	X	-	X	-	X	-
D7996	Implant - mandible for augmentation purposes see also code 21299	X	-	X	-	X	-
D7997	Appliance removal (not by dentist who placed appliance) incl removal of archbar	X	-	X	-	X	-
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	X	-	X	-	X	-
D7999	Unspecified oral surgery procedure, by report	X	-	X	-	X	-
D8010	Limited orthodontic treatment of the primary dentition	X	-	X	-	X	-
D8020	Limited orthodontic treatment of the transitional dentition	X	-	X	-	X	-
D8030	Limited orthodontic treatment of the adolescent dentition	X	-	X	-	X	-
D8040	Limited orthodontic treatment of the adult dentition	X	-	X	-	X	-
D8050	Interceptive orthodontic treatment of the primary dentition	X	-	X	-	X	-
D8060	Interceptive orthodontic treatment of the transitional dentition	X	-	X	-	X	-
D8070	Comprehensive orthodontic treatment of the transitional dentition	X	-	X	-	X	-
D8080	Comprehensive orthodontic treatment of the adolescent dentition	X	-	X	-	X	-
D8090	Comprehensive orthodontic treatment of the adult dentition	X	-	X	-	X	-
D8091	Comprehensive orthodontic treatment with orthognathic surgery	X	-	X	-	X	-
D8210	Removable appliance therapy	X	-	X	-	X	-
D8220	Fixed appliance therapy	X	-	X	-	X	-
D8660	Pre-orthodontic treatment examination to monitor growth and development	X	-	X	-	X	-
D8670	Periodic orthodontic treatment visit (as part of contract)	X	-	X	-	X	-
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery	X	-	X	-	X	-
D8680	Orthodontic retention (removal of appliances, construction and placem	X	-	X	-	X	-
D8681	Removable orthodontic retainer adjustment	X	-	X	-	X	-
D8690	Orthodontic treatment (alternative billing to a contract fee)	X	-	X	-	X	-
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	X	-	X	-	X	-
D8696	Repair of orthodontic appliance-maxillary	X	-	X	-	X	-
D8697	Repair of orthodontic appliance-mandibular	X	-	X	-	X	-
D8698	Re-cement or re-bond fixed retainer-maxillary	X	-	X	-	X	-
D8699	Re-cement or re-bond fixed retainer-mandibular	X	-	X	-	X	-
D8701	Repair of fixed retainer, includes reattachment-maxillary	X	-	X	-	X	-
D8702	Repair of fixed retainer, includes reattachment-mandibular	X	-	X	-	X	-
D8703	Replacement of lost or broken retainer-maxillary	X	-	X	-	X	-
D8704	Replacement of lost or broken retainer-mandibular	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
D8999	Unspecified orthodontic procedure, by report	X	-	X	-	X	-
D9110	Palliative (emergency) treatment of dental pain-minor procedures	X	-	X	-	X	-
D9120	Fixed partial denture sectioning	X	-	X	-	X	-
D9130	Temporomandibular joint dysfunction-non-invasive physical therapies	X	-	X	-	X	-
D9210	Local anesthesia not in conjunction with operative or surgical procedure	X	-	X	-	X	-
D9211	Regional block anesthesia	X	-	X	-	X	-
D9212	Trigeminal division block anesthesia	X	-	X	-	X	-
D9215	Local anesthesia with operative or surgical procedures	X	-	X	-	X	-
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	X	-	X	-	X	-
D9222	Deep sedation/general anesthesia < first 15 minutes	X	-	X	-	X	-
D9223	Deep sedation/general anesthesia-each subsequent 15 minute increment	X	-	X	-	X	-
D9230	Inhalant nitrous oxide/anxiolysis, anxiolysis	X	-	X	-	X	-
D9239	Intravenous moderate (conscious) sedation/analgesia < first 15 minutes	X	-	X	-	X	-
D9243	Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	X	-	X	-	X	-
D9248	Non-intravenous conscious sedation	X	-	X	-	X	-
D9310	Consultation (diagnostic service provided by dentist or physician other)	X	-	X	-	X	-
D9311	Consultation with a medical health care professional	X	-	X	-	X	-
D9410	House call	X	-	X	-	X	-
D9420	Hospital or ASC call	X	-	X	-	X	-
D9430	Office visit for observation (during regularly scheduled hours) no other	X	-	X	-	X	-
D9440	Office visit-after regularly scheduled hours	X	-	X	-	X	-
D9450	Case presentation, detailed and extensive treatment planning	X	-	X	-	X	-
D9610	Therapeutic drug injection, by report	X	-	X	-	X	-
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	X	-	X	-	X	-
D9613	Infiltration of sustained release therapeutic drug-single or multiple sites	X	-	X	-	X	-
D9630	Drugs or medicaments dispensed in the office for home use	X	-	X	-	X	-
D9910	Application of desensitizing medicaments	X	-	X	-	X	-
D9911	Application of desensitizing resin for cervical and/or root surface per tooth	X	-	X	-	X	-
D9912	Pre-visit patient screening	X	-	X	-	X	-
D9913	Administration of neuromodulators	X	-	X	-	X	-
D9914	Administration of dermal fillers	X	-	X	-	X	-
D9920	Behavior management, by report	X	-	X	-	X	-
D9930	Treatment of complications (postsurgical) - unusual circumstances, by	X	-	X	-	X	-
D9932	Cleaning and inspection of removable complete denture, maxillary	X	-	X	-	X	-
D9933	Cleaning and inspection of removable complete denture, mandibular	X	-	X	-	X	-
D9934	Cleaning and inspection of removable partial denture, maxillary	X	-	X	-	X	-
D9935	Cleaning and inspection of removable partial denture, mandibular	X	-	X	-	X	-

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

**Preauth after 3rd rental month when doesn't meet criteria.

©2023 Select Health. All rights reserved. 2197751 09/23



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	X	-	X	-	X	-
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	X	-	X	-	X	-
D9941	Fabrication of athletic mouthguards	X	-	X	-	X	-
D9942	Repair/reline occlusal guard	X	-	X	-	X	-
D9943	Occlusal guard adjustment	X	-	X	-	X	-
D9944	Occlusal guard-hard appliance, full arch	X	-	X	-	X	-
D9945	Occlusal guard-soft appliance, full arch	X	-	X	-	X	-
D9946	Occlusal guard-hard appliance, partial arch	X	-	X	-	X	-
D9947	Custom sleep apnea appliance fabrication and placement	X	-	X	-	X	-
D9948	Adjustment of custom sleep apnea appliance	X	-	X	-	X	-
D9949	Repair of custom sleep apnea appliance	X	-	X	-	X	-
D9950	Occlusion analysis-mounted case	X	-	X	-	X	-
D9953	Reline custom sleep apnea appliance (indirect)	X	-	X	-	X	-
D9956	administration of home sleep apnea test	X	-	X	-	X	-
D9957	screening for sleep related breathing disorders	X	-	X	-	X	-
D9959	Unspecified sleep apnea services procedure, by report	X	-	X	-	X	-
D9961	Duplicate/copy patient's records	X	-	X	-	X	-
D9970	Enamel microabrasion	X	-	X	-	X	-
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	X	-	X	-	X	-
D9972	External bleaching- per arch- performed in office	X	-	X	-	X	-
D9973	External bleaching - per tooth	X	-	X	-	X	-
D9974	Internal bleaching - per tooth	X	-	X	-	X	-
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	X	-	X	-	X	-
D9985	Sales tax	X	-	X	-	X	-
D9986	Missed appointment	X	-	X	-	X	-
D9987	Cancelled appointment	X	-	X	-	X	-
D9990	Certified translation or sign-certified translation or sign-language services per visit	X	-	X	-	X	-
D9991	Dental case management- addressing appointment compliance barriers	X	-	X	-	X	-
D9992	Dental case management- care coordination	X	-	X	-	X	-
D9993	Dental case management- motivational interviewing	X	-	X	-	X	-
D9994	Dental case management- patient education to improve oral health literacy	X	-	X	-	X	-
D9995	Teledentistry & synchronous; real-time encounter	X	-	X	-	X	-
D9996	Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	X	-	X	-	X	-
D9997	Dental case management-patients with special health care needs	X	-	X	-	X	-
D9999	Unspecified adjunctive procedure, by report	X	-	X	-	X	-
E0100	Cane adjust/fixed with tip	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E0105	Cane adjust/fixed quad/3 pro	-	-	X	-	-	-
E0110	Crutch forearm pair	-	-	X	-	-	-
E0111	Crutch forearm each	-	-	X	-	-	-
E0112	Crutch underarm pair wood	-	-	X	-	-	-
E0113	Crutch underarm each wood	-	-	X	-	-	-
E0114	Crutch underarm pair no wood	-	-	X	-	-	-
E0116	Crutch underarm each no wood	-	-	X	-	-	-
E0117	Crutch, underarm, articulating, spring assisted, each	X	-	X	-	X	-
E0118	Crutch substitute, lower leg platform, with or without wheels, each	-	-	X	-	-	-
E0130	Walker rigid adjust/fixed ht	-	-	X	-	-	-
E0135	Walker folding adjust/fixed	-	-	X	-	-	-
E0140	Walker, with trunk support, adjustable or fixed height, any type	-	-	X	-	-	-
E0141	Rigid walker wheeled wo seat	-	-	X	-	-	-
E0143	Walker folding wheeled w/o s	-	-	X	-	-	-
E0144	Enclosed walker w rear seat	-	-	X	-	-	-
E0147	Walker variable wheel resist	-	-	X	-	-	-
E0148	Heavyduty walker no wheels	-	-	X	-	-	-
E0149	Heavy duty wheeled walker	-	-	X	-	-	-
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	X	-	X	-	X	-
E0153	Forearm crutch platform atta	-	-	X	-	-	-
E0154	Walker platform attachment	-	-	X	-	-	-
E0155	Walker wheel attachment,pair	-	-	X	-	-	-
E0156	Walker seat attachment	-	-	X	-	-	-
E0157	Walker crutch attachment	-	-	X	-	-	-
E0158	Walker leg extenders set of4	-	-	X	-	-	-
E0159	Brake for wheeled walker	-	-	X	-	-	-
E0160	Sitz type bath or equipment	X	-	X	-	X	-
E0161	Sitz bath/equipment w/faucet	X	-	X	-	X	-
E0162	Sitz bath chair	X	-	X	-	X	-
E0163	Commode chair stationry fxd	X	-	X	-	X	-
E0165	Commode chair stationry det	X	-	X	-	X	-
E0167	Commode chair pail or pan	X	-	X	-	X	-
E0168	Heavyduty/wide commode chair	X	-	X	-	X	-
E0170	Commode chair with integrated seat lift mechanism, electric, any type	X	-	X	-	X	-
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	X	-	X	-	X	-
E0172	Seat lift mechanism placed over or on top of toilet, any type	X	-	X	-	X	-
E0175	Commode chair foot rest	X	-	X	-	X	-
E0181	Press pad alternating w/ pum	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E0182	Pressure pad alternating pum	-	-	X	-	-	-
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	-	-	X	-	-	-
E0184	Dry pressure mattress	-	-	X	-	-	-
E0185	Gel pressure mattress pad	-	-	X	-	-	-
E0186	Air pressure mattress	-	-	X	-	-	-
E0187	Water pressure mattress	-	-	X	-	-	-
E0188	Synthetic sheepskin pad	-	-	X	-	-	-
E0189	Lambswool sheepskin pad	-	-	X	-	-	-
E0190	Positioning cushion/pillow/wedge, any shape or size	X	-	X	-	X	-
E0191	Protector heel or elbow	-	-	X	-	-	-
E0193	Powered air flotation bed	-	-	X	-	-	-
E0194	Air fluidized bed	-	X	X	-	-	X
E0196	Gel pressure mattress	-	-	X	-	-	-
E0197	Air pressure pad for mattres	-	-	X	-	-	-
E0198	Water pressure pad for mattre	-	-	X	-	-	-
E0199	Dry pressure pad for mattres	-	-	X	-	-	-
E0200	Heat lamp without stand	X	-	X	-	X	-
E0201	Penile contracture device, manual, greater than 3 lbs traction force	X	-	X	-	X	-
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	X	-	X	-	X	-
E0205	Heat lamp with stand	X	-	X	-	X	-
E0210	Electric heat pad standard	X	-	X	-	X	-
E0215	Electric heat pad moist	X	-	X	-	X	-
E0217	Water circ heat pad w pump	X	-	X	-	X	-
E0218	Water circ cold pad w pump	X	-	X	-	X	-
E0221	Infrared heating pad system	X	-	X	-	X	-
E0225	Hydrocollator unit	X	-	X	-	X	-
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wou	X	-	X	-	X	-
E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	X	-	X	-	X	-
E0235	Paraffin bath unit portable	X	-	X	-	X	-
E0236	Pump for water circulating p	X	-	X	-	X	-
E0239	Hydrocollator unit portable	X	-	X	-	X	-
E0241	Bath tub wall rail	X	-	X	-	X	-
E0242	Bath tub rail floor	X	-	X	-	X	-
E0243	Toilet rail	X	-	X	-	X	-
E0244	Toilet seat raised	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E0245	Tub stool or bench	X	-	X	-	X	-
E0246	Transfer tub rail attachment	X	-	X	-	X	-
E0247	Transfer bench for tub or toilet with or without commode opening	X	-	X	-	X	-
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	X	-	X	-	X	-
E0249	Pad for water circulating heat unit, for replacement only	X	-	X	-	X	-
E0250	Hosp bed fixed ht w/ mattres	-	-	X	-	-	-
E0251	Hosp bed fixd ht w/o mattres	-	-	X	-	-	-
E0255	Hospital bed var ht w/ mattr	-	-	X	-	-	-
E0256	Hospital bed var ht w/o matt	-	-	X	-	-	-
E0260	Hosp bed semi-electr w/ matt	-	-	X	-	-	-
E0261	Hosp bed semi-electr w/o mat	-	-	X	-	-	-
E0265	Hosp bed total electr w/ mat	-	-	X	-	-	-
E0266	Hosp bed total elec w/o matt	-	-	X	-	-	-
E0270	Hospital bed institutional t	-	-	X	-	-	-
E0271	Mattress innerspring	X	-	X	-	X	-
E0272	Mattress foam rubber	-	-	X	-	-	-
E0273	Bed board	X	-	X	-	X	-
E0274	Over-bed table	X	-	X	-	X	-
E0275	Bed pan standard	X	-	X	-	X	-
E0276	Bed pan fracture	X	-	X	-	X	-
E0277	Powered pres-redu air mattr	-	-	X	-	-	-
E0280	Bed cradle	X	-	X	-	X	-
E0290	Hosp bed fx ht w/o rails w/m	-	-	X	-	-	-
E0291	Hosp bed fx ht w/o rail w/o	-	-	X	-	-	-
E0292	Hosp bed var ht w/o rail w/o	-	-	X	-	-	-
E0293	Hosp bed var ht w/o rail w/	-	-	X	-	-	-
E0294	Hosp bed semi-elect w/ mattr	-	-	X	-	-	-
E0295	Hosp bed semi-elect w/o matt	-	-	X	-	-	-
E0296	Hosp bed total elect w/ matt	-	-	X	-	-	-
E0297	Hosp bed total elect w/o mat	-	-	X	-	-	-
E0300	Pediatric crib, hospital grade, fully enclosed	-	-	X	-	-	-
E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	-	-	X	-	-	-
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	X	X	-	-	X
E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress	-	-	X	-	-	-
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E0305	Rails bed side half length	-	-	X	-	-	-
E0310	Rails bed side full length	-	-	X	-	-	-
E0315	Bed accessory brd/tbl/supprt	X	-	X	-	X	-
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	X	-	X	-	X	-
E0325	Urinal male jug-type	X	-	X	-	X	-
E0326	Urinal female jug-type	X	-	X	-	X	-
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches	-	-	X	-	-	-
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rail	-	-	X	-	-	-
E0350	Control unit bowel system	X	-	X	-	X	-
E0352	Disposable pack w/bowel syst	X	-	X	-	X	-
E0370	Air elevator for heel	X	-	X	-	X	-
E0371	Nonpower mattress overlay	-	-	X	-	-	-
E0372	Powered air mattress overlay	-	-	X	-	-	-
E0373	Nonpowered pressure mattress	-	-	X	-	-	-
E0425	Gas system stationary compre	X	-	X	-	X	-
E0435	Oxygen system liquid portabl	X	-	X	-	X	-
E0440	Oxygen system liquid station	X	-	X	-	X	-
E0446	Topical ox deliver sys, nos	X	-	X	-	X	-
E0462	Rocking bed w/ or w/o side r	-	X	X	-	-	X
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	X	-	X	-	X
E0470	Respiratory assist device, bi-level pressure capability, without backup rate	-	X**	X	-	-	X**
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate	-	X**	X	-	-	X**
E0472	Respiratory assist device, bi-level pressure capability, with backup rate	-	X**	X	-	-	X**
E0480	Percussor elect/pneum home m	-	-	X	-	-	-
E0481	Intrapulmonary percussive ventilation system and related accessories	X	-	X	-	X	-
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	-	-	X	-	-	-
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	X	-	X	-	X	-
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	X	-	X	-	X	-
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	X	-	X	-	X	-
E0500	Ippb all types	-	-	X	-	-	-
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	X	-	X	-	X	-
E0550	Humidif extens suppl w ippb	-	-	X	-	-	-
E0555	Humidifier for use w/ regula	-	-	X	-	-	-
E0560	Humidifier supplemental w/ i	-	-	X	-	-	-
E0561	Humidifier, non-heated, used with positive airway pressure device	-	X**	X	-	-	X**
E0562	Humidifier, heated, used with positive airway pressure device	-	X**	X	-	-	X**
E0574	Ultrasonic generator w svneb	X	-	X	-	X	-
E0601	Cont airway pressure device	-	X**	X	-	-	X**
E0602	Breast pump	X	-	X	-	X	-
E0605	Vaporizer room type	X	-	X	-	X	-
E0606	Drainage board postural	-	-	X	-	-	-
E0607	Blood glucose monitor home	-	-	X	-	-	-
E0621	Patient lift sling or seat	X	-	X	-	X	-
E0625	Patient lift bathroom or toi	X	-	X	-	X	-
E0627	Seat lift incorp lift-chair	X	-	X	-	X	-
E0629	Seat lift for pt furn-non-el	X	-	X	-	X	-
E0630	Patient lift hydraulic	X	-	X	-	X	-
E0635	Patient lift electric	X	-	X	-	X	-
E0636	Multipositional patient support system, with integrated lift, patientaccessible controls	X	-	X	-	X	-
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	X	-	X	-	X	-
E0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	X	-	X	-	X	-
E0639	Moveable patient lift system	X	-	X	-	X	-
E0640	Fixed patient lift system	X	-	X	-	X	-
E0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	-	-	X	-	-	-
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	-	-	X	-	-	-
E0650	Pneuma compresor non-segment	-	-	X	-	-	-
E0651	Pneum compressor segmental	-	-	X	-	-	-
E0652	Pneum compres w/cal pressure	-	-	X	-	-	-
E0655	Pneumatic appliance half arm	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	X	-	X	-	X	-
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	X	-	X	-	X	-
E0660	Pneumatic appliance full leg	-	X	X	-	-	X
E0665	Pneumatic appliance full arm	-	-	X	-	-	-
E0666	Pneumatic appliance half leg	-	-	X	-	-	-
E0667	Seg pneumatic appl full leg	-	-	X	-	-	-
E0668	Seg pneumatic appl full arm	-	-	X	-	-	-
E0669	Seg pneumatic appli half leg	-	-	X	-	-	-
E0670	Segmental pneumatic appliance for use with pneumatic compressor, half	-	-	X	-	-	-
E0671	Pressure pneum appl full leg	-	-	X	-	-	-
E0672	Pressure pneum appl full arm	-	-	X	-	-	-
E0673	Pressure pneum appl half leg	-	-	X	-	-	-
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	-	-	X	-	-	-
E0677	Non pneum seq comp trunk	-	X	-	X	-	X
E0678	Nonpneumatic sequential compression garment, full leg	X	-	X	-	X	-
E0679	Nonpneumatic sequential compression garment, half leg	X	-	X	-	X	-
E0681	Nonpneumatic compression controller without calibrated gradient pressure	X	-	X	-	X	-
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	X	-	X	-	X	-
E0700	Safety equipment, device or accessory, any type	X	-	X	-	X	-
E0705	Transfer board or device, any type, each	X	-	X	-	X	-
E0710	Restraints any type	X	-	X	-	X	-
E0711	Ue enclosure restr rom	X	-	X	-	X	-
E0715	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	X	-	X	-	X	-
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	X	-	X	-	X	-
E0720	Tens two lead	-	-	X	-	-	-
E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	X	-	X	-	X	-
E0730	Tens four lead	-	-	X	-	-	-
E0732	Cranial electrotherapy stimulation (CES) system, any type	X	-	X	-	X	-
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	-	-	X	-	-	-
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	X	-	X	-	X	-
E0735	Noninvasive vagus nerve stimulator	X	-	X	-	X	-
E0736	Transcutaneous tibial nerve stimulator	-	-	X	-	-	-
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	X	-	X	-	X	-
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	X	-	X	-	X	-
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
E0740	Incontinence treatment systm	X	-	X	-	X	-
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	X	-	X	-	X	-
E0744	Neuromuscular stim for scoli	X	-	X	-	X	-
E0745	Neuromuscular stim for shock	X	-	X	-	X	-
E0746	Electromyograph biofeedback	X	-	X	-	X	-
E0747	Elec osteogen stim not spine	-	X	-	X	-	X
E0748	Elec osteogen stim spinal	-	X	-	X	-	X
E0749	Elec osteogen stim implanted	-	X	-	X	-	X
E0760	Osteogen ultrasound stimltor	-	X	-	X	-	X
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device	X	-	X	-	X	-
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	X	-	X	-	X	-
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for	X	-	X	-	X	-
E0765	Nerve stimulator for tx n&v	X	-	X	-	X	-
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	X	-	X	-	X	-
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n	X	-	X	-	X	-
E0783	Programmable infusion pump	-	X	-	X	-	X
E0784	Ext amb infusn pump insulin	-	X	-	X	-	X
E0786	Implantable pump replacement	-	X	-	X	-	X
E0787	Cgs dose adj insulin inf pmp	X	-	X	-	X	-
E0791	Parenteral infusion pump sta	-	X	-	X	-	X
E0849	Cervical pneum trac equip	X	-	X	-	X	-
E0850	Traction stand free standing	X	-	X	-	X	-
E0855	Cervical traction equipment	X	-	X	-	X	-
E0856	Cervical traction device, cervical collar with inflatable air bladder	X	-	X	-	X	-
E0860	Tract equip cervical tract	X	-	X	-	X	-
E0880	Trac stand free stand extrem	X	-	X	-	X	-
E0900	Trac stand free stand pelvic	X	-	X	-	X	-
E0910	Trapeze bar attached to bed	-	-	X	-	-	-
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	-	-	X	-	-	-
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free stadning, complete with grab bar	-	-	X	-	-	-
E0920	Fracture frame attached to b	-	-	X	-	-	-
E0930	Fracture frame free standing	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
E0940	Trapeze bar free standing	-	-	X	-	-	-
E0941	Gravity assisted traction de	X	-	X	-	X	-
E0946	Fracture frame dual w cross	-	-	X	-	-	-
E0947	Fracture frame attachmnts pe	-	-	X	-	-	-
E0948	Fracture frame attachmnts ce	-	-	X	-	-	-
E0951	Loop heel	-	-	X	-	-	-
E0952	Loop tie	-	-	X	-	-	-
E0968	Wheelchair commode seat	X	-	X	-	X	-
E0986	Manual wheelchair accessory, push-rim activated power assist, each	-	X	-	X	-	X
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	-	X	-	X	-	X
E1002	Wheelchair accessory, power seating system, tilt only	-	X	-	X	-	X
E1003	Wheelchair accessory, power seating system, recline only, without shear	-	X	-	X	-	X
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	-	X	-	X	-	X
E1005	Wheelchair accessory, power seatng system, recline only, with power shear	-	X	-	X	-	X
E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	-	X	-	X	-	X
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction	-	X	-	X	-	X
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	-	X	-	X	-	X
E1022	Wheelchair transportation securement system, any type includes all components and accessories	X	-	X	-	X	-
E1023	Wheelchair transit securement system, includes all components and accessories	X	-	X	-	X	-
E1029	Wheelchair accessory, ventilator tray, fixed	-	X	-	X	-	X
E1030	Wheelchair accessory, ventilator tray, gimbaled	-	X	-	X	-	X
E1031	Rollabout chair with casters	X	-	X	-	X	-
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	X	-	X	-	X	-
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci	X	-	X	-	X	-
E1039	Transport chair pt wt>300lb	X	-	X	-	X	-
E1050	Whelchr fxd full length arms	-	X	-	X	-	X
E1060	Wheelchair detachable arms	-	X	-	X	-	X
E1070	Wheelchair detachable foot r	-	X	-	X	-	X
E1083	Hemi-wheelchair fixed arms	-	X	-	X	-	X
E1084	Hemi-wheelchair detachable a	-	X	-	X	-	X
E1085	Hemi-wheelchair fixed arms	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E1086	Hemi-wheelchair detachable a	-	X	-	X	-	X
E1087	Wheelchair lightwt fixed arm	-	X	-	X	-	X
E1088	Wheelchair lightweight det a	-	X	-	X	-	X
E1089	Wheelchair lightwt fixed arm	-	X	-	X	-	X
E1090	Wheelchair lightweight det a	-	X	-	X	-	X
E1092	Wheelchair wide w/ leg rests	-	X	-	X	-	X
E1093	Wheelchair wide w/ foot rest	-	X	-	X	-	X
E1100	Whchr s-recl fxd arm leg res	-	X	-	X	-	X
E1110	Wheelchair semi-recl detach	-	X	-	X	-	X
E1130	Whlchr stand fxd arm ft rest	-	X	-	X	-	X
E1140	Wheelchair standard detach a	-	X	-	X	-	X
E1150	Wheelchair standard w/ leg r	-	X	-	X	-	X
E1160	Wheelchair fixed arms	-	X	-	X	-	X
E1161	Manual adult size wheelchair, includes tilt in space	-	X	-	X	-	X
E1170	Whlchr ampu fxd arm leg rest	-	X	-	X	-	X
E1171	Wheelchair amputee w/o leg r	-	X	-	X	-	X
E1172	Wheelchair amputee detach ar	-	X	-	X	-	X
E1180	Wheelchair amputee w/ foot r	-	X	-	X	-	X
E1190	Wheelchair amputee w/ leg re	-	X	-	X	-	X
E1195	Wheelchair amputee heavy dut	-	X	-	X	-	X
E1200	Wheelchair amputee fixed arm	-	X	-	X	-	X
E1220	Whlchr special size/constrc	-	X	-	X	-	X
E1221	Wheelchair spec size w foot	-	X	-	X	-	X
E1222	Wheelchair spec size w/ leg	-	X	-	X	-	X
E1223	Wheelchair spec size w foot	-	X	-	X	-	X
E1224	Wheelchair spec size w/ leg	-	X	-	X	-	X
E1225	Wheelchair spec sz semi-recl	-	X	-	X	-	X
E1226	Wheelchair spec sz full-recl	-	X	-	X	-	X
E1227	Wheelchair spec sz spec ht a	-	X	-	X	-	X
E1228	Wheelchair spec sz spec ht b	-	X	-	X	-	X
E1229	Pediatric wheelchair nos	-	X	-	X	-	X
E1230	Power operated vehicle	X	-	X	-	X	-
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seatingsystem	-	X	-	X	-	X
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seatingsystem	-	X	-	X	-	X
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seatingsystem	-	X	-	X	-	X
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seatingsystem	-	X	-	X	-	X
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	-	X	-	X	-	X
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	-	X	-	X	-	X
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	-	X	-	X	-	X
E1239	Ped power wheelchair nos	-	X	-	X	-	X
E1240	Whchr litwt det arm leg rest	-	X	-	X	-	X
E1250	Wheelchair lightwt fixed arm	-	X	-	X	-	X
E1260	Wheelchair lightwt foot rest	-	X	-	X	-	X
E1270	Wheelchair lightweight leg r	-	X	-	X	-	X
E1280	Whchr h-duty det arm leg res	-	X	-	X	-	X
E1285	Wheelchair heavy duty fixed	-	X	-	X	-	X
E1290	Wheelchair hvy duty detach a	-	X	-	X	-	X
E1295	Wheelchair heavy duty fixed	-	X	-	X	-	X
E1296	Wheelchair special seat heig	-	X	-	X	-	X
E1297	Wheelchair special seat dept	-	X	-	X	-	X
E1298	Wheelchair spec seat depth/w	-	X	-	X	-	X
E1300	Whirlpool portable	X	-	X	-	X	-
E1310	Whirlpool non-portable	X	-	X	-	X	-
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	X	-	X	-	X	-
E1392	Portable oxygen concentrator, rental (Auth only when purchased)	-	X	-	X	-	X
E1520	Heparin infusion pump for di	-	X	-	X	-	X
E1530	Air bubble detector for dial	-	X	-	X	-	X
E1540	Pressure alarm for dialysis	-	X	-	X	-	X
E1550	Bath conductivity meter	-	X	-	X	-	X
E1570	Adjustable chair for esrd pt	X	-	X	-	X	-
E1592	Auto interm peritoneal dialy	-	X	-	X	-	X
E1594	Cycler dialysis machine	-	X	-	X	-	X
E1620	Blood pump for dialysis	-	X	-	X	-	X
E1625	Water softening system	X	-	X	-	X	-
E1630	Reciprocating peritoneal dia	-	X	-	X	-	X
E1639	Scale, for dialysis, each	X	-	X	-	X	-
E1700	Jaw motion rehab system	X	-	X	-	X	-
E1701	Repl cushions for jaw motion	X	-	X	-	X	-
E1702	Repl measr scales jaw motion	X	-	X	-	X	-
E1800	Adjust elbow ext/flex device	-	-	X	-	-	-
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	-	-	X	-	-	-
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interfacematerial	-	-	X	-	-	-
E1805	Adjust wrist ext/flex device	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	-	-	X	-	-	-
E1810	Adjust knee ext/flex device	-	-	X	-	-	-
E1811	Bi-directional progressive stretch knee device with range of motion adjustment, includes cuffs	-	-	X	-	-	-
E1812	Dynamic knee, extension/flexion device with active resistance control	-	-	X	-	-	-
E1815	Adjust ankle ext/flex device	-	-	X	-	-	-
E1816	Bi-directional static progressive stretch ankle device with range of motion adjustment, includes cuffs	-	-	X	-	-	-
E1818	Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes	-	-	X	-	-	-
E1820	Soft interface material	-	-	X	-	-	-
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	-	-	X	-	-	-
E1825	Sadjust finger ext/flex devc	-	-	X	-	-	-
E1830	Adjust toe ext/flex device	-	-	X	-	-	-
E1831	Static str toe dev ext/flex	-	-	X	-	-	-
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	-	-	X	-	-	-
E1841	Static str shldr dev rom adj	-	-	X	-	-	-
E1905	Vr cbt therapy	X	-	X	-	X	-
E2100	Blood glucose monitor with integrated voice synthesizer	X	-	X	-	X	-
E2101	Blood glucose monitor with integrated lancing/blood sample	-	-	X	-	-	-
E2102	Adjunctive continuous glucose monitor or receiver	-	X	-	X	-	X
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	X	-	X	-	X
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	-	-	X	-	-	-
E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.	-	X	-	X	-	X
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	X	-	X	-	X
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20-22 in.	-	X	-	X	-	X
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	-	X	-	X	-	X
E2205	Manual wc accessory, handrim	-	X	-	X	-	X
E2206	Complete wheel lock assembly	-	X	-	X	-	X
E2207	Wheelchair accessory, crutch and cane holder, each	-	X	-	X	-	X
E2208	Wheelchair accessory, cylinder tank carrier, each	-	X	-	X	-	X
E2209	Wheelchair accessory, arm trough, each	-	X	-	X	-	X
E2210	Wheelchair accessory, bearings, any type, replacement only, each	-	X	-	X	-	X
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	-	X	-	X	-	X
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	-	X	-	X	-	X
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	-	X	-	X	-	X
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	-	X	-	X	-	X
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	-	X	-	X	-	X
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	-	X	-	X	-	X
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	-	X	-	X	-	X
E2219	Manual wheelchair accessory, foam caster tire, any size, each	-	X	-	X	-	X
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	-	X	-	X	-	X
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	-	X	-	X	-	X
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	-	X	-	X	-	X
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	-	X	-	X	-	X
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	-	X	-	X	-	X
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	-	X	-	X	-	X
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	-	X	-	X	-	X
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	-	X	-	X	-	X
E2230	Manual wheelchair accessory, manual standing system	-	X	-	X	-	X
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), 'includes any type mounting hardware	-	X	-	X	-	X
E2291	Planar back for ped size wc	-	X	-	X	-	X
E2292	Planar seat for ped size wc	-	X	-	X	-	X
E2293	Contour back for ped size wc	-	X	-	X	-	X
E2294	Contour seat for ped size wc	-	X	-	X	-	X
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating 'frame, allows coordinated movement of multi	-	X	-	X	-	X
E2300	Power wheelchair accessory, power seat elevation system	X	-	X	-	X	-
E2301	Power wheelchair accessory, power standing system	X	-	X	-	X	-
E2310	Power wheelchair accessory, electronic connection between wheelchair controller	X	-	X	-	X	-
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including f	-	-	-	X	-	-
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounti	-	X	-	X	-	X
E2321	Power wheelchair accessory, hand control interface, remote joystick,	-	X	-	X	-	X
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches	-	X	-	X	-	X
E2323	Power wheelchair accessory, specialty joystick handle for hand control	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E2324	Power wheelchair accessory, chin cup for chin control interface	-	X	-	X	-	X
E2325	Power wheelchair accessory, sip and puff interface, nonproportional	-	X	-	X	-	X
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	-	X	-	X	-	X
E2327	Power wheelchair accessory, head control interface, mechanical, proportional	-	X	-	X	-	X
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	-	X	-	X	-	X
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	X	-	X	-	X
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	X	-	X	-	X
E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	X	-	X	-	X
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	X	-	X	-	X
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	X	-	X	-	X
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	-	X	-	X	-	X
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	X	-	X	-	X
E2351	Power wheelchair accessory, electronic interface to operate speech generating device	X	-	X	-	X	-
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	-	X	X	-	-	X
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	-	X	X	-	-	X
E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each	-	X	X	-	-	X
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each	-	X	X	-	-	X
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	-	X	X	-	-	X
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each	-	X	X	-	-	X
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	-	X	X	-	-	X
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each	-	X	X	-	-	X
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type	-	X	X	-	-	X
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type	-	X	X	-	-	X
E2368	Power wc motor replacement	-	X	-	X	-	X
E2369	Pwr wc gear box replacement	-	X	-	X	-	X
E2370	Pwr wc motor/gear box combo	-	X	-	X	-	X
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	-	X	X	-	-	X
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	-	X	X	-	-	X
E2373	Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick o	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proprot	-	X	-	X	-	X
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacem	-	X	-	X	-	X
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement	-	X	-	X	-	X
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade prov	-	X	-	X	-	X
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	X	-	X	-	X
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	-	X	-	X	-	X
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac	-	X	-	X	-	X
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	-	X	-	X	-	X
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	-	X	-	X	-	X
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	-	X	-	X	-	X
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	-	X	-	X	-	X
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	-	X	-	X	-	X
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	-	X	-	X	-	X
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	-	X	-	X	-	X
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	-	X	-	X	-	X
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	-	X	-	X	-	X
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	-	X	-	X	-	X
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	-	X	-	X	-	X
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	-	X	-	X	-	X
E2397	Power wheelchair accessory, lithium-based battery, each	-	-	X	-	-	-
E2402	Negative pressure wound therapy electrical pump, stationary or portable	-	X	-	X	-	X
E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	X	-	X	-	X	-
E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	X	-	X	-	X	-
E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	X	-	X	-	X	-
E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling	X	-	X	-	X	-
E2510	Speech generating device, synthesized speech, permitting multiple methods	-	-	X	-	-	-
E2511	Speech generating software program, for personal computer or personal digital assistant	X	-	X	-	X	-
E2512	Accessory for speech generating device, mounting system	X	-	X	-	X	-
E2513	Accessory for speech generating device, electromyographic sensor	X	-	X	-	X	-
E2599	Accessory for speech generating device, not otherwise classified	-	-	X	-	-	-
E2601	Gen w/c cushion width < 22 in	-	X	-	X	-	X
E2602	Gen w/c cushion width >=22 in	-	X	-	X	-	X
E2603	Skin protect wc cus wd <22in	-	X	-	X	-	X
E2604	Skin protect wc cus wd>=22in	-	X	-	X	-	X
E2605	Position wc cush width <22 in	-	X	-	X	-	X
E2606	Position wc cush width>=22 in	-	X	-	X	-	X
E2607	Skin pro/pos wc cus wd <22in	-	X	-	X	-	X
E2608	Skin pro/pos wc cus wd>=22in	-	X	-	X	-	X
E2609	Custom fabricate w/c cushion	-	X	-	X	-	X
E2610	Powered w/c cushion	-	X	-	X	-	X
E2611	Gen use back cush width <22in	-	X	-	X	-	X
E2612	Gen use back cush width>=22in	-	X	-	X	-	X
E2613	Position back cush wd <22in	-	X	-	X	-	X
E2614	Position back cush wd>=22in	-	X	-	X	-	X
E2615	Pos back post/lat width <22in	-	X	-	X	-	X
E2616	Pos back post/lat width>=22in	-	X	-	X	-	X
E2617	Custom fab w/c back cushion	-	X	-	X	-	X
E2619	Replace cover w/c seat cush	-	X	-	X	-	X
E2620	Wc planar back cush wd <22in	-	X	-	X	-	X
E2621	Wc planar back cush wd>=22in	-	X	-	X	-	X
E2622	Adj skin pro w/c cus wd<22in	-	X	-	X	-	X
E2623	Adj skin pro wc cus wd>=22in	-	X	-	X	-	X
E2624	Adj skin pro/pos cus<22in	-	X	-	X	-	X
E2625	Adj skin pro/pos wc cus>=22	-	X	-	X	-	X
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	-	X	-	X	-	X
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	-	X	-	X	-	X
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	-	X	-	X	-	X
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	-	X	-	X	-	X
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	-	X	-	X	-	X
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	-	X	-	X	-	X
E2633	Wheelchair accessory, addition to mobile arm support, supinator	-	X	-	X	-	X
E3000	Speech volume modulation system, any type, including all components and accessories	X	-	X	-	X	-
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	X	-	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:	X	-	X	-	X	-
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	X	-	X	-	X	-
G0027	Semen analysis	X	-	X	-	X	-
G0028	Doc med rsn no scr tob	X	-	X	-	X	-
G0029	No tob scr/cess int	X	-	X	-	X	-
G0030	Pt scr tob & cess int	X	-	X	-	X	-
G0031	Pall serv during meas	X	-	X	-	X	-
G0032	2+ antipsy schiz	X	-	X	-	X	-
G0033	2+ benzo seiz	X	-	X	-	X	-
G0034	Pall serv during meas	X	-	X	-	X	-
G0035	Pt ed pos 23	X	-	X	-	X	-
G0036	Pt/ptn decln assess	X	-	X	-	X	-
G0037	Pt not able to participate	X	-	X	-	X	-
G0038	Clin pt no ref	X	-	X	-	X	-
G0039	Pt no ref, rn spec	X	-	X	-	X	-
G0040	Pt phys/occ therapy	X	-	X	-	X	-
G0041	Pt/ptn decln referral	X	-	X	-	X	-
G0042	Ref to therapy	X	-	X	-	X	-
G0043	Pt mech pros ht valv	X	-	X	-	X	-
G0044	Pt mitral stenosis	X	-	X	-	X	-
G0045	Mrs 90 days post stk	X	-	X	-	X	-
G0046	No mrs 90 days post stk	X	-	X	-	X	-
G0047	Ped blunt hd traum	X	-	X	-	X	-
G0048	Pall serv during meas	X	-	X	-	X	-
G0049	Main hemo in-cntr	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G0050	Pt w/ lmted life expec	X	-	X	-	X	-
G0051	Pt hospice mnth	X	-	X	-	X	-
G0052	Pt peri dialysis dur mo	X	-	X	-	X	-
G0053	Adv rheum pt care mvp	X	-	X	-	X	-
G0054	Strk cr prev pos outcme mvp	X	-	X	-	X	-
G0055	Adv care heart dx mvp	X	-	X	-	X	-
G0057	Best pct pt safety em mvp	X	-	X	-	X	-
G0058	Imprv care le jnt repr mvp	X	-	X	-	X	-
G0059	Pt sfty pos exp w aneth mvp	X	-	X	-	X	-
G0060	Allergy/immunology ss	X	-	X	-	X	-
G0061	Anesthesiology ss	X	-	X	-	X	-
G0062	Audiology ss	X	-	X	-	X	-
G0063	Cardiology ss	X	-	X	-	X	-
G0064	Cert nurse midwife ss	X	-	X	-	X	-
G0065	Chiropractic ss	X	-	X	-	X	-
G0066	Clinical social work ss	X	-	X	-	X	-
G0067	Dentistry ss	X	-	X	-	X	-
G0068	Adm of infusion drug in home	-	X	-	X	-	X
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	X	-	X	-	X
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	X	-	X	-	X
G0071	Comm svcs by rhc/fqhc 5 min	X	-	X	-	X	-
G0076	Care manag h vst new pt 20 m	X	-	X	-	X	-
G0077	Care manag h vst new pt 30 m	X	-	X	-	X	-
G0078	Care manag h vst new pt 45 m	X	-	X	-	X	-
G0079	Care manag h vst new pt 60 m	X	-	X	-	X	-
G0080	Care manag h vst new pt 75 m	X	-	X	-	X	-
G0081	Care man h v ext pt 20 mi	X	-	X	-	X	-
G0082	Care man h v ext pt 30 m	X	-	X	-	X	-
G0083	Care man h v ext pt 45 m	X	-	X	-	X	-
G0084	Care man h v ext pt 60 m	X	-	X	-	X	-
G0085	Care man h v ext pt 75 m	X	-	X	-	X	-
G0086	Care man home care plan 30 m	X	-	X	-	X	-
G0087	Care man home care plan 60 m	X	-	X	-	X	-
G0088	Adm iv drug 1st home visit	-	X	-	X	-	X
G0089	Adm subq drug 1st home visit	-	X	-	X	-	X
G0128	Corf skilled nursing service	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G0129	Partial hosp prog service	-	X**	-	X**	-	X**
G0130	Single energy x-ray study	X	-	X	-	X	-
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	X	-	X	-	X	-
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:	-	X	-	X	-	X
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:	X	-	X	-	X	-
G0146	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	X	-	X	-	X	-
G0151	Hhcn-serv of pt,ea 15 min	-	X**	-	X**	-	X**
G0152	Hhcn-serv of ot,ea 15 min	-	X**	-	X**	-	X**
G0153	Hhcn-svs of s/l path,ea 15mn	-	X**	-	X**	-	X**
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	-	X**	-	X**	-	X**
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	X	-	X	-	X	-
G0157	Hhc pt assistant ea 15	X	-	X	-	X	-
G0158	Hhc ot assistant ea 15	X	-	X	-	X	-
G0159	Hhc pt maint ea 15 min	-	X*	-	X*	-	X*
G0160	Hhc occup therapy ea 15	-	X*	-	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*	-	X*
G0162	Hhc rn e&m plan svs, 15 min	-	X*	-	X*	-	X*
G0175	Opps service,sched team conf	X	-	X	-	X	-
G0176	Opps/php;activity therapy	X	-	X	-	X	-
G0177	Opps/php; train & educ serv	X	-	X	-	X	-
G0179	Md recertification hha patient	X	-	X	-	X	-
G0180	Md certification hha patient	X	-	X	-	X	-
G0219	Pet img wholebody melanoma nonco	X	-	X	-	X	-
G0248	Demonstration, at initial use, of home inr monitoring for patient withmechanical heart valve(s) who meets medicare cover	-	-	X	-	-	-
G0249	Provision of test materials and equipment for home inr monitoring to patientwith mechanical heart valve(s) who meets med	-	-	X	-	-	-
G0250	Physician review, interpretation and patient management of home inr testing fora patient with mechanical heart valve(s)	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G0255	Current perception threshold/sensory nerve conduction test, (snct) per limb,any nerve	X	-	X	-	X	-
G0269	Placement of occlusive device into either a venous or arterial access site,post surgical or interventional procedure (e.	X	-	X	-	X	-
G0276	Pild/placebo control clin tr	X	-	X	-	X	-
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stageiii and stage iv pressure ulcers, arterial	-	X*	-	X*	-	X*
G0282	Electrical stimulation, (unattended), to one or more areas, for wound careother than described in g0281	X	-	X	-	X	-
G0283	Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy p	-	X*	-	X*	-	X*
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general orspinal anesthesia in a medicare qualifyin	X	-	X	-	X	-
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, ina medicare qualifying clinical trial, per	X	-	X	-	X	-
G0295	Electromagnetic stimulation, to one or more areas	X	-	X	-	X	-
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	-	X	-	X	-	X
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	-	X	-	X	-	X
G0302	Pre-operative pulmonary surgery services for preparation for lvrs, complete	X	-	X	-	X	-
G0303	Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15	X	-	X	-	X	-
G0304	Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days	X	-	X	-	X	-
G0305	Post-discharge pulmonary surgery services after lvrs, minimum of 6 days	X	-	X	-	X	-
G0308	180 d implant glucose sensor	X	-	X	-	X	-
G0309	Rem/inser glu sensor dif sit	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
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)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	X	-	X	-	X	-
G0327	Colon ca scrn;bld-bsd biomrk	X	-	X	-	X	-
G0329	Therapy plan of care	X	-	X	-	X	-
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	-	X	-	X	-	X
G0337	Hospice evaluation and counseling services, pre-election	-	X	-	X	-	X
G0339	Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first	-	X	X	-	-	X
G0340	Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo	-	X	X	-	-	X
G0341	Percutaneous islet cell transplant, includes portal vein catherization and infusion	X	-	X	-	X	-
G0342	Laparascopy for iselt cell transplant, includes portal vein catherization and infusion	X	-	X	-	X	-
G0343	Laparaotomy for iselt cell transplant, includes vein catherization and infusion	X	-	X	-	X	-
G0398	Home sleep study test (hst) with type ii portable monitor, unattended, minimum of 7 channels: eeg, eog, emg, ecg/heart r	-	-	X	-	-	-
G0399	Home sleep study test (hst) with type iii portable monitor, unattended, minimum of 4 channels: 2 respiratory movement/ai	-	-	X	-	-	-
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	-	-	X	-	-	-
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon	X	-	X	-	X	-
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each	-	X	-	X	-	X
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50	X	-	X	-	X	-
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	X	-	X	-	X	-
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	X	-	X	-	X	-
G0438	Ppps, initial visit	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G0439	Ppps, subseq visit	X	-	X	-	X	-
G0451	Development testing, with interpretation and report, per standardized instrument form	X	-	X	-	X	-
G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	X	-	X	-	X	-
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	X	-	X	-	X	-
G0460	Autolog prp not diab ulcer	X	-	X	-	X	-
G0465	Autolog prp diab wound ulcer	X	-	X	-	X	-
G0468	Fqhc visit, ippe or awv	X	-	X	-	X	-
G0490	Home visit rn, lpn by rhc/fq	X	-	X	-	X	-
G0493	Rn care ea 15 min hh/hospice	-	X	-	X	-	X
G0494	Lpn care ea 15min hh/hospice	-	X	-	X	-	X
G0495	Rn care train/edu in hh	-	X	-	X	-	X
G0496	Lpn care train/edu in hh	-	X	-	X	-	X
G0513	Prolong prev svcs, first 30m	X	-	X	-	X	-
G0514	Prolong prev svcs, addl 30m	X	-	X	-	X	-
G0516	Insert drug del implant, >4	X	-	X	-	X	-
G0517	Remove drug implant	X	-	X	-	X	-
G0518	Remove w insert drug implant	X	-	X	-	X	-
G0519	New pt-cg dyad dem low cmplx	X	-	X	-	X	-
G0520	New pt-cg dyad dem mod cmplx	X	-	X	-	X	-
G0521	New pt-cg dyad dem hig cmplx	X	-	X	-	X	-
G0522	Mgt nw pt dementia low cmplx	X	-	X	-	X	-
G0523	Mgt nw pt dem mod-high cmplx	X	-	X	-	X	-
G0524	Est pt-cg dyad dem low cmplx	X	-	X	-	X	-
G0525	Est pt-cg dyad dem mod cmplx	X	-	X	-	X	-
G0526	Est pt-cg dyad dem hig cmplx	X	-	X	-	X	-
G0527	Mgt est pt dmentia low cmplx	X	-	X	-	X	-
G0528	Mgt est pt dem mod-hi cmplx	X	-	X	-	X	-
G0529	In home respite care, 4 hr u	X	-	X	-	X	-
G0530	Adult daycare center, 8 hr u	X	-	X	-	X	-
G0531	Fclty-based respite, 24 hr u	X	-	X	-	X	-
G0532	Take-home supply of nasal nalmeferene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a medicare-enrolled opioid treatment program);(list separately in addition to each primary code)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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)	X	-	X	-	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)	X	-	X	-	X	-
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)	X	-	X	-	X	-
G0536	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 our 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)	X	-	X	-	X	-
G0556	ADV PRIM CARE MGMT LVL 1	X	-	X	-	X	-
G0557	ADV PRIM CARE MGMT LVL 2	X	-	X	-	X	-
G0558	ADV PRIM CARE MGMT LVL 3	X	-	X	-	X	-
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	-	X	X	-	-	X
G0566	3d radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance examination of the same anatomy	X	-	X	-	X	-
G0913	Improvement in visual function achieved within 90 days following cataract surgery	X	-	X	-	X	-
G0914	patient care survey was not completed by patient	X	-	X	-	X	-
G0915	Improvement in visual function not achieved within 90 days following cataract surgery	X	-	X	-	X	-
G0916	Satisfaction with care achieved within 90 days following cataract surgery	X	-	X	-	X	-
G0917	Patient satisfaction survey was not completed by patient	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
G0918	Satisfaction with care not achieved within 90 days following cataract surgery	X	-	X	-	X	-
G1001	Cdsm evicore	X	-	X	-	X	-
G1002	Cdsm medcurrent	X	-	X	-	X	-
G1003	Cdsm medicalis	X	-	X	-	X	-
G1004	Cdsm ndsc	X	-	X	-	X	-
G1007	Cdsm aim	X	-	X	-	X	-
G1008	Cdsm cranberry pk	X	-	X	-	X	-
G1010	Cdsm stanson	X	-	X	-	X	-
G1011	Cdsm qualified nos	X	-	X	-	X	-
G1012	Cdsm agilemd	X	-	X	-	X	-
G1013	Cdsm evidencecare	X	-	X	-	X	-
G1014	Cdsm inveniq	X	-	X	-	X	-
G1015	Cdsm reliant	X	-	X	-	X	-
G1016	Cdsm speed of care	X	-	X	-	X	-
G1017	Cdsm healthhelp	X	-	X	-	X	-
G1018	Cdsm infinx	X	-	X	-	X	-
G1019	Cdsm logicnets	X	-	X	-	X	-
G1020	Cdsm curbside	X	-	X	-	X	-
G1021	Cdsm ehealthline	X	-	X	-	X	-
G1022	Cdsm intermountain	X	-	X	-	X	-
G1023	Cdsm persivia	X	-	X	-	X	-
G1024	Cdsm radrite	X	-	X	-	X	-
G1025	Pt mnth 1 mcp prov	X	-	X	-	X	-
G1026	Pt hemo > 3mo	X	-	X	-	X	-
G1027	Pt hemo < 3mo	X	-	X	-	X	-
G1028	Take home supply 8mg per 0.1	X	-	X	-	X	-
G2001	Post d/c h vst new pt 20 m	X	-	X	-	X	-
G2002	Post-d/c h vst new pt 30 m	X	-	X	-	X	-
G2003	Post-d/c h vst new pt 45 m	X	-	X	-	X	-
G2004	Post-d/c h vst new pt 60 m	X	-	X	-	X	-
G2005	Post-d/c h vst new pt 75 m	X	-	X	-	X	-
G2006	Post-d/c h vst ext pt 20 m	X	-	X	-	X	-
G2007	Post-d/c h vst ext pt 30 m	X	-	X	-	X	-
G2008	Post-d/c h vst ext pt 45 m	X	-	X	-	X	-
G2009	Post-d/c h vst ext pt 60 m	X	-	X	-	X	-
G2013	Post-d/c h vst ext pt 75 m	X	-	X	-	X	-
G2014	Post-d/c care plan overs 30m	X	-	X	-	X	-
G2015	Post-d/c care plan overs 60m	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes)	X	-	X	-	X	-
G2021	Hea care pract tx in place	X	-	X	-	X	-
G2022	Benef refuses service, mod	X	-	X	-	X	-
G2025	Dis site tele svcs rhc/fqhc	X	-	X	-	X	-
G2081	Pt 66+ snp or ltc pos > 90d	X	-	X	-	X	-
G2082	Visit esketamine 56m or less	X	-	X	-	X	-
G2083	Visit esketamine, > 56m	X	-	X	-	X	-
G2090	Pt 66+ frailty and med dem	X	-	X	-	X	-
G2091	Pt 66+ frailty and adv ill	X	-	X	-	X	-
G2092	Ace arb arni	X	-	X	-	X	-
G2093	Med doc rsn no ace arn arni	X	-	X	-	X	-
G2094	Pt rsn no ace arn arni	X	-	X	-	X	-
G2095	Sys rsn no ace arn arni	X	-	X	-	X	-
G2096	No rsn ace arb arni	X	-	X	-	X	-
G2097	Child dx uri 3d of other dx	X	-	X	-	X	-
G2098	Pt 66+ frailty and med dem	X	-	X	-	X	-
G2099	Pt 66+ frailty and adv ill	X	-	X	-	X	-
G2100	Pt 66+ frailty and med dem	X	-	X	-	X	-
G2101	Pt 66+ frailty and adv ill	X	-	X	-	X	-
G2105	Pt 66+ lt ints > 90	X	-	X	-	X	-
G2106	Pt 66+ lt ints > 90	X	-	X	-	X	-
G2107	Pt 66+ frailty and adv ill	X	-	X	-	X	-
G2112	Pred<=5 mg ra glu <6m	X	-	X	-	X	-
G2113	Pred>5 mg >6m, no chg da	X	-	X	-	X	-
G2115	Pt 66+ frailty and med dem	X	-	X	-	X	-
G2116	Pt 66+ frailty and adv ill	X	-	X	-	X	-
G2118	Pt 81+ frailty	X	-	X	-	X	-
G2121	Psy dep anx ap and icd asse	X	-	X	-	X	-
G2122	Psy/dep/anx/apandicd noasse	X	-	X	-	X	-
G2125	Pt 81+ frailty	X	-	X	-	X	-
G2126	Pt 66+ frailty adv ill	X	-	X	-	X	-
G2127	Pt 66+ frailty med dem	X	-	X	-	X	-
G2128	No aspirin med rsn	X	-	X	-	X	-
G2129	No bp outpt	X	-	X	-	X	-
G2136	Bk pain vas 6-20wk = 3	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
G2137	Bk pain vas 6-20wk > 3	X	-	X	-	X	-
G2138	Bk pain vas 9-15mo = 3	X	-	X	-	X	-
G2139	Bk pain vas 9-20mo > 3	X	-	X	-	X	-
G2140	Leg pain vas 6-20wk = 3	X	-	X	-	X	-
G2141	Leg pain vas 6-20wk > 3	X	-	X	-	X	-
G2142	Fs odi 9-15mo postop<= 22	X	-	X	-	X	-
G2143	Fs odi 9-15mo > 22	X	-	X	-	X	-
G2144	Fs odi 6-20wk postop > 22	X	-	X	-	X	-
G2145	Fsodi 6-20wk >22 or chg 30pt	X	-	X	-	X	-
G2146	Leg pain vas 9-15mo <= 3	X	-	X	-	X	-
G2147	Leg pain vas 9-15mo > 3	X	-	X	-	X	-
G2148	Mpm used	X	-	X	-	X	-
G2149	No mpm med rsn	X	-	X	-	X	-
G2150	No mpm	X	-	X	-	X	-
G2151	Dx degen neuro	X	-	X	-	X	-
G2152	Res change sc =0	X	-	X	-	X	-
G2167	Res change sc < 0	X	-	X	-	X	-
G2168	Svs by pt in home health	X	-	X	-	X	-
G2169	Svs by ot in home health	X	-	X	-	X	-
G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment services furnished for the demonstration project	X	-	X	-	X	-
G2173	Uri w comorb 12m oth dx	X	-	X	-	X	-
G2174	Uri new rx antibiotic 30d	X	-	X	-	X	-
G2175	Pt comorb dx 12m of epi	X	-	X	-	X	-
G2176	Outpt ed obs w inpt admit	X	-	X	-	X	-
G2177	Bronch w rx antibx 30d	X	-	X	-	X	-
G2178	Pt not elig low neuro ex	X	-	X	-	X	-
G2179	Med doc rsn no low ex	X	-	X	-	X	-
G2180	Inelig footwr eval	X	-	X	-	X	-
G2181	Bmi not doc medrsn ptref	X	-	X	-	X	-
G2182	Pt 1st biolog antirheum	X	-	X	-	X	-
G2183	Doc pt unable comm	X	-	X	-	X	-
G2184	No caregiver	X	-	X	-	X	-
G2185	Caregiver dem trained	X	-	X	-	X	-
G2186	Pt ref app rsrcs	X	-	X	-	X	-
G2187	Clin ind img hd trauma	X	-	X	-	X	-
G2188	Pt 50 yrs w/clin ind hd	X	-	X	-	X	-
G2189	Img hd abnml neuro exam	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G2190	Ind img hd rad neck	X	-	X	-	X	-
G2191	Ind img hd pos hd ache	X	-	X	-	X	-
G2192	>55 yrs temp hd ache	X	-	X	-	X	-
G2193	<6yr new onset hd ache	X	-	X	-	X	-
G2194	New hdache ped pt dis	X	-	X	-	X	-
G2195	Occip hdache child	X	-	X	-	X	-
G2196	Screen unhlthy etoh use	X	-	X	-	X	-
G2197	Screen hlthy etoh use	X	-	X	-	X	-
G2198	Med rsn no unhlthy etoh	X	-	X	-	X	-
G2199	Not scrn etoh no rsn	X	-	X	-	X	-
G2200	Unhlthy etoh rcvd couns	X	-	X	-	X	-
G2201	Med rsn no brief couns	X	-	X	-	X	-
G2202	No rsn no brief couns	X	-	X	-	X	-
G2203	Med rsn no etoh couns	X	-	X	-	X	-
G2204	Pt 50-85 w/ scope	X	-	X	-	X	-
G2205	Preg drng adjv trtmt	X	-	X	-	X	-
G2206	Adjv trtmt chemo her2	X	-	X	-	X	-
G2207	Rsn no trtmt chem her2	X	-	X	-	X	-
G2208	No trtmt chemo and her2	X	-	X	-	X	-
G2209	Refused to participate	X	-	X	-	X	-
G2210	No neck fs prom no rsn	X	-	X	-	X	-
G2215	Home supply nasal naloxone	X	-	X	-	X	-
G2216	Home supply inject naloxon	X	-	X	-	X	-
G4000	Dermatology ss	X	-	X	-	X	-
G4001	Diagnostic rad ss	X	-	X	-	X	-
G4002	Ep cardio ss	X	-	X	-	X	-
G4003	Emergency med ss	X	-	X	-	X	-
G4004	Endocrinology ss	X	-	X	-	X	-
G4005	Family medicine ss	X	-	X	-	X	-
G4006	Gastroenterology ss	X	-	X	-	X	-
G4007	General surgery ss	X	-	X	-	X	-
G4008	Geriatrics ss	X	-	X	-	X	-
G4009	Hospitalists ss	X	-	X	-	X	-
G4010	Infectious disease ss	X	-	X	-	X	-
G4011	Internal medicine ss	X	-	X	-	X	-
G4012	Interventional rad ss	X	-	X	-	X	-
G4013	Mentl/behav health ss	X	-	X	-	X	-
G4014	Nephrology ss	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G4015	Neurology ss	X	-	X	-	X	-
G4016	Neurosurgical ss	X	-	X	-	X	-
G4017	Nutrition/dietician ss	X	-	X	-	X	-
G4018	Ob/gyn ss	X	-	X	-	X	-
G4019	Oncology/hema ss	X	-	X	-	X	-
G4020	Ophthalmology ss	X	-	X	-	X	-
G4021	Orthopedic surgery ss	X	-	X	-	X	-
G4022	Otolaryngology ss	X	-	X	-	X	-
G4023	Pathology ss	X	-	X	-	X	-
G4024	Pediatric ss	X	-	X	-	X	-
G4025	Physical medicine ss	X	-	X	-	X	-
G4026	Phys/occ therapy ss	X	-	X	-	X	-
G4027	Plastic surgery ss	X	-	X	-	X	-
G4028	Podiatry ss	X	-	X	-	X	-
G4029	Preventive medicine ss	X	-	X	-	X	-
G4030	Pulmonology ss	X	-	X	-	X	-
G4031	Radiation oncology ss	X	-	X	-	X	-
G4032	Rheumatology ss	X	-	X	-	X	-
G4033	Skilled nursing facility ss	X	-	X	-	X	-
G4034	Speech language path ss	X	-	X	-	X	-
G4035	Thoracic surgery ss	X	-	X	-	X	-
G4036	Urgent care ss	X	-	X	-	X	-
G4037	Urology ss	X	-	X	-	X	-
G4038	Vascular surgery ss	X	-	X	-	X	-
G8395	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli	X	-	X	-	X	-
G8396	Left ventricular ejection fraction (lvef) not performed or documented	X	-	X	-	X	-
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	X	-	X	-	X	-
G8399	Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or pharmacologic therapy (othe	X	-	X	-	X	-
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not ordered or pharmacologic thera	X	-	X	-	X	-
G8404	Lower extremity neurological exam performed and documented	X	-	X	-	X	-
G8405	Lower extremity neurological exam not performed	X	-	X	-	X	-
G8410	Footwear evaluation performed and documented	X	-	X	-	X	-
G8415	Footwear evaluation was not performed	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	X	-	X	-	X	-
G8417	Bmi >= 30 was calculated and a follow-up plan was documented in the medical record	X	-	X	-	X	-
G8418	Bmi < 22 was calculated and a follow-up plan was documented in the medical record	X	-	X	-	X	-
G8419	Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	X	-	X	-	X	-
G8420	Bmi < 30 and >= 22 was calculated and documented	X	-	X	-	X	-
G8421	Bmi not calculated	X	-	X	-	X	-
G8427	Doc cur meds by prov	X	-	X	-	X	-
G8428	Cur meds not document	X	-	X	-	X	-
G8430	Documentation that patient is not eligible for medication assessment	X	-	X	-	X	-
G8431	Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented	X	-	X	-	X	-
G8432	No documentation of clinical depression screening using an age appropriate standardized tool	X	-	X	-	X	-
G8433	Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate	X	-	X	-	X	-
G8450	Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as mod	X	-	X	-	X	-
G8451	Clinician documented patient with left ventricular ejection fraction (lvef) <40% or documentation as moderately or sever	X	-	X	-	X	-
G8452	Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as	X	-	X	-	X	-
G8465	High risk of recurrence of prostate cancer	X	-	X	-	X	-
G8473	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed	X	-	X	-	X	-
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d	X	-	X	-	X	-
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not s	X	-	X	-	X	-
G8476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg	X	-	X	-	X	-
G8477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg	X	-	X	-	X	-
G8478	Blood pressure measurement not performed or documented, reason not specified	X	-	X	-	X	-
G8510	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G8511	Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified	X	-	X	-	X	-
G8535	No documentation of an elder maltreatment screen, patient not eligible	X	-	X	-	X	-
G8536	No documentation of an elder maltreatment screen, reason not specified	X	-	X	-	X	-
G8539	Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies	X	-	X	-	X	-
G8540	Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool	X	-	X	-	X	-
G8541	No documentation of a current functional outcome assessment using a standardized tool, reason not specified	X	-	X	-	X	-
G8542	Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required	X	-	X	-	X	-
G8543	Documentation of a current functional outcome assessment using a standardized tool; no documentationof a care plan, reas	X	-	X	-	X	-
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluatio	X	-	X	-	X	-
G8560	Patient has a history of active drainage from the ear within the previous 90 days	X	-	X	-	X	-
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	X	-	X	-	X	-
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	X	-	X	-	X	-
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	X	-	X	-	X	-
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	X	-	X	-	X	-
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	X	-	X	-	X	-
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur	X	-	X	-	X	-
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	X	-	X	-	X	-
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic e	X	-	X	-	X	-
G8569	Prolonged intubation (>24 hrs) required	X	-	X	-	X	-
G8570	Prolonged intubation (>24 hrs) not required	X	-	X	-	X	-
G8575	Developed postoperative renal failure or required dialysis	X	-	X	-	X	-
G8576	No postoperative renal failure/dialysis not required	X	-	X	-	X	-
G8577	Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G8578	Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	X	-	X	-	X	-
G8598	Aspirin or another antithrombotic therapy used	X	-	X	-	X	-
G8599	Aspirin or another antithrombotic therapy not used, reason not otherwise specified	X	-	X	-	X	-
G8600	Iv t-pa initiated within three hours (<= 180 minutes) of time last known well	X	-	X	-	X	-
G8601	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician	X	-	X	-	X	-
G8602	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified	X	-	X	-	X	-
G8633	Pharm ther osteo rx	X	-	X	-	X	-
G8635	No pharm ther osteo rx	X	-	X	-	X	-
G8647	Fun stat score knee >= 0	X	-	X	-	X	-
G8648	Fun stat score knee < 0	X	-	X	-	X	-
G8650	Rafs crs ki no scor no surv	X	-	X	-	X	-
G8651	Fun stat score hip >= 0	X	-	X	-	X	-
G8652	Fun stat score hip < 0	X	-	X	-	X	-
G8654	Rafs crs hi no scor no surv	X	-	X	-	X	-
G8655	Fun stat score le >= 0	X	-	X	-	X	-
G8656	Fun stat score le < 0	X	-	X	-	X	-
G8658	Fun stat score le not done	X	-	X	-	X	-
G8659	Fun stat score ls >= 0	X	-	X	-	X	-
G8660	Fun stat score ls < 0	X	-	X	-	X	-
G8661	Fun stat score ls pt no elg	X	-	X	-	X	-
G8662	Rafs crs lbi no scor no surv	X	-	X	-	X	-
G8663	Fun stat score shdl >=0	X	-	X	-	X	-
G8664	Fun stat score shdl < 0	X	-	X	-	X	-
G8666	Rafs crs si no scor no surv	X	-	X	-	X	-
G8667	Fun stat score ue >=0	X	-	X	-	X	-
G8668	Fun stat score ue < 0	X	-	X	-	X	-
G8670	Rafs crs ewh no scor no surv	X	-	X	-	X	-
G8694	Left ventricular ejection fraction (lvef) < 40%	X	-	X	-	X	-
G8708	Patient not prescribed or dispensed antibiotic	X	-	X	-	X	-
G8709	Patient prescribed or dispensed antibiotic for documented medical reason(s)	X	-	X	-	X	-
G8710	Patient prescribed or dispensed antibiotic	X	-	X	-	X	-
G8711	Prescribed or dispensed antibiotic	X	-	X	-	X	-
G8712	Antibiotic not prescribed or dispensed	X	-	X	-	X	-
G8721	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G8722	Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report	X	-	X	-	X	-
G8723	Specimen site is other than anatomic location of primary tumor	X	-	X	-	X	-
G8724	Pt category, pn category and histologic grade were not documented in the pathology report, reason not otherwise specified	X	-	X	-	X	-
G8733	Documentation of a positive elder maltreatment screen and documented follow-up plan	X	-	X	-	X	-
G8734	Elder maltreatment screen documented as negative, no follow-up required	X	-	X	-	X	-
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified	X	-	X	-	X	-
G8749	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of syp	X	-	X	-	X	-
G8752	Most recent systolic blood pressure < 140 mmhg	X	-	X	-	X	-
G8753	Most recent systolic blood pressure >= 140 mmhg	X	-	X	-	X	-
G8754	Most recent diastolic blood pressure < 90 mmhg	X	-	X	-	X	-
G8755	Most recent diastolic blood pressure >= 90 mmhg	X	-	X	-	X	-
G8756	No documentation of blood pressure measurement, reason not otherwise specified	X	-	X	-	X	-
G8783	Blood pressure screening performed as recommended by the defined screening interval	X	-	X	-	X	-
G8785	Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	X	-	X	-	X	-
G8797	Specimen site other than anatomic location of esophagus	X	-	X	-	X	-
G8798	Specimen site other than anatomic location of prostate	X	-	X	-	X	-
G8806	Performance of transabdominal or transvaginal ultrasound	X	-	X	-	X	-
G8807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician	X	-	X	-	X	-
G8808	Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified	X	-	X	-	X	-
G8815	Statin therapy not prescribed for documented reasons	X	-	X	-	X	-
G8816	Statin medication prescribed at discharge	X	-	X	-	X	-
G8817	Statin therapy not prescribed at discharge, reason not specified	X	-	X	-	X	-
G8826	Patient discharge to home no later than postoperative day #2 following evar	X	-	X	-	X	-
G8833	Patient not discharge to home by postoperative day #2 following evar	X	-	X	-	X	-
G8834	Patient discharged to home no later than postoperative day #2 following cea	X	-	X	-	X	-
G8838	Patient not discharged to home by postoperative day #2	X	-	X	-	X	-
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G8840	Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visits between initial testing and	X	-	X	-	X	-
G8841	Sleep apnea symptoms not assessed, reason not otherwise specified	X	-	X	-	X	-
G8842	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	X	-	X	-	X	-
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis	X	-	X	-	X	-
G8844	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified	X	-	X	-	X	-
G8845	Positive airway pressure therapy prescribed	X	-	X	-	X	-
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)	X	-	X	-	X	-
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy	X	-	X	-	X	-
G8850	Positive airway pressure therapy not prescribed, reason not otherwise specified	X	-	X	-	X	-
G8851	Objective measurement of adherence to positive airway pressure therapy, documented	X	-	X	-	X	-
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy	X	-	X	-	X	-
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified	X	-	X	-	X	-
G8856	Referral to a physician for an otologic evaluation performed	X	-	X	-	X	-
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	X	-	X	-	X	-
G8858	Referral to a physician for an otologic evaluation not performed, reason not specified	X	-	X	-	X	-
G8863	Patients not assessed for risk of bone loss, reason not otherwise specified	X	-	X	-	X	-
G8864	Pneumococcal vaccine administered or previously received	X	-	X	-	X	-
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	X	-	X	-	X	-
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	X	-	X	-	X	-
G8867	Pneumococcal vaccine not administered or previously received, reason not otherwise specified	X	-	X	-	X	-
G8869	Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy	X	-	X	-	X	-
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	X	-	X	-	X	-
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively	X	-	X	-	X	-
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not otherwise specified	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G8878	Sentinel lymph node biopsy procedure performed	X	-	X	-	X	-
G8880	Documentation of reason(s) sentinel lymph node biopsy not performed	X	-	X	-	X	-
G8881	Stage of breast cancer is greater than t1n0m0 or t2n0m0	X	-	X	-	X	-
G8882	Sentinel lymph node biopsy procedure not performed	X	-	X	-	X	-
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/site/patient/procedure/implant event;	X	-	X	-	X	-
G8908	Patient documented to have received a burn prior to discharge	X	-	X	-	X	-
G8909	Patient documented not to have received a burn prior to discharge	X	-	X	-	X	-
G8910	Patient documented to have experienced a fall within asc	X	-	X	-	X	-
G8911	Patient documented not to have experienced a fall within ambulatory surgical center	X	-	X	-	X	-
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	X	-	X	-	X	-
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	X	-	X	-	X	-
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc	X	-	X	-	X	-
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc	X	-	X	-	X	-
G8916	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time	X	-	X	-	X	-
G8917	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic not initiated on time	X	-	X	-	X	-
G8918	Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis	X	-	X	-	X	-
G8923	Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function	X	-	X	-	X	-
G8924	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)	X	-	X	-	X	-
G8934	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function	X	-	X	-	X	-
G8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	-	X	-	X	-
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	-	X	-	X	-
G8937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	X	-	X	-	X	-
G8942	Documented functional outcomes assessment and care plan within the previous 30 days	X	-	X	-	X	-
G8944	Ajcc melanoma cancer stage 0 through iic melanoma	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic	X	-	X	-	X	-
G8950	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	X	-	X	-	X	-
G8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	X	-	X	-	X	-
G8955	Most recent assessment of adequacy of volume management	X	-	X	-	X	-
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	X	-	X	-	X	-
G8958	Assessment of adequacy of volume management not documented, reason not given	X	-	X	-	X	-
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	X	-	X	-	X	-
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low ri	X	-	X	-	X	-
G8967	Warfarin or another oral anticoagulant that is fda approved prescribed	X	-	X	-	X	-
G8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e.g., allergy, risk of bleeding, transient o	X	-	X	-	X	-
G8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., economic, social, and/or religious impediments, nonco	X	-	X	-	X	-
G8970	No risk factors or one moderate risk factor for thromboembolism	X	-	X	-	X	-
G9001	Mccd, initial rate	X	-	X	-	X	-
G9002	Mccd,maintenance rate	X	-	X	-	X	-
G9003	Mccd, risk adj hi, initial	X	-	X	-	X	-
G9004	Mccd, risk adj lo, initial	X	-	X	-	X	-
G9005	Mccd, risk adj, maintenance	X	-	X	-	X	-
G9006	Mccd, home monitoring	X	-	X	-	X	-
G9007	Mccd, sch team conf	X	-	X	-	X	-
G9008	Mccd,phys coor-care ovrsght	X	-	X	-	X	-
G9009	Coordinated care fee, risk adjusted maintenance, level 3	X	-	X	-	X	-
G9010	Coordinated care fee, risk adjusted maintenance, level 4	X	-	X	-	X	-
G9011	Coordinated care fee, risk adjusted maintenance , level 5	X	-	X	-	X	-
G9012	Other specified case mgmt	X	-	X	-	X	-
G9013	Esrd demo basic bundle level i	X	-	X	-	X	-
G9014	Esrd demo expanded bundle including venous access and related services	X	-	X	-	X	-
G9016	Demo-smoking cessation coun	X	-	X	-	X	-
G9050	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9051	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	X	-	X	-	X	-
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	X	-	X	-	X	-
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	X	-	X	-	X	-
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	X	-	X	-	X	-
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed	X	-	X	-	X	-
G9056	Oncology; practice guidelines; management adheres to guidelines	X	-	X	-	X	-
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	X	-	X	-	X	-
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin	X	-	X	-	X	-
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment	X	-	X	-	X	-
G9060	Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness	X	-	X	-	X	-
G9061	Oncology; practice guidelines; patients condition not addressed by available guidelines	X	-	X	-	X	-
G9062	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	X	-	X	-	X	-
G9063	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1	X	-	X	-	X	-
G9064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii	X	-	X	-	X	-
G9065	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii	X	-	X	-	X	-
G9066	Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic	X	-	X	-	X	-
G9067	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation	X	-	X	-	X	-
G9068	Oncology; disease status; limited to small cell and combined small cell/non small cell	X	-	X	-	X	-
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell	X	-	X	-	X	-
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small	X	-	X	-	X	-
G9071	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9072	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9073	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9074	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9075	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma	X	-	X	-	X	-
G9083	Oncology; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	X	-	X	-	X	-
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-	X	-	X	-
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-	X	-	X	-
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty	X	-	X	-	X	-
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-	X	-	X	-
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma	X	-	X	-	X	-
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis	X	-	X	-	X	-
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown	X	-	X	-	X	-
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-	X	-	X	-
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-	X	-	X	-
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-	X	-	X	-
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	X	-	X	-	X	-
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	X	-	X	-	X	-
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv	X	-	X	-	X	-
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	X	-	X	-	X	-
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	X	-	X	-	X	-
G9123	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-	X	-	X	-
G9124	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-	X	-	X	-
G9125	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-	X	-	X	-
G9126	Oncology; disease status; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib	X	-	X	-	X	-
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	X	-	X	-	X	-
G9129	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	X	-	X	-	X	-
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	X	-	X	-	X	-
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	X	-	X	-	X	-
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., ris	X	-	X	-	X	-
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	X	-	X	-	X	-
G9134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	X	-	X	-	X	-
G9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	X	-	X	-	X	-
G9136	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	X	-	X	-	X	-
G9137	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9138	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin	X	-	X	-	X	-
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	X	-	X	-	X	-
G9140	Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of	X	-	X	-	X	-
G9143	Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	X	-	X	-	X
G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine	X	-	X	-	X	-
G9148	National committee for quality assurance - level 1 medical home	X	-	X	-	X	-
G9149	National committee for quality assurance - level 2 medical home	X	-	X	-	X	-
G9150	National committee for quality assurance - level 3 medical home	X	-	X	-	X	-
G9151	Mapcp demonstration - state provided services	X	-	X	-	X	-
G9152	Mapcp demonstration - community health teams	X	-	X	-	X	-
G9153	Mapcp demonstration - physician incentive pool	X	-	X	-	X	-
G9156	Evaluation for wheelchair requiring face to face visit with physician	X	-	X	-	X	-
G9187	Bpci home visit	X	-	X	-	X	-
G9188	Beta not given no reason	X	-	X	-	X	-
G9189	Beta pres or already taking	X	-	X	-	X	-
G9190	Medical reason for no beta	X	-	X	-	X	-
G9191	Pt reason for no beta	X	-	X	-	X	-
G9196	Med reason for no ceph	X	-	X	-	X	-
G9197	Order for ceph	X	-	X	-	X	-
G9198	No order for ceph no reason	X	-	X	-	X	-
G9212	Doc of dsm-iv init eval	X	-	X	-	X	-
G9213	No doc of dsm-iv	X	-	X	-	X	-
G9223	Pjp proph ordered cd4 low	X	-	X	-	X	-
G9225	Norsn no foot exam	X	-	X	-	X	-
G9226	3 comp foot exam completed	X	-	X	-	X	-
G9227	Docrsn no care plan	X	-	X	-	X	-
G9228	Gc chl syp documented	X	-	X	-	X	-
G9230	Norsn for gc chl syp test	X	-	X	-	X	-
G9231	Doc esrd dia trans preg	X	-	X	-	X	-
G9242	Doc viral load >=200	X	-	X	-	X	-
G9243	Doc viral load <200	X	-	X	-	X	-
G9246	No med visit in 24mo	X	-	X	-	X	-
G9247	1 med visit in 24mo	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9250	Doc of pain comfort 48hr	X	-	X	-	X	-
G9251	Doc no pain comfort 48hr	X	-	X	-	X	-
G9254	Doc pt dischg >2d	X	-	X	-	X	-
G9255	Doc pt dischg <=2d	X	-	X	-	X	-
G9273	Sys<140 and dia<90	X	-	X	-	X	-
G9274	Bp out of nrml limits	X	-	X	-	X	-
G9275	Doc of non tobacco user	X	-	X	-	X	-
G9276	Doc of tobacco user	X	-	X	-	X	-
G9277	Doc daily aspirin or contra	X	-	X	-	X	-
G9278	Doc no daily aspirin	X	-	X	-	X	-
G9279	Pne scrn done doc vac done	X	-	X	-	X	-
G9280	Pne not given norsn	X	-	X	-	X	-
G9281	Pne scrn done doc not ind	X	-	X	-	X	-
G9282	Doc medrsn no histo type	X	-	X	-	X	-
G9283	Hist type doc on report	X	-	X	-	X	-
G9284	No hist type doc on report	X	-	X	-	X	-
G9285	Site not small cell lung ca	X	-	X	-	X	-
G9286	Doc antibio order w in 7d	X	-	X	-	X	-
G9287	No doc antibio order w in 7d	X	-	X	-	X	-
G9288	Doc medrsn no hist type rpt	X	-	X	-	X	-
G9289	Doc type nsm lung ca	X	-	X	-	X	-
G9290	No doc type nsm lung ca	X	-	X	-	X	-
G9291	Not nsm lung ca	X	-	X	-	X	-
G9292	Medrsn no pt category	X	-	X	-	X	-
G9293	No pt category on report	X	-	X	-	X	-
G9294	Pt cat and thck on report	X	-	X	-	X	-
G9295	Non cutaneous loc	X	-	X	-	X	-
G9296	Doc share dec prior proc	X	-	X	-	X	-
G9297	No doc share dec prior proc	X	-	X	-	X	-
G9298	Eval risk vte card 30d prior	X	-	X	-	X	-
G9299	No eval riskk vte card prior	X	-	X	-	X	-
G9305	No interv req for leak	X	-	X	-	X	-
G9306	Interv req for leak	X	-	X	-	X	-
G9307	No ret for surg w in 30d	X	-	X	-	X	-
G9308	Unplnd ret to surg w in 30d	X	-	X	-	X	-
G9309	No unplnd hosp readm in 30d	X	-	X	-	X	-
G9310	Unplnd hosp readm in 30d	X	-	X	-	X	-
G9311	No surg site infection	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
G9312	Surgical site infection	X	-	X	-	X	-
G9313	Docrsn not first line amox	X	-	X	-	X	-
G9314	Norsn not first line amox	X	-	X	-	X	-
G9315	Doc first line amox	X	-	X	-	X	-
G9316	Doc comm risk calc	X	-	X	-	X	-
G9317	No doc comm risk calc	X	-	X	-	X	-
G9318	Image std nomenclature	X	-	X	-	X	-
G9319	Image not std nomenclature	X	-	X	-	X	-
G9321	Doc count of ct in 12mo	X	-	X	-	X	-
G9322	No doc count of ct in 12mo	X	-	X	-	X	-
G9341	Srch for ct w in 12 mos	X	-	X	-	X	-
G9342	No srch for ct in 12mo norsn	X	-	X	-	X	-
G9344	Sysrsn no dicom srch	X	-	X	-	X	-
G9345	Follow up pulm nod	X	-	X	-	X	-
G9347	No follow up pulm nod norsn	X	-	X	-	X	-
G9351	Doc >1 sinus ct w 90d dx	X	-	X	-	X	-
G9352	Not >1 sinus ct w 90d dx	X	-	X	-	X	-
G9353	Medrsn >1 sinus ct w 90d dx	X	-	X	-	X	-
G9354	Norsn >1 sinus ct w 90d dx	X	-	X	-	X	-
G9355	No early ind/delivery	X	-	X	-	X	-
G9356	Early ind/delivery	X	-	X	-	X	-
G9357	Pp eval/edu perf	X	-	X	-	X	-
G9358	Pp eval/edu not perf	X	-	X	-	X	-
G9359	Neg mgd pos tb notact	X	-	X	-	X	-
G9360	No doc of neg or man pos tb	X	-	X	-	X	-
G9361	Medical indication for elective delivery or early induction	X	-	X	-	X	-
G9364	Sinus caus bac inx	X	-	X	-	X	-
G9367	2high risk med ord	X	-	X	-	X	-
G9368	2high risk no ord	X	-	X	-	X	-
G9380	Off assis eol iss	X	-	X	-	X	-
G9382	No off assis eol	X	-	X	-	X	-
G9383	Recd scrn hcv infec	X	-	X	-	X	-
G9384	Doc med reas no offer eol	X	-	X	-	X	-
G9385	Doc pt reas not rec hcv sm	X	-	X	-	X	-
G9386	Scrn hcv infec not recd	X	-	X	-	X	-
G9393	Ini phq9 >9 remiss <5	X	-	X	-	X	-
G9394	Dx bipol, death, nhres, hosp	X	-	X	-	X	-
G9395	Ini phq9 >9 no remiss >=5	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
G9396	Ini phq9 >9 not assess	X	-	X	-	X	-
G9408	Card tamp w/in 30d	X	-	X	-	X	-
G9409	No card tamp e/in 30d	X	-	X	-	X	-
G9410	Admit w/in 180d req remov	X	-	X	-	X	-
G9411	No admit w/in 180d req remov	X	-	X	-	X	-
G9412	Admit w/in 180d req surg rev	X	-	X	-	X	-
G9413	No admit req surg rev	X	-	X	-	X	-
G9414	1dose menig vac btwn 11 & 13	X	-	X	-	X	-
G9415	No 1dose meni vac btwn 11&13	X	-	X	-	X	-
G9416	Tdap or td or 1tet/diph	X	-	X	-	X	-
G9417	No tdap or td or 1tet/diph	X	-	X	-	X	-
G9418	Lungcx bx rpt docs class	X	-	X	-	X	-
G9419	Med reas no rpt histo type	X	-	X	-	X	-
G9420	Spec site no lung	X	-	X	-	X	-
G9421	Lung cx bx rpt no doc class	X	-	X	-	X	-
G9422	Rpt doc class histo type	X	-	X	-	X	-
G9423	Med reas rpt no histo type	X	-	X	-	X	-
G9424	Site no lung or lung cx	X	-	X	-	X	-
G9425	Spec rpt no doc class histo	X	-	X	-	X	-
G9426	Impr med time edarr pain med	X	-	X	-	X	-
G9427	No impro med time pain med	X	-	X	-	X	-
G9428	Rpt pt cat and pt1	X	-	X	-	X	-
G9429	Doc med reas no pt cat	X	-	X	-	X	-
G9430	Spec site no cutaneous	X	-	X	-	X	-
G9431	No pt cat and pt1	X	-	X	-	X	-
G9432	Asth controlled	X	-	X	-	X	-
G9434	Asth not controlled	X	-	X	-	X	-
G9452	Doc med reas no scrn hcv	X	-	X	-	X	-
G9455	Abd imag w/us, ct or mri	X	-	X	-	X	-
G9456	Doc med pt reas no hcc scrn	X	-	X	-	X	-
G9457	No abd imag w/o reason	X	-	X	-	X	-
G9468	No recd cortico>=10mg/d >60d	X	-	X	-	X	-
G9470	No rec cortico>60d 1rx 600mg	X	-	X	-	X	-
G9471	W/in 2yr dxa not order	X	-	X	-	X	-
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	X	-	X	-	X	-
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	X	-	X	-	X	-
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	X	-	X	-	X	-
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	X	-	X	-	X	-
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	X	-	X	-	X	-
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	X	-	X	-	X	-
G9480	Admission to medicare care choice model program (mccm)	X	-	X	-	X	-
G9481	Remote e/m new pt 10mins	X	-	X	-	X	-
G9482	Remote e/m new pt 20mins	X	-	X	-	X	-
G9483	Remote e/m new pt 30mins	X	-	X	-	X	-
G9484	Remote e/m new pt 45mins	X	-	X	-	X	-
G9485	Remote e/m new pt 60mins	X	-	X	-	X	-
G9486	Remote e/m est. pt 10mins	X	-	X	-	X	-
G9487	Remote e/m est. pt 15mins	X	-	X	-	X	-
G9488	Remote e/m est. pt 25mins	X	-	X	-	X	-
G9489	Remote e/m est. pt 40mins	X	-	X	-	X	-
G9490	Joint replac mod home visit	X	-	X	-	X	-
G9497	Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	X	-	X	-	X	-
G9498	Antibiotic regimen prescribed	X	-	X	-	X	-
G9500	Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented	X	-	X	-	X	-
G9501	Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	X	-	X	-	X	-
G9502	Med reas no perf foot exam	X	-	X	-	X	-
G9504	Doc reas no hbv status	X	-	X	-	X	-
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	X	-	X	-	X	-
G9506	Biologic immune response modifier prescribed	X	-	X	-	X	-
G9507	Doc reas on statin or contra	X	-	X	-	X	-
G9508	Documentation that the patient is not on a statin medication	X	-	X	-	X	-
G9509	Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	X	-	X	-	X	-
G9510	Remis12m not phq-9 score <5	X	-	X	-	X	-
G9511	Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	X	-	X	-	X	-
G9512	Individual had a pdc of 0.8 or greater	X	-	X	-	X	-
G9513	Individual did not have a pdc of 0.8 or greater	X	-	X	-	X	-
G9514	Patient required a return to the operating room within 90 days of surgery	X	-	X	-	X	-
G9515	Patient did not require a return to the operating room within 90 days of surgery	X	-	X	-	X	-
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	X	-	X	-	X	-
G9518	Documentation of active injection drug use	X	-	X	-	X	-
G9519	Final ref +/- 1.0 w/in 90d	X	-	X	-	X	-
G9520	Refract not +/- 1.0 w/in 90d	X	-	X	-	X	-
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	X	-	X	-	X	-
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	X	-	X	-	X	-
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	X	-	X	-	X	-
G9530	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	X	-	X	-	X	-
G9531	Pt doc	X	-	X	-	X	-
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	X	-	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)	X	-	X	-	X	-
G9539	Intent for potential removal at time of placement	X	-	X	-	X	-
G9540	Patient alive 3 months post procedure	X	-	X	-	X	-
G9541	Filter removed within 3 months of placement	X	-	X	-	X	-
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	X	-	X	-	X	-
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	X	-	X	-	X	-
G9544	No filt remov w/in 3mos plcm	X	-	X	-	X	-
G9547	Cys ren les or adren	X	-	X	-	X	-
G9548	No f/u rec image study	X	-	X	-	X	-
G9549	Doc med rsn for f/u imag	X	-	X	-	X	-
G9550	Imag rec	X	-	X	-	X	-
G9551	Imag no les	X	-	X	-	X	-
G9552	Incidental thyroid nodule < 1.0 cm noted in report	X	-	X	-	X	-
G9553	Prior thyroid disease diagnosis	X	-	X	-	X	-
G9554	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	X	-	X	-	X	-
G9555	Doc med reas no follow imag	X	-	X	-	X	-
G9556	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9557	Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted	X	-	X	-	X	-
G9580	Door to puncture time of less than 2 hours	X	-	X	-	X	-
G9582	Door to puncture time of greater than 2 hours, no reason given	X	-	X	-	X	-
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	X	-	X	-	X	-
G9594	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	X	-	X	-	X	-
G9595	Doc shnt/tum/coag	X	-	X	-	X	-
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	X	-	X	-	X	-
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	X	-	X	-	X	-
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	X	-	X	-	X	-
G9603	Patient survey score improved from baseline following treatment	X	-	X	-	X	-
G9604	Patient survey results not available	X	-	X	-	X	-
G9605	Patient survey score did not improve from baseline following treatment	X	-	X	-	X	-
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	X	-	X	-	X	-
G9607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	X	-	X	-	X	-
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	X	-	X	-	X	-
G9609	Documentation of an order for anti-platelet agents or p2y12 antagonists	X	-	X	-	X	-
G9610	Doc md rsn no antipla/p2y12	X	-	X	-	X	-
G9611	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	X	-	X	-	X	-
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	X	-	X	-	X	-
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	X	-	X	-	X	-
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	X	-	X	-	X	-
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	X	-	X	-	X	-
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	X	-	X	-	X	-
G9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
G9625	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	X	-	X	-	X	-
G9626	Pt not elig	X	-	X	-	X	-
G9627	Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	X	-	X	-	X	-
G9628	Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	-	X	-	X	-
G9629	Pt not elig	X	-	X	-	X	-
G9630	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	-	X	-	X	-
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	X	-	X	-	X	-
G9632	Pt not elig	X	-	X	-	X	-
G9633	Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery	X	-	X	-	X	-
G9637	Doc >1 dose reduc tech	X	-	X	-	X	-
G9638	No doc >1 dose reduc tech	X	-	X	-	X	-
G9642	Current cigarette smokers	X	-	X	-	X	-
G9643	Elective surgery	X	-	X	-	X	-
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	X	-	X	-	X	-
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	X	-	X	-	X	-
G9646	Patients with 90 day mrs score of 0 to 2	X	-	X	-	X	-
G9648	Patients with 90 day mrs score greater than 2	X	-	X	-	X	-
G9649	Psori tool doc w/benchmk	X	-	X	-	X	-
G9651	Psori tool doc/no bnchmk met	X	-	X	-	X	-
G9654	Monitored anesthesia care (mac)	X	-	X	-	X	-
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	X	-	X	-	X	-
G9656	Patient transferred directly from anesthetizing location to pacu	X	-	X	-	X	-
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	X	-	X	-	X	-
G9659	>85y no hx colo ca/rsn scope	X	-	X	-	X	-
G9660	Doc med rsn scope pt >85y	X	-	X	-	X	-
G9661	>85y scope othr rsn	X	-	X	-	X	-
G9662	Previously diagnosed or have an active diagnosis of clinical ascvd	X	-	X	-	X	-
G9663	Fast/dir ldl <= 190 mg/dl	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	X	-	X	-	X	-
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	X	-	X	-	X	-
G9666	The highest fasting or direct ldl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	X	-	X	-	X	-
G9674	Patients with clinical ascvd diagnosis	X	-	X	-	X	-
G9675	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	X	-	X	-	X	-
G9676	40-75y w/type 1/2 w/ldl-c rs	X	-	X	-	X	-
G9679	Acute care pneumonia	X	-	X	-	X	-
G9680	Acute care congestive heart	X	-	X	-	X	-
G9681	Acute care chronic obstruct	X	-	X	-	X	-
G9682	Acute care skin infection	X	-	X	-	X	-
G9683	Acute care fluid or electrol	X	-	X	-	X	-
G9684	Acute care urinary tract inf	X	-	X	-	X	-
G9685	Acute nursing facility care	X	-	X	-	X	-
G9687	Hospice anytime msmt per	X	-	X	-	X	-
G9688	Pt w/hosp anytime msmt per	X	-	X	-	X	-
G9689	Inpt elect carotid intervent	X	-	X	-	X	-
G9690	Pt rec hospice dur msmt per	X	-	X	-	X	-
G9691	Pt hosp dur msmt period	X	-	X	-	X	-
G9692	Hosp recd by pt dur msmt per	X	-	X	-	X	-
G9693	Pt use hosp during msmt per	X	-	X	-	X	-
G9694	Hosp srv used pt in msmt per	X	-	X	-	X	-
G9695	Long act inhal bronchdil pre	X	-	X	-	X	-
G9696	Med rsn no presc bronchdil	X	-	X	-	X	-
G9698	Sys rsn no presc bronchdil	X	-	X	-	X	-
G9699	Long inhal bronchdil no pres	X	-	X	-	X	-
G9700	Pt is w/hosp during msmt per	X	-	X	-	X	-
G9702	Pt use hosp during msmt per	X	-	X	-	X	-
G9703	Child anbx 30 prior dx phary	X	-	X	-	X	-
G9704	Ajcc br ca stg i: t1 mic/t1a	X	-	X	-	X	-
G9705	Ajcc br ca stg ib	X	-	X	-	X	-
G9706	Low recur prost ca	X	-	X	-	X	-
G9708	Bilat mast/hx bi /unilat mas	X	-	X	-	X	-
G9709	Hosp srv used pt in msmt per	X	-	X	-	X	-
G9710	Pt prov hosp srv msmt per	X	-	X	-	X	-
G9711	Pt hx tot col or colon ca	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9712	Doc med rsn presc anbx	X	-	X	-	X	-
G9713	Pt use hosp during msmt per	X	-	X	-	X	-
G9714	Pt is w/hosp during msmt per	X	-	X	-	X	-
G9716	Bmi not norm, no follow, doc	X	-	X	-	X	-
G9717	Doc dx depr/dx bipolar, no scr	X	-	X	-	X	-
G9718	Hospice anytime msmt per	X	-	X	-	X	-
G9719	Pt not ambul/immob/wc	X	-	X	-	X	-
G9720	Hospice anytime msmt per	X	-	X	-	X	-
G9721	Pt not ambul/immob/wc	X	-	X	-	X	-
G9722	Doc hx renal fail or cr+ >4	X	-	X	-	X	-
G9723	Hosp recd by pt dur msmt per	X	-	X	-	X	-
G9724	Pt w/doc use anticoag mst yr	X	-	X	-	X	-
G9726	Refused to participate	X	-	X	-	X	-
G9727	Pt unable cmplt knee fs prom	X	-	X	-	X	-
G9728	Refused to participate	X	-	X	-	X	-
G9729	Pt unbl cmplt hip fs prom	X	-	X	-	X	-
G9730	Refused to participate	X	-	X	-	X	-
G9731	Pt unbl cmplt ft/ank fs prom	X	-	X	-	X	-
G9732	Refused to participate	X	-	X	-	X	-
G9733	Pt unbl cmplt lb fs prom	X	-	X	-	X	-
G9734	Refused to participate	X	-	X	-	X	-
G9735	Pt unbl cmplt shld fs prom	X	-	X	-	X	-
G9736	Refused to participate	X	-	X	-	X	-
G9737	Pt unbl cmplt ewh fs prom	X	-	X	-	X	-
G9740	Hosp srv to pt dur msmt per	X	-	X	-	X	-
G9741	Pt w/hosp anytime msmt per	X	-	X	-	X	-
G9744	Pt not elig, dx htn	X	-	X	-	X	-
G9745	Doc rsn no scr high bp	X	-	X	-	X	-
G9746	Mit sten, valve or trans af	X	-	X	-	X	-
G9752	Urgent surgery	X	-	X	-	X	-
G9753	Doc no dicom, ct other fac	X	-	X	-	X	-
G9754	Incid pulm nodule	X	-	X	-	X	-
G9755	Doc med rsn for imaging	X	-	X	-	X	-
G9756	Surg proc w/silicone oil	X	-	X	-	X	-
G9757	Surg proc w/silicone oil	X	-	X	-	X	-
G9758	Hospice or term phase	X	-	X	-	X	-
G9761	Pt w/hosp anytime msmt per	X	-	X	-	X	-
G9762	Pt had hpv b/t 9-13 yr	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9763	Pt no hpv b/t 9-13 yr	X	-	X	-	X	-
G9764	Pt tx oral syst/bio med psor	X	-	X	-	X	-
G9765	Pt decl chan/conind or <6m	X	-	X	-	X	-
G9766	Cva stroke dx tx transf fac	X	-	X	-	X	-
G9767	Hosp new dx cva consid evst	X	-	X	-	X	-
G9768	Pt w/hosp anytime msmt per	X	-	X	-	X	-
G9769	Bn den 2yr/got ost med/ther	X	-	X	-	X	-
G9770	Perip nerve block	X	-	X	-	X	-
G9771	Anes end, 1 temp >35.5(95.9)	X	-	X	-	X	-
G9772	Doc med rsn no temp >= 35.5	X	-	X	-	X	-
G9773	No temp >35.5(95.9), anes	X	-	X	-	X	-
G9774	Pt had hyst	X	-	X	-	X	-
G9775	Recd 2 anti-emet pre/intraop	X	-	X	-	X	-
G9776	Doc med rsn no proph antiem	X	-	X	-	X	-
G9777	Pt no antiemet pre/intraop	X	-	X	-	X	-
G9778	Pts dx w/pregn	X	-	X	-	X	-
G9779	Pts breastfeeding	X	-	X	-	X	-
G9780	Pts dx w/rhabdomyolysis	X	-	X	-	X	-
G9781	Doc rsn no statin	X	-	X	-	X	-
G9782	Hx dx fam/pure hypercholes	X	-	X	-	X	-
G9784	Path/derm 2nd opin bx	X	-	X	-	X	-
G9785	Path report sent	X	-	X	-	X	-
G9786	Path report not sent	X	-	X	-	X	-
G9787	Pt alive 1st day msmt yr	X	-	X	-	X	-
G9788	Most rct bp <= 140/90	X	-	X	-	X	-
G9789	Record bp ip, er, urg/self	X	-	X	-	X	-
G9790	Most rct bp >= 140/90	X	-	X	-	X	-
G9791	Most rct tob stat free	X	-	X	-	X	-
G9792	Most rct tob stat not free	X	-	X	-	X	-
G9793	Pt on daily asa/antiplat	X	-	X	-	X	-
G9794	Doc med rsn no asa/antiplat	X	-	X	-	X	-
G9795	Pt no daily asa/antiplat	X	-	X	-	X	-
G9796	Pt not currently on statin	X	-	X	-	X	-
G9797	Pt currently on statin	X	-	X	-	X	-
G9805	Pt w/hosp anytime msmt per	X	-	X	-	X	-
G9806	Pt recd cerv cyto/hpv	X	-	X	-	X	-
G9807	Pt no recd cerv cyto/hpv	X	-	X	-	X	-
G9808	Pt no asthm cont med mst per	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9809	Pt w/hosp anytime msmt per	X	-	X	-	X	-
G9810	Pdc 75% w/asth cont med	X	-	X	-	X	-
G9811	No pdc 75% w/asth cont med	X	-	X	-	X	-
G9812	Pt died during inpt/30d aft	X	-	X	-	X	-
G9813	Pt not died w/in 30d of proc	X	-	X	-	X	-
G9818	Doc sex activity	X	-	X	-	X	-
G9819	Pt w/hosp anytime msmt per	X	-	X	-	X	-
G9820	Doc chlam scr test w/follow	X	-	X	-	X	-
G9821	No doc chlam scr ts w/follow	X	-	X	-	X	-
G9822	Endo abl proc yr prev ind dt	X	-	X	-	X	-
G9823	Endo smpl/hyst bx res doc	X	-	X	-	X	-
G9824	Endo smpl/hyst bx res no doc	X	-	X	-	X	-
G9830	Her-2 pos	X	-	X	-	X	-
G9831	Ajcc stg brt ca dx ii or iii	X	-	X	-	X	-
G9832	Brt ca dx i, no t1/t1a/t1b	X	-	X	-	X	-
G9838	Pt met dis at dx	X	-	X	-	X	-
G9839	Anti-egfr mon anti ther	X	-	X	-	X	-
G9840	Kras tst bfr beg anti moab	X	-	X	-	X	-
G9841	No kras tst bfr beg ant moab	X	-	X	-	X	-
G9842	Pt met dis at dx	X	-	X	-	X	-
G9843	Kras gene mut	X	-	X	-	X	-
G9844	Pt no recd anti-egfr ther	X	-	X	-	X	-
G9845	Pt recd anti-egfr ther	X	-	X	-	X	-
G9846	Pt died from cancer	X	-	X	-	X	-
G9847	Pt recd chemo last 14d life	X	-	X	-	X	-
G9848	Pt no chemo last 14d life	X	-	X	-	X	-
G9858	Pt enroll hospice	X	-	X	-	X	-
G9859	Pt died from cancer	X	-	X	-	X	-
G9860	Pt less 3d hospice	X	-	X	-	X	-
G9861	Pt more than 3d hospice	X	-	X	-	X	-
G9862	Doc rsn no 10 yr follow	X	-	X	-	X	-
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, less than 10 minutes	X	-	X	-	X	-
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 10-20 minutes	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 20 or more minutes	X	-	X	-	X	-
G9873	1 em core session	X	-	X	-	X	-
G9874	4 em core sessions	X	-	X	-	X	-
G9875	9 em core sessions	X	-	X	-	X	-
G9876	2 em core ms mo 7-9 no wl	X	-	X	-	X	-
G9877	2 em core ms mo 10-12 no wl	X	-	X	-	X	-
G9878	2 em core ms mo 7-9 wl	X	-	X	-	X	-
G9879	2 em core ms mo 10-12 wl	X	-	X	-	X	-
G9880	Em 5 percent wl	X	-	X	-	X	-
G9881	Em 9 percent wl	X	-	X	-	X	-
G9882	2 em ongoing ms mo 13-15 wl	X	-	X	-	X	-
G9883	2 em ongoing ms mo 16-18 wl	X	-	X	-	X	-
G9884	2 em ongoing ms mo 19-21 wl	X	-	X	-	X	-
G9885	2 em ongoing ms mo 22-24 wl	X	-	X	-	X	-
G9890	Em bridge payment	X	-	X	-	X	-
G9891	Em session reporting	X	-	X	-	X	-
G9894	Adr dep thrpy prescribed	X	-	X	-	X	-
G9895	Doc med rsn no adr dep thrpy	X	-	X	-	X	-
G9896	Doc pt rsn no adr dep thrpy	X	-	X	-	X	-
G9897	Pt nt prsc adr dep thrpy rng	X	-	X	-	X	-
G9898	Pt 66+ snp or ltc pos	X	-	X	-	X	-
G9899	Scrn mam perf rsults doc	X	-	X	-	X	-
G9900	Scrn mam perf rsults not doc	X	-	X	-	X	-
G9901	Pt 66+ snp or ltc pos	X	-	X	-	X	-
G9902	Pt scrn tbco and id as user	X	-	X	-	X	-
G9903	Pt scrn tbco id as non user	X	-	X	-	X	-
G9904	Doc med rsn no tbco scrn	X	-	X	-	X	-
G9905	No pt tbco scrn rng	X	-	X	-	X	-
G9906	Pt recv tbco cess interv	X	-	X	-	X	-
G9907	Doc med rsn no tbco interv	X	-	X	-	X	-
G9908	No pt tbco cess interv rng	X	-	X	-	X	-
G9909	Doc med rsn no tbco interv	X	-	X	-	X	-
G9910	Pt 66+ snp or ltc pos	X	-	X	-	X	-
G9911	Node neg pre/post syst ther	X	-	X	-	X	-
G9912	Hbv status assesed and int	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
G9913	No hbv status assesd and int	X	-	X	-	X	-
G9914	Pt receiving anti-tnf agent	X	-	X	-	X	-
G9915	No documntd hbv results rcd	X	-	X	-	X	-
G9916	Funct status past 12 months	X	-	X	-	X	-
G9917	Adv dem crgvr limited	X	-	X	-	X	-
G9918	No funct stat perf, rsn nos	X	-	X	-	X	-
G9922	Sfty cncrns scrn nd mit recs	X	-	X	-	X	-
G9923	Safty cncrns scrn and neg	X	-	X	-	X	-
G9925	No scrn prov rsn nos	X	-	X	-	X	-
G9926	Sfty cncrns scrn but no recs	X	-	X	-	X	-
G9928	No warf or fda drug presc	X	-	X	-	X	-
G9929	Trs/rev af	X	-	X	-	X	-
G9930	Com care	X	-	X	-	X	-
G9931	No chad or chad scr 0 or 1	X	-	X	-	X	-
G9932	Doc pt rsn no tb scrn recrds	X	-	X	-	X	-
G9938	Pt 66+ snp or ltc pos	X	-	X	-	X	-
G9939	Same path/derm perf biopsy	X	-	X	-	X	-
G9940	Doc reas no statin therapy	X	-	X	-	X	-
G9942	Adtl spine proc on same date	X	-	X	-	X	-
G9943	Bk pn nt msr vas scl pre/pst	X	-	X	-	X	-
G9945	Pt w/cancer scoliosis	X	-	X	-	X	-
G9946	Bk pain no vas	X	-	X	-	X	-
G9949	Leg pain no vas	X	-	X	-	X	-
G9954	Pt >2 rsk fac post-op vomit	X	-	X	-	X	-
G9955	Inhlnt anesth only for induc	X	-	X	-	X	-
G9956	Combo thrpy of >= 2 prophly	X	-	X	-	X	-
G9957	Doc med rsn no combo thrpy	X	-	X	-	X	-
G9958	No combo prohpyl thrp for pt	X	-	X	-	X	-
G9959	Systemic antimicro not presc	X	-	X	-	X	-
G9960	Med rsn sys antimi nt rx	X	-	X	-	X	-
G9961	Systemic antimicro presc	X	-	X	-	X	-
G9962	Embolization doc separatly	X	-	X	-	X	-
G9963	Embolization not doc separat	X	-	X	-	X	-
G9964	Pt recv >=1 well-chld visit	X	-	X	-	X	-
G9965	No well-chld vist recv by pt	X	-	X	-	X	-
G9968	Pt refrd 2 pvdr/spclst in pp	X	-	X	-	X	-
G9969	Pvdr rfrd pt rpt rcvd	X	-	X	-	X	-
G9970	Pvdr rfrd pt no rpt rcvd	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
G9976	Doc pat rsn no mac exm perf	X	-	X	-	X	-
G9977	Dil mac exam no perf rsn nos	X	-	X	-	X	-
G9978	Remote e/m new pt 10 mins	X	-	X	-	X	-
G9979	Remote e/m new pt 20 mins	X	-	X	-	X	-
G9980	Remote e/m new pt 30 mins	X	-	X	-	X	-
G9981	Remote e/m new pt 45 mins	X	-	X	-	X	-
G9982	Remote e/m new pt 60 mins	X	-	X	-	X	-
G9983	Remote e/m est. pt 10 mins	X	-	X	-	X	-
G9984	Remote e/m est. pt 15 mins	X	-	X	-	X	-
G9985	Remote e/m est. pt 25 mins	X	-	X	-	X	-
G9986	Remote e/m est. pt 40 mins	X	-	X	-	X	-
G9987	Bpci advanced in home visit	X	-	X	-	X	-
G9988	Pall serv during meas	X	-	X	-	X	-
G9989	Med rsn no pneum vax	X	-	X	-	X	-
G9992	Pall serv during meas	X	-	X	-	X	-
G9993	Pall serv during meas	X	-	X	-	X	-
G9994	Pall serv during meas	X	-	X	-	X	-
G9996	Doc pt pal or hospice	X	-	X	-	X	-
G9997	Doc pt preg dur msrmt pd	X	-	X	-	X	-
G9998	Doc med rsn <3 colon	X	-	X	-	X	-
G9999	Doc sys rsn <3 colon	X	-	X	-	X	-
H0015	Alcohol and/or drug services	-	X	-	X	-	X
H0019	Alcohol and/or drug services	X	-	X	-	X	-
H0021	Alcohol and/or drug training	X	-	X	-	X	-
H0022	Alcohol and/or drug interven	X	-	X	-	X	-
H0023	Alcohol and/or drug outreach	X	-	X	-	X	-
H0024	Alcohol and/or drug preventi	X	-	X	-	X	-
H0025	Alcohol and/or drug preventi	X	-	X	-	X	-
H0026	Alcohol and/or drug preventi	X	-	X	-	X	-
H0027	Alcohol and/or drug preventi	X	-	X	-	X	-
H0029	Alcohol and/or drug preventi	X	-	X	-	X	-
H0030	Alcohol and/or drug hotline	X	-	X	-	X	-
H0031	Mental health assessment, by non-physician	X	-	X	-	X	-
H0032	Mental health service plan development by non-physician	X	-	X	-	X	-
H0034	Medication training and support, per 15 minutes	X	-	X	-	X	-
H0035	Mental health partial hospitalization, treatment, less than 24 hours	-	X	-	X	-	X
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	X	-	X	-	X	-
H0037	Community psychiatric supportive treatment program, per diem	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
H0038	Self-help/peer services, per 15 minutes	X	-	X	-	X	-
H0039	Assertive community treatment, face-to-face, per 15 minutes	X	-	X	-	X	-
H0040	Assertive community treatment program, per diem	X	-	X	-	X	-
H0041	Foster care, child, non-therapeutic, per diem	X	-	X	-	X	-
H0042	Foster care, child, non-therapeutic, per month	X	-	X	-	X	-
H0043	Supported housing, per diem	X	-	X	-	X	-
H0044	Supported housing, per month	X	-	X	-	X	-
H0045	Respite care services, not in the home, per diem	X	-	X	-	X	-
H0048	Alcohol and/or other drug testing: collection and handling only, specimensother than blood	X	-	X	-	X	-
H0049	Alcohol/drug screening	X	-	X	-	X	-
H0050	Alcohol/drug service 15 min	X	-	X	-	X	-
H0051	Traditional healing service	X	-	X	-	X	-
H0052	Missing and murdered indigenous persons (mmip) mental health and clinical care	X	-	X	-	X	-
H0053	Historical trauma (ht) mental health and clinical care for indigenous persons	X	-	X	-	X	-
H1003	Prenatal care, at-risk enhanced service; education	X	-	X	-	X	-
H1010	Non-medical family planning education, per session	X	-	X	-	X	-
H1011	Family assessment by licensed behavioral health professional for state definedpurposes	X	-	X	-	X	-
H2000	Comprehensive multidisciplinary evaluation	X	-	X	-	X	-
H2001	Rehabilitation program, per 1/2 day	X	-	X	-	X	-
H2010	Comprehensive medication services, per 15 minutes	X	-	X	-	X	-
H2011	Crisis intervention service, per 15 minutes	X	-	X	-	X	-
H2012	Behavioral health day treatment, per hour	-	X	-	X	-	X
H2013	Psychiatric health facility service, per diem	-	X	-	X	-	X
H2014	Skills training and development, per 15 minutes	X	-	X	-	X	-
H2015	Comprehensive community support services, per 15 minutes	X	-	X	-	X	-
H2016	Comprehensive community support services, per diem	X	-	X	-	X	-
H2017	Psychosocial rehabilitation services, per 15 minutes	X	-	X	-	X	-
H2018	Psychosocial rehabilitation services, per diem	X	-	X	-	X	-
H2019	Therapeutic behavioral services, per 15 minutes	X	-	X	-	X	-
H2020	Therapeutic behavioral services, per diem	X	-	X	-	X	-
H2021	Community-based wrap-around services, per 15 minutes	X	-	X	-	X	-
H2022	Community-based wrap-around services, per diem	X	-	X	-	X	-
H2023	Supported employment, per 15 minutes	X	-	X	-	X	-
H2024	Supported employment, per diem	X	-	X	-	X	-
H2025	Ongoing support to maintain employment, per 15 minutes	X	-	X	-	X	-
H2026	Ongoing support to maintain employment, per diem	X	-	X	-	X	-
H2027	Psychoeducational service, per 15 minutes	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
H2028	Sexual offender treatment service, per 15 minutes	X	-	X	-	X	-
H2029	Sexual offender treatment service, per diem	X	-	X	-	X	-
H2030	Mental health clubhouse services, per 15 minutes	X	-	X	-	X	-
H2031	Mental health clubhouse services, per diem	X	-	X	-	X	-
H2032	Activity therapy, per 15 minutes	X	-	X	-	X	-
H2033	Multisystemic therapy for juveniles, per 15 minutes	X	-	X	-	X	-
H2034	Alcohol and/or drug abuse halfway house services, per diem	X	-	X	-	X	-
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	X	-	X	-	X	-
H2038	Skill train and dev/diem	X	-	X	-	X	-
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	X	-	X	-	X	-
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	X	-	X	-	X	-
K0065	Spoke protectors	-	-	X	-	-	-
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	-	-	X	-	-	-
K0602	Replacement battery for external infusion pump owned by patient, silver oxide 3 volt, each	-	-	X	-	-	-
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	-	-	X	-	-	-
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt; each effective	-	-	X	-	-	-
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	-	-	X	-	-	-
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	-	X	-	X	-	X
K0607	Replacement battery for automated external defibrillator, garment type only, each	X	-	X	-	X	-
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac	-	X	-	X	-	X
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	-	X	X	-	-	X
K0743	Portable home suction pump	-	X	-	X	-	X
K0800	Pov group 1 std up to 300 lbs	-	X	-	X	-	X
K0801	Pov group 1 hd 301-450 lbs	-	X	-	X	-	X
K0802	Pov group 1 vhd 451-600 lbs	-	X	-	X	-	X
K0806	Pov group 2 std up to 300lbs	-	X	-	X	-	X
K0807	Pov group 2 hd 301-450 lbs	-	X	-	X	-	X
K0808	Pov group 2 vhd 451-600 lbs	-	X	-	X	-	X
K0812	Power operated vehicle noc	-	X	-	X	-	X
K0813	Pwc gp 1 std port seat/back	-	X	-	X	-	X
K0814	Pwc gp 1 std port cap chair	-	X	-	X	-	X
K0815	Pwc gp 1 std seat/back	-	X	-	X	-	X
K0816	Pwc gp 1 std cap chair	-	X	-	X	-	X
K0820	Pwc gp 2 std port seat/back	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
K0821	Pwc gp 2 std port cap chair	-	X	-	X	-	X
K0822	Pwc gp 2 std seat/back	-	X	-	X	-	X
K0823	Pwc gp 2 std cap chair	-	X	-	X	-	X
K0824	Pwc gp 2 hd seat/back	-	X	-	X	-	X
K0825	Pwc gp 2 hd cap chair	-	X	-	X	-	X
K0826	Pwc gp2 vhd seat/back	-	X	-	X	-	X
K0827	Pwc gp 2 vhd cap chair	-	X	-	X	-	X
K0828	Pwc gp 2 xtra hd seat/back	-	X	-	X	-	X
K0829	Pwc gp 2 xtra hd cap chair	-	X	-	X	-	X
K0830	Pwc gp2 std seat elevate s/b	-	X	-	X	-	X
K0831	Pwc gp2 std seat elevate cap	-	X	-	X	-	X
K0835	Pwc gp2 std sing pow opt s/b	-	X	-	X	-	X
K0836	Pwc gp2 std sing pow opt cap	-	X	-	X	-	X
K0837	Pwc gp 2 hd sing pow opt s/b	-	X	-	X	-	X
K0838	Pwc gp 2 hd sing pow opt cap	-	X	-	X	-	X
K0839	Pwc gp2 vhd sing pow opt s/b	-	X	-	X	-	X
K0840	Pwc gp2 xhd sing pow opt s/b	-	X	-	X	-	X
K0841	Pwc gp2 std mult pow opt s/b	-	X	-	X	-	X
K0842	Pwc gp2 std mult pow opt cap	-	X	-	X	-	X
K0843	Pwc gp2 hd mult pow opt s/b	-	X	-	X	-	X
K0848	Pwc gp 3 std seat/back	-	X	-	X	-	X
K0849	Pwc gp 3 std cap chair	-	X	-	X	-	X
K0850	Pwc gp 3 hd seat/back	-	X	-	X	-	X
K0851	Pwc gp 3 hd cap chair	-	X	-	X	-	X
K0852	Pwc gp 3 vhd seat/back	-	X	-	X	-	X
K0853	Pwc gp 3 vhd cap chair	-	X	-	X	-	X
K0854	Pwc gp 3 xhd seat/back	-	X	-	X	-	X
K0855	Pwc gp 3 xhd cap chair	-	X	-	X	-	X
K0856	Pwc gp3 std sing pow opt s/b	-	X	-	X	-	X
K0857	Pwc gp3 std sing pow opt cap	-	X	-	X	-	X
K0858	Pwc gp3 hd sing pow opt s/b	-	X	-	X	-	X
K0859	Pwc gp3 hd sing pow opt cap	-	X	-	X	-	X
K0860	Pwc gp3 vhd sing pow opt s/b	-	X	-	X	-	X
K0861	Pwc gp3 std mult pow opt s/b	-	X	-	X	-	X
K0862	Pwc gp3 hd mult pow opt s/b	-	X	-	X	-	X
K0863	Pwc gp3 vhd mult pow opt s/b	-	X	-	X	-	X
K0864	Pwc gp3 xhd mult pow opt s/b	-	X	-	X	-	X
K0868	Pwc gp 4 std seat/back	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
K0869	Pwc gp 4 std cap chair	-	X	-	X	-	X
K0870	Pwc gp 4 hd seat/back	-	X	-	X	-	X
K0871	Pwc gp 4 vhd seat/back	-	X	-	X	-	X
K0877	Pwc gp4 std sing pow opt s/b	-	X	-	X	-	X
K0878	Pwc gp4 std sing pow opt cap	-	X	-	X	-	X
K0879	Pwc gp4 hd sing pow opt s/b	-	X	-	X	-	X
K0880	Pwc gp4 vhd sing pow opt s/b	-	X	-	X	-	X
K0884	Pwc gp4 std mult pow opt s/b	-	X	-	X	-	X
K0885	Pwc gp4 std mult pow opt cap	-	X	-	X	-	X
K0886	Pwc gp4 hd mult pow s/b	-	X	-	X	-	X
K0890	Pwc gp5 ped sing pow opt s/b	-	X	-	X	-	X
K0891	Pwc gp5 ped mult pow opt s/b	-	X	-	X	-	X
K0898	Power wheelchair noc	-	X	-	X	-	X
K0899	Power mobility device, not coded by dme pdac or does not meet criteria	X	-	X	-	X	-
K1004	Lo freq us diathermy device	X	-	X	-	X	-
K1007	Bil hkaf pc s/d micro sensor	X	-	X	-	X	-
K1035	Mol diag reader self-admn	X	-	X	-	X	-
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	X	-	X	-	X	-
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	X	-	X	-	X	-
L1900	Afo sprng wir drsflx calf bd	-	-	X	-	-	-
L1902	Afo ankle gauntlet	-	-	X	-	-	-
L1904	Afo molded ankle gauntlet	-	-	X	-	-	-
L1906	Afo multiligamentus ankle su	-	-	X	-	-	-
L1907	Afo, supramalleolar with straps, with or without interface/pads, custom	-	-	X	-	-	-
L1910	Afo sing bar clasp attach sh	-	-	X	-	-	-
L1920	Afo sing upright w/ adjust s	-	-	X	-	-	-
L1930	Afo plastic	-	-	X	-	-	-
L1932	Afo rig ant tib prefab tcf/=	-	-	X	-	-	-
L1933	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	-	-	X	-	-	-
L1940	Afo molded to patient plasti	-	-	X	-	-	-
L1945	Afo molded plas rig ant tib	-	-	X	-	-	-
L1950	Afo spiral molded to pt plas	-	-	X	-	-	-
L1951	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), prefabricated	-	-	X	-	-	-
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L1960	Afo pos solid ank plastic mo	-	-	X	-	-	-
L1970	Afo plastic molded w/ankle j	-	-	X	-	-	-
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated	-	-	X	-	-	-
L1980	Afo sing solid stirrup calf	-	-	X	-	-	-
L1990	Afo doub solid stirrup calf	-	-	X	-	-	-
L2006	Kaf sng/dbl swg/stn mcpr cus	-	X	-	X	-	X
L2106	Afo tib fx cast plaster mold	-	-	X	-	-	-
L2108	Afo tib fx cast molded to pt	-	-	X	-	-	-
L2112	Afo tibial fracture soft	-	-	X	-	-	-
L2114	Afo tib fx semi-rigid	-	-	X	-	-	-
L2116	Afo tibial fracture rigid	-	-	X	-	-	-
L2210	Dorsiflexion assist each joi	-	-	X	-	-	-
L2755	Carbon graphite lamination	-	-	X	-	-	-
L2820	Soft interface below knee se	-	-	X	-	-	-
L3000	Ft insert ucb berkeley shell	X	-	X	-	X	-
L3001	Foot insert remov molded spe	X	-	X	-	X	-
L3002	Foot insert plastazote or eq	X	-	X	-	X	-
L3003	Foot insert silicone gel eac	X	-	X	-	X	-
L3010	Foot longitudinal arch suppo	X	-	X	-	X	-
L3020	Foot longitud/metatarsal sup	X	-	X	-	X	-
L3030	Foot arch support remov prem	X	-	X	-	X	-
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength	X	-	X	-	X	-
L3040	Ft arch suprt premold longit	X	-	X	-	X	-
L3050	Foot arch supp premold metat	X	-	X	-	X	-
L3060	Foot arch supp longitud/meta	X	-	X	-	X	-
L3070	Arch suprt att to sho longit	X	-	X	-	X	-
L3080	Arch supp att to shoe metata	X	-	X	-	X	-
L3090	Arch supp att to shoe long/m	X	-	X	-	X	-
L3100	Hallus-valgus nght dynamic s	X	-	X	-	X	-
L3201	Oxford w supinat/pronat inf	X	-	X	-	X	-
L3202	Oxford w/ supinat/pronator c	X	-	X	-	X	-
L3203	Oxford w/ supinator/pronator	X	-	X	-	X	-
L3204	Hightop w/ supp/pronator inf	X	-	X	-	X	-
L3206	Hightop w/ supp/pronator chi	X	-	X	-	X	-
L3207	Hightop w/ supp/pronator jun	X	-	X	-	X	-
L3215	Orthopedic ftwear ladies oxf	X	-	X	-	X	-
L3216	Orthoped ladies shoes dpth i	X	-	X	-	X	-
L3217	Ladies shoes hightop depth i	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L3219	Orthopedic mens shoes oxford	X	-	X	-	X	-
L3221	Orthopedic mens shoes dpth i	X	-	X	-	X	-
L3222	Mens shoes hightop depth inl	X	-	X	-	X	-
L3224	Woman's shoe oxford brace	X	-	X	-	X	-
L3225	Man's shoe oxford brace	X	-	X	-	X	-
L3230	Custom shoes depth inlay	X	-	X	-	X	-
L3250	Custom mold shoe remov prost	X	-	X	-	X	-
L3251	Shoe molded to pt silicone s	X	-	X	-	X	-
L3252	Shoe molded plastazote cust	X	-	X	-	X	-
L3253	Shoe molded plastazote cust	X	-	X	-	X	-
L3254	Orth foot non-stdnd size/w	X	-	X	-	X	-
L3255	Orth foot non-standard size/	X	-	X	-	X	-
L3257	Orth foot add charge split s	X	-	X	-	X	-
L3265	Plastazote sandal each	X	-	X	-	X	-
L3300	Sho lift taper to metatarsal	X	-	X	-	X	-
L3310	Shoe lift elev heel/sole neo	X	-	X	-	X	-
L3320	Shoe lift elev heel/sole cor	X	-	X	-	X	-
L3330	Lifts elevation metal extens	X	-	X	-	X	-
L3332	Shoe lifts tapered to one-ha	X	-	X	-	X	-
L3334	Shoe lifts elevation heel /i	X	-	X	-	X	-
L3340	Shoe wedge sach	X	-	X	-	X	-
L3350	Shoe heel wedge	X	-	X	-	X	-
L3360	Shoe sole wedge outside sole	X	-	X	-	X	-
L3370	Shoe sole wedge between sole	X	-	X	-	X	-
L3380	Shoe clubfoot wedge	X	-	X	-	X	-
L3390	Shoe outflare wedge	X	-	X	-	X	-
L3400	Shoe metatarsal bar wedge ro	X	-	X	-	X	-
L3410	Shoe metatarsal bar between	X	-	X	-	X	-
L3420	Full sole/heel wedge btween	X	-	X	-	X	-
L3430	Sho heel count plast reinfor	X	-	X	-	X	-
L3440	Heel leather reinforced	X	-	X	-	X	-
L3450	Shoe heel sach cushion type	X	-	X	-	X	-
L3455	Shoe heel new leather standa	X	-	X	-	X	-
L3460	Shoe heel new rubber standar	X	-	X	-	X	-
L3465	Shoe heel thomas with wedge	X	-	X	-	X	-
L3470	Shoe heel thomas extend to b	X	-	X	-	X	-
L3480	Shoe heel pad & depress for	X	-	X	-	X	-
L3485	Shoe heel pad removable for	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L3500	Ortho shoe add leather insol	X	-	X	-	X	-
L3510	Orthopedic shoe add rub insl	X	-	X	-	X	-
L3520	O shoe add felt w leath insl	X	-	X	-	X	-
L3530	Ortho shoe add half sole	X	-	X	-	X	-
L3540	Ortho shoe add full sole	X	-	X	-	X	-
L3550	O shoe add standard toe tap	X	-	X	-	X	-
L3560	O shoe add horseshoe toe tap	X	-	X	-	X	-
L3570	O shoe add instep extension	X	-	X	-	X	-
L3580	O shoe add instep velcro clo	X	-	X	-	X	-
L3590	O shoe convert to sof counte	X	-	X	-	X	-
L3595	Ortho shoe add march bar	X	-	X	-	X	-
L3600	Trans shoe calip plate exist	X	-	X	-	X	-
L3610	Trans shoe caliper plate new	X	-	X	-	X	-
L3620	Trans shoe solid stirrup exi	X	-	X	-	X	-
L3630	Trans shoe solid stirrup new	X	-	X	-	X	-
L3640	Shoe dennis browne splint bo	X	-	X	-	X	-
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	X		X		X	
L5010	Mold socket ank hgt w/ toe f	-	X	X	-	-	X
L5020	Tibial tubercle hgt w/ toe f	-	X	X	-	-	X
L5050	Ank symes mold sckt sach ft	-	X	X	-	-	X
L5060	Symes met fr leath socket ar	-	X	X	-	-	X
L5100	Molded socket shin sach foot	-	X	X	-	-	X
L5105	Plast socket jts/thgh lacer	-	X	X	-	-	X
L5150	Mold sckt ext knee shin sach	-	X	X	-	-	X
L5160	Mold socket bent knee shin s	-	X	X	-	-	X
L5200	Kne sing axis fric shin sach	-	X	X	-	-	X
L5210	No knee/ankle joints w/ ft b	-	X	X	-	-	X
L5220	No knee joint with artic ali	-	X	X	-	-	X
L5230	Fem focal defic constant fri	-	X	X	-	-	X
L5250	Hip canad sing axi cons fric	-	X	X	-	-	X
L5270	Tilt table locking hip sing	-	X	X	-	-	X
L5280	Hemipelvect canad sing axis	-	X	X	-	-	X
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	-	X	X	-	-	X
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	-	X	X	-	-	X
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	-	X	X	-	-	X
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	X	X	-	-	X
L5400	Postop dress & 1 cast chg bk	-	X	X	-	-	X
L5410	Postop dsg bk ea add cast ch	-	X	X	-	-	X
L5420	Postop dsg & 1 cast chg ak/d	-	X	X	-	-	X
L5430	Postop dsg ak ea add cast ch	-	X	X	-	-	X
L5450	Postop app non-wgt bear dsg	-	X	X	-	-	X
L5460	Postop app non-wgt bear dsg	-	X	X	-	-	X
L5500	Init bk ptb plaster direct	-	X	X	-	-	X
L5505	Init ak ischal plstr direct	-	X	X	-	-	X
L5510	Prep bk ptb plaster molded	-	X	X	-	-	X
L5520	Perp bk ptb thermopls direct	-	X	X	-	-	X
L5530	Prep bk ptb thermopls molded	-	X	X	-	-	X
L5535	Prep bk ptb open end socket	-	X	X	-	-	X
L5540	Prep bk ptb laminated socket	-	X	X	-	-	X
L5560	Prep ak ischial plast molded	-	X	X	-	-	X
L5570	Prep ak ischial direct form	-	X	X	-	-	X
L5580	Prep ak ischial thermo mold	-	X	X	-	-	X
L5585	Prep ak ischial open end	-	X	X	-	-	X
L5590	Prep ak ischial laminated	-	X	X	-	-	X
L5595	Hip disartic sach thermopls	-	X	X	-	-	X
L5600	Hip disart sach laminat mold	-	X	X	-	-	X
L5610	Above knee hydracadence	-	X	X	-	-	X
L5611	Ak 4 bar link w/fric swing	-	X	X	-	-	X
L5613	Ak 4 bar ling w/hydraul swig	-	X	X	-	-	X
L5614	4-bar link above knee w/swng	-	X	X	-	-	X
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	-	X	X	-	-	X
L5616	Ak univ multiplex sys frict	-	X	X	-	-	X
L5617	Ak/bk self-aligning unit ea	-	X	X	-	-	X
L5618	Test socket symes	-	X	X	-	-	X
L5620	Test socket below knee	-	X	X	-	-	X
L5622	Test socket knee disarticula	-	X	X	-	-	X
L5624	Test socket above knee	-	X	X	-	-	X
L5626	Test socket hip disarticulat	-	X	X	-	-	X
L5628	Test socket hemipelvectomy	-	X	X	-	-	X
L5629	Below knee acrylic socket	-	X	X	-	-	X
L5630	Syme typ expandabl wall sckt	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L5631	Ak/knee disartic acrylic soc	-	X	X	-	-	X
L5632	Symes type ptb brim design s	-	X	X	-	-	X
L5634	Symes type poster opening so	-	X	X	-	-	X
L5636	Symes type medial opening so	-	X	X	-	-	X
L5637	Below knee total contact	-	X	X	-	-	X
L5638	Below knee leather socket	-	X	X	-	-	X
L5639	Below knee wood socket	-	X	X	-	-	X
L5640	Knee disarticulat leather so	-	X	X	-	-	X
L5642	Above knee leather socket	-	X	X	-	-	X
L5643	Hip flex inner socket ext fr	-	X	X	-	-	X
L5644	Above knee wood socket	-	X	X	-	-	X
L5645	Bk flex inner socket ext frame	-	X	X	-	-	X
L5646	Below knee air cushion socke	-	X	X	-	-	X
L5647	Below knee suction socket	-	X	X	-	-	X
L5648	Above knee air cushion socke	-	X	X	-	-	X
L5649	Isch containmt/narrow m-l so	-	X	X	-	-	X
L5650	Tot contact ak/knee disart s	-	X	X	-	-	X
L5651	Ak flex inner socket ext fra	-	X	X	-	-	X
L5652	Suction susp ak/knee disart	-	X	X	-	-	X
L5653	Knee disart expand wall sock	-	X	X	-	-	X
L5654	Socket insert symes	-	X	X	-	-	X
L5655	Socket insert below knee	-	X	X	-	-	X
L5656	Socket insert knee articulat	-	X	X	-	-	X
L5658	Socket insert above knee	-	X	X	-	-	X
L5661	Multi-durometer symes	-	X	X	-	-	X
L5665	Multi-durometer below knee	-	X	X	-	-	X
L5666	Below knee cuff suspension	-	X	X	-	-	X
L5668	Socket insert w/o lock lower	-	X	X	-	-	X
L5670	Bk molded supracondylar susp	-	X	X	-	-	X
L5671	Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), includes socke	-	X	X	-	-	X
L5672	Bk removable medial brim sus	-	X	X	-	-	X
L5673	Addition to lower extremity, below knee/above knee, custom fabricated	-	X	X	-	-	X
L5676	Bk knee joints single axis p	-	X	X	-	-	X
L5677	Bk knee joints polycentric p	-	X	X	-	-	X
L5678	Bk joint covers pair	-	X	X	-	-	X
L5679	Addition to lower extremity, below knee/above knee, custom fabricated	-	X	X	-	-	X
L5680	Bk thigh lacer non-molded	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X	X	-	-	X
L5682	Bk thigh lacer glut/ischia m	-	X	X	-	-	X
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X	X	-	-	X
L5684	Bk fork strap	-	X	X	-	-	X
L5685	Below knee sus/seal sleeve	-	-	X	-	-	-
L5686	Bk back check	-	X	X	-	-	X
L5688	Bk waist belt webbing	-	X	X	-	-	X
L5690	Bk waist belt padded and lin	-	X	X	-	-	X
L5692	Ak pelvic control belt light	-	X	X	-	-	X
L5694	Ak pelvic control belt pad/l	-	X	X	-	-	X
L5695	Ak sleeve susp neoprene/equa	-	X	X	-	-	X
L5696	Ak/knee disartic pelvic join	-	X	X	-	-	X
L5697	Ak/knee disartic pelvic band	-	X	X	-	-	X
L5698	Ak/knee disartic silesian ba	-	X	X	-	-	X
L5699	Shoulder harness	-	X	X	-	-	X
L5700	Replace socket below knee	-	X	X	-	-	X
L5701	Replace socket above knee	-	X	X	-	-	X
L5702	Replace socket hip	-	X	X	-	-	X
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	-	X	X	-	-	X
L5704	Custom shape covr below knee	-	X	X	-	-	X
L5705	Custm shape cover above knee	-	X	X	-	-	X
L5706	Custm shape cvr knee disart	-	X	X	-	-	X
L5707	Custm shape cover hip disart	-	X	X	-	-	X
L5710	Knee-shin exo sng axi mnl loc	-	X	X	-	-	X
L5711	Knee-shin exo mnl lock ultra	-	X	X	-	-	X
L5712	Knee-shin exo frict swg & st	-	X	X	-	-	X
L5714	Knee-shin exo variable frict	-	X	X	-	-	X
L5716	Knee-shin exo mech stance ph	-	X	X	-	-	X
L5718	Knee-shin exo frct swg & sta	-	X	X	-	-	X
L5722	Knee-shin pneum swg frct exo	-	X	X	-	-	X
L5724	Knee-shin exo fluid swing ph	-	X	X	-	-	X
L5726	Knee-shin ext jnts fld swg e	-	X	X	-	-	X
L5728	Knee-shin fluid swg & stance	-	X	X	-	-	X
L5780	Knee-shin pneum/hydra pneum	-	X	X	-	-	X
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system, heavy dut	-	X	X	-	-	X
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	-	X	X	-	-	X
L5785	Exoskeletal bk ultralt mater	-	X	X	-	-	X
L5790	Exoskeletal ak ultra-light m	-	X	X	-	-	X
L5795	Exoskel hip ultra-light mate	-	X	X	-	-	X
L5810	Endoskel knee-shin mnl lock	-	X	X	-	-	X
L5811	Endo knee-shin mnl lck ultra	-	X	X	-	-	X
L5812	Endo knee-shin frct swg & st	-	X	X	-	-	X
L5814	Endo knee-shin hydal swg ph	-	X	X	-	-	X
L5816	Endo knee-shin polyc mch sta	-	X	X	-	-	X
L5818	Endo knee-shin frct swg & st	-	X	X	-	-	X
L5822	Endo knee-shin pneum swg frc	-	X	X	-	-	X
L5824	Endo knee-shin fluid swing p	-	X	X	-	-	X
L5826	Miniature knee joint	-	X	X	-	-	X
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorpion and stance extension damping	-	X	X	-	-	X
L5828	Endo knee-shin fluid swg/sta	-	X	X	-	-	X
L5830	Endo knee-shin pneum/swg pha	-	X	X	-	-	X
L5840	Multi-axial knee/shin system	-	X	X	-	-	X
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	-	X	X	-	-	X
L5845	Knee-shin sys stance flexion	-	X	X	-	-	X
L5848	Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	X	X	-	-	X
L5850	Endo ak/hip knee extens assi	-	X	X	-	-	X
L5855	Mech hip extension assist	-	X	X	-	-	X
L5856	Elec knee-shin swing/stance	-	X	X	-	-	X
L5857	Elec knee-shin swing only	-	X	X	-	-	X
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	-	X	X	-	-	X
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	-	-	X	-	-	-
L5910	Endo below knee alignable sy	-	X	X	-	-	X
L5920	Endo ak/hip alignable system	-	X	X	-	-	X
L5925	Above knee manual lock	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	-	X	X	-	-	X
L5930	High activity knee frame	-	X	X	-	-	X
L5940	Endo bk ultra-light material	-	X	X	-	-	X
L5950	Endo ak ultra-light material	-	X	X	-	-	X
L5960	Endo hip ultra-light materia	-	X	X	-	-	X
L5961	Endo poly hip, pneu/hyd/rot	-	-	X	-	-	-
L5962	Below knee flex cover system	-	X	X	-	-	X
L5964	Above knee flex cover system	-	X	X	-	-	X
L5966	Hip flexible cover system	-	X	X	-	-	X
L5968	Multiaxial ankle w dorsiflex	-	X	X	-	-	X
L5970	Foot external keel sach foot	-	X	X	-	-	X
L5971	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	-	X	X	-	-	X
L5972	Flexible keel foot	-	X	X	-	-	X
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes	-	X	X	-	-	X
L5974	Foot single axis ankle/foot	-	X	X	-	-	X
L5975	Combo ankle/foot prosthesis	-	X	X	-	-	X
L5976	Energy storing foot	-	X	X	-	-	X
L5978	Ft prosth multiaxial ankl/ft	-	X	X	-	-	X
L5979	Multi-axial ankle/ft prosth	-	X	X	-	-	X
L5980	Flex foot system	-	X	X	-	-	X
L5981	Flex-walk sys low ext prosth	-	X	X	-	-	X
L5982	Exoskeletal axial rotation u	-	X	X	-	-	X
L5984	Endoskeletal axial rotation	-	X	X	-	-	X
L5985	Lwr ext dynamic prosth pylon	-	X	X	-	-	X
L5986	Multi-axial rotation unit	-	X	X	-	-	X
L5987	Shank ft w vert load pylon	-	X	X	-	-	X
L5988	Vertical shock reducing pylo	-	X	X	-	-	X
L5990	Addition to lower extremity prosthesis, user adjustable heel height	-	X	X	-	-	X
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	-	X	X	-	-	X
L5999	Lowr extremity prosthes nos	-	-	X	-	-	-
L6000	Partial hand, thumb remaining	-	X	X	-	-	X
L6010	Partial hand, little and/or ring finger remaining	-	X	X	-	-	X
L6020	Partial hand, no finger remaining	-	X	X	-	-	X
L6026	Part hand myo exclu term dev	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
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 I6692	-	X	X	-	-	X
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	-	X	X	-	-	X
L6030	Upper extremity addition, external frame, partial hand including fingers	-	X	X	-	-	X
L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	-	X	X	-	-	X
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	-	X	X	-	-	X
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	-	X	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	-	X	X	-	-	X
L6050	Wrst mld sock flx hng tri pad	-	X	X	-	-	X
L6055	Wrst mold sock w/exp interfa	-	X	X	-	-	X
L6100	Elb mold sock flex hinge pad	-	X	X	-	-	X
L6110	Elbow mold sock suspension t	-	X	X	-	-	X
L6120	Elbow mold doub splt soc ste	-	X	X	-	-	X
L6130	Elbow stump activated lock h	-	X	X	-	-	X
L6200	Elbow mold outsid lock hinge	-	X	X	-	-	X
L6205	Elbow molded w/ expand inter	-	X	X	-	-	X
L6250	Elbow inter loc elbow forarm	-	X	X	-	-	X
L6300	Shlder disart int lock elbow	-	X	X	-	-	X
L6310	Shoulder passive restor comp	-	X	X	-	-	X
L6320	Shoulder passive restor cap	-	X	X	-	-	X
L6350	Thoracic intern lock elbow	-	X	X	-	-	X
L6360	Thoracic passive restor comp	-	X	X	-	-	X
L6370	Thoracic passive restor cap	-	X	X	-	-	X
L6380	Postop dsg cast chg wrst/elb	-	X	X	-	-	X
L6382	Postop dsg cast chg elb dis/	-	X	X	-	-	X
L6384	Postop dsg cast chg shlder/t	-	X	X	-	-	X
L6386	Postop ea cast chg & realign	-	X	X	-	-	X
L6388	Postop applicat rigid dsg on	-	X	X	-	-	X
L6400	Below elbow prosth tiss shap	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L6450	Elb disart prosth tiss shap	-	X	X	-	-	X
L6500	Above elbow prosth tiss shap	-	X	X	-	-	X
L6550	Shldr disar prosth tiss shap	-	X	X	-	-	X
L6570	Scap thorac prosth tiss shap	-	X	X	-	-	X
L6580	Wrist/elbow bowden cable mol	-	X	X	-	-	X
L6582	Wrist/elbow bowden cbl dir f	-	X	X	-	-	X
L6584	Elbow fair lead cable molded	-	X	X	-	-	X
L6586	Elbow fair lead cable dir fo	-	X	X	-	-	X
L6588	Shdr fair lead cable molded	-	X	X	-	-	X
L6590	Shdr fair lead cable direct	-	X	X	-	-	X
L6600	Polycentric hinge pair	-	X	X	-	-	X
L6605	Single pivot hinge pair	-	X	X	-	-	X
L6610	Flexible metal hinge pair	-	X	X	-	-	X
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	-	X	X	-	-	X
L6615	Disconnect locking wrist uni	-	X	X	-	-	X
L6616	Disconnect insert locking wr	-	X	X	-	-	X
L6620	Flexion-friction wrist unit	-	X	X	-	-	X
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered ter	-	X	X	-	-	X
L6623	Spring-ass rot wrst w/ latch	-	X	X	-	-	X
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	-	X	X	-	-	X
L6625	Rotation wrst w/ cable lock	-	X	X	-	-	X
L6628	Quick disconn hook adapter o	-	X	X	-	-	X
L6629	Lamination collar w/ couplin	-	X	X	-	-	X
L6630	Stainless steel any wrist	-	X	X	-	-	X
L6632	Latex suspension sleeve each	-	X	X	-	-	X
L6635	Lift assist for elbow	-	X	X	-	-	X
L6637	Nudge control elbow lock	-	X	X	-	-	X
L6638	Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered elbow	-	X	X	-	-	X
L6640	Shoulder abduction joint pai	-	X	X	-	-	X
L6641	Excursion amplifier pulley t	-	X	X	-	-	X
L6642	Excursion amplifier lever ty	-	X	X	-	-	X
L6645	Shoulder flexion-abduction j	-	X	X	-	-	X
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us	-	X	X	-	-	X
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	-	X	X	-	-	X
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L6650	Shoulder universal joint	-	X	X	-	-	X
L6655	Standard control cable extra	-	X	X	-	-	X
L6660	Heavy duty control cable	-	X	X	-	-	X
L6665	Teflon or equal cable lining	-	X	X	-	-	X
L6670	Hook to hand cable adapter	-	X	X	-	-	X
L6672	Harness chest/shlder saddle	-	X	X	-	-	X
L6675	Harness figure of 8 sing con	-	X	X	-	-	X
L6676	Harness figure of 8 dual con	-	X	X	-	-	X
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	-	X	X	-	-	X
L6680	Test sock wrist disart/bel e	-	X	X	-	-	X
L6682	Test sock elbw disart/above	-	X	X	-	-	X
L6684	Test socket shldr disart/tho	-	X	X	-	-	X
L6686	Suction socket	-	X	X	-	-	X
L6687	Frame typ socket bel elbow/w	-	X	X	-	-	X
L6688	Frame typ sock above elb/dis	-	X	X	-	-	X
L6689	Frame typ socket shoulder di	-	X	X	-	-	X
L6690	Frame typ sock interscap-tho	-	X	X	-	-	X
L6691	Removable insert each	-	X	X	-	-	X
L6692	Silicone gel insert or equal	-	X	X	-	-	X
L6693	Lockingelbow forearm cntrbal	-	X	X	-	-	X
L6694	Elbow socket ins use w/lock	-	X	X	-	-	X
L6695	Elbow socket ins use w/o lck	-	X	X	-	-	X
L6696	Cus elbo skt in for con/atyp	-	X	X	-	-	X
L6697	Cus elbo skt in not con/atyp	-	X	X	-	-	X
L6698	Below/above elbow lock mech	-	X	X	-	-	X
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	-	X	X	-	-	X
L6703	Terminal device, passive hand/mitt, any material, any size	-	X	X	-	-	X
L6704	Terminal device, sport/recreational/work attachment, any material, any size	-	X	X	-	-	X
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	-	X	X	-	-	X
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	-	X	X	-	-	X
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	-	X	X	-	-	X
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, 'lined or unlined, pediatric	-	X	X	-	-	X
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	-	X	X	-	-	X
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	X	X	-	-	X
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	-	X	X	-	-	X
L6715	Terminal device model #5xa	-	-	X	-	-	-
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined	-	X	X	-	-	X
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined	-	X	X	-	-	X
L6805	Modifier wrist flexion unit	-	X	X	-	-	X
L6810	Pincher tool otto bock or eq	-	X	X	-	-	X
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	-	X	X	-	-	X
L6881	Automatic grasp feature, additional to upper limb prosthetic terminal device.	-	-	X	-	-	-
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	-	X	X	-	-	X
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	-	X	X	-	-	X
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	-	X	X	-	-	X
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex	-	X	X	-	-	X
L6890	Production glove	-	X	X	-	-	X
L6895	Custom glove	-	X	X	-	-	X
L6900	Hand restorat thumb/1 finger	-	X	X	-	-	X
L6905	Hand restoration multiple fi	-	X	X	-	-	X
L6910	Hand restoration no fingers	-	X	X	-	-	X
L6915	Hand restoration replacmnt g	-	X	X	-	-	X
L6920	Wrist disarticul switch ctrl	-	X	X	-	-	X
L6925	Wrist disart myoelectronic c	-	X	X	-	-	X
L6930	Below elbow switch control	-	X	X	-	-	X
L6935	Below elbow myoelectronic ct	-	X	X	-	-	X
L6940	Elbow disarticulation switch	-	X	X	-	-	X
L6945	Elbow disart myoelectronic c	-	X	X	-	-	X
L6950	Above elbow switch control	-	X	X	-	-	X
L6955	Above elbow myoelectronic ct	-	X	X	-	-	X
L6960	Shldr disartic switch contro	-	X	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L6965	Shldr disartic myoelectronic	-	X	X	-	-	X
L6970	Interscapular-thor switch ct	-	X	X	-	-	X
L6975	Interscap-thor myoelectronic	-	X	X	-	-	X
L7007	Electric hand, switch or myoelectric controlled, adult	-	-	X	-	-	-
L7008	Electric hand, switch or myoelectric, controlled, pediatric	X	-	X	-	X	-
L7009	Electric hook, switch or myoelectric controlled, adult	-	-	X	-	-	-
L7040	Prehensile actuator hosmer s	-	X	X	-	-	X
L7045	Electron hook child michigan	-	X	X	-	-	X
L7170	Electronic elbow hosmer swit	-	X	X	-	-	X
L7180	Electronic elbow utah myoele	-	X	X	-	-	X
L7181	Electronic elbo simultaneous	-	X	X	-	-	X
L7185	Electron elbow adolescent sw	-	X	X	-	-	X
L7186	Electron elbow child switch	-	X	X	-	-	X
L7190	Elbow adolescent myoelectron	-	X	X	-	-	X
L7191	Elbow child myoelectronic ct	-	X	X	-	-	X
L7259	Electronic wrist rotator any	-	-	X	-	-	-
L7360	Six volt bat otto bock/eq ea	X	-	X	-	X	-
L7362	Battery chrgr six volt otto	X	-	X	-	X	-
L7364	Twelve volt battery utah/equ	X	-	X	-	X	-
L7366	Battery chrgr 12 volt utah/e	X	-	X	-	X	-
L7367	Lithium ion battery, replacement	X	-	X	-	X	-
L7368	Lithium ion battery charger, replacement only	X	-	X	-	X	-
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber o	-	X	X	-	-	X
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equa	-	X	X	-	-	X
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium,	-	X	X	-	-	X
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	-	X	X	-	-	X
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	-	X	X	-	-	X
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	-	X	X	-	-	X
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	-	X	X	-	-	X
L7499	Upper extremity prosthes nos	-	X	X	-	-	X
L7510	Prosthetic device repair rep	-	-	X	-	-	-
L7520	Repair prosthesis per 15 min	-	-	X	-	-	-
L7600	Prosthetic donning sleeve, any material, each	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
L7700	Pros soc insert gasket/seal	-	-	X	-	-	-
L7900	Vacuum erection system	-	-	X	-	-	-
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	-	-	X	-	-	-
L8000	Mastectomy bra	-	-	X	-	-	-
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	-	-	X	-	-	-
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	-	-	X	-	-	-
L8033	Nipple prosthesis custom, ea	X	-	X	-	X	-
L8039	Breast prosthesis nos	-	X	-	X	-	X
L8040	Nasal prosthesis	-	X	X	-	-	X
L8041	Midfacial prosthesis	-	X	X	-	-	X
L8042	Orbital prosthesis	-	X	-	-	-	X
L8043	Upper facial prosthesis	-	X	-	-	-	X
L8044	Hemi-facial prosthesis	-	X	-	-	-	X
L8045	Auricular prosthesis	-	X	X	-	-	X
L8046	Partial facial prosthesis	-	X	X	-	-	X
L8047	Nasal septal prosthesis	-	X	X	-	-	X
L8048	Unspec maxillofacial prosth	-	X	X	-	-	X
L8049	Repair maxillofacial prosth	-	X	X	-	-	X
L8300	Truss single w/ standard pad	-	-	X	-	-	-
L8310	Truss double w/ standard pad	-	-	X	-	-	-
L8320	Truss addition to std pad wa	-	-	X	-	-	-
L8330	Truss add to std pad scrotal	-	-	X	-	-	-
L8400	Sheath below knee	-	-	X	-	-	-
L8410	Sheath above knee	-	-	X	-	-	-
L8415	Sheath upper limb	-	-	X	-	-	-
L8417	Pros sheath/sock w gel cushn	-	-	X	-	-	-
L8420	Prosthetic sock multi ply bk	-	-	X	-	-	-
L8430	Prosthetic sock multi ply ak	-	-	X	-	-	-
L8435	Pros sock multi ply upper lm	-	-	X	-	-	-
L8440	Shrinker below knee	-	-	X	-	-	-
L8460	Shrinker above knee	-	-	X	-	-	-
L8465	Shrinker upper limb	-	-	X	-	-	-
L8470	Pros sock single ply bk	-	-	X	-	-	-
L8480	Pros sock single ply ak	-	-	X	-	-	-
L8485	Pros sock single ply upper l	-	-	X	-	-	-
L8500	Artificial larynx	-	X	X	-	-	X
L8501	Tracheostomy speaking valve	-	X	X	-	-	X
L8505	Artificial larynx replacement battery/accessory, any type	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	-	X	X	-	-	X
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	-	X	X	-	-	X
L8510	Voice amplifier	X	-	X	-	X	-
L8600	Implant breast silicone/eq	-	X	-	X	-	X
L8603	Collagen imp urinary 2.5 ml	-	-	X	-	-	-
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	X	-	X	-	X	-
L8606	Synthetic implnt urinary 1ml	-	-	X	-	-	-
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	X	-	X	-	X	-
L8609	Artificial cornea	X	-	X	-	X	-
L8610	Ocular implant	X	-	X	-	X	-
L8613	Ossicular implant	X	-	X	-	X	-
L8621	Repl zinc air battery	-	-	X	-	-	-
L8622	Repl alkaline battery	-	-	X	-	-	-
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	-	-	X	-	-	-
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	-	-	X	-	-	-
L8630	Metacarpophalangeal implant	X	-	X	-	X	-
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal	-	X	X	-	-	X
L8641	Metatarsal joint implant	-	-	X	-	-	-
L8642	Hallux implant	-	-	X	-	-	-
L8658	Interphalangeal joint implnt	-	-	X	-	-	-
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal	-	X	X	-	-	X
L8670	Vascular graft, synthetic	X	-	X	-	X	-
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	-	X	-	X	-	X
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	-	X	-	X	-	X
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	-	X	-	X	-	X
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	-	X	-	X	-	X
L8689	External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified	-	-	-	X	-	-
L8690	Auditory osseointegrated device, includes all internal and external components	-	X	-	X	-	X
L8691	Auditory osseointegrated device, external sound processor, replacement	-	-	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband	-	X	-	X	-	X
L8693	Aud osseo dev, abutment	-	-	-	X	-	-
L8694	Act transducer/actuator repl	-	-	-	X	-	-
L8695	External recharging system for battery (external) for use with implantable neurostimulator	-	-	-	X	-	-
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	-	-	-	X	-	-
L8701	Power remote device with upr cust	-	X	-	X	-	X
L8702	Power remote device with upr cus	-	X	-	X	-	X
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	X	-	X	-	X	-
L8721	Receptor sole for use with L8720, replacement, each	X	-	X	-	X	-
L9900	O&p supply/accessory/service	-	-	-	X	-	-
M0001	Advancing cancer care MIPS value pathways	X	-	X	-	X	-
M0002	Optimal care for kidney health MIPS value pathways	X	-	X	-	X	-
M0004	Supportive care for neurodegenerative conditions MIPS value pathways	X	-	X	-	X	-
M0005	Promoting wellness MIPS value pathways	X	-	X	-	X	-
M0010	End of month payment	X	-	X	-	X	-
M0075	Cellular therapy	X	-	X	-	X	-
M0076	Prolotherapy	X	-	X	-	X	-
M0100	Intragastric hypothermia	X	-	X	-	X	-
M0300	IV chelation therapy	X	-	X	-	X	-
M0301	Fabric wrapping of aneurysm	X	-	X	-	X	-
M1003	Tb screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA	X	-	X	-	X	-
M1004	Doc med rxn no rxn tb	X	-	X	-	X	-
M1005	Tb screening not performed or results not interpreted, reason not given	X	-	X	-	X	-
M1006	Disease activity not assessed, reason not given	X	-	X	-	X	-
M1007	>=50% of total number of a patient's outpatient RA encounters assessed	X	-	X	-	X	-
M1008	<50% of total number of a patient's outpatient RA encounters assessed	X	-	X	-	X	-
M1009	DC eoc doc med rec	X	-	X	-	X	-
M1010	DC eoc doc med rec	X	-	X	-	X	-
M1011	DC eoc doc med rec	X	-	X	-	X	-
M1012	DC eoc doc med rec	X	-	X	-	X	-
M1013	DC eoc doc med rec	X	-	X	-	X	-
M1014	DC epi care doc med rec	X	-	X	-	X	-
M1016	Female patients unable to bear children	X	-	X	-	X	-
M1017	Patient admitted to palliative care services	X	-	X	-	X	-
M1018	Pt dx hst cr pt sk lg cr scr	X	-	X	-	X	-

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

**Preauth after 3rd rental month when doesn't meet criteria.

©2023 Select Health. All rights reserved. 2197751 09/23



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1019	Adl pt mj dep ds rs 12 phq<5	X	-	X	-	X	-
M1020	Adl pt mj dep ds no rs 12 mo	X	-	X	-	X	-
M1021	Patient had only urgent care visits during the performance period	X	-	X	-	X	-
M1027	Imaging of the head (ct or mri) was obtained	X	-	X	-	X	-
M1028	Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained	X	-	X	-	X	-
M1029	Imaging of the head (ct or mri) was not obtained, reason not given	X	-	X	-	X	-
M1032	Adults currently taking pharmacotherapy for oud	X	-	X	-	X	-
M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days	X	-	X	-	X	-
M1035	Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment	X	-	X	-	X	-
M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days	X	-	X	-	X	-
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	X	-	X	-	X	-
M1038	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	X	-	X	-	X	-
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	X	-	X	-	X	-
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	X	-	X	-	X	-
M1041	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	X	-	X	-	X	-
M1043	Fs no odi 9-15mo	X	-	X	-	X	-
M1045	Fs oks 9-15mo = 37	X	-	X	-	X	-
M1046	Fs oks 9-15mo = 37	X	-	X	-	X	-
M1049	Fs with scr no odi pre and p	X	-	X	-	X	-
M1051	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	X	-	X	-	X	-
M1052	Lg pn not meas w/ vas 1yr po	X	-	X	-	X	-
M1054	Patient had only urgent care visits during the performance period	X	-	X	-	X	-
M1055	Aspirin or another antiplatelet therapy used	X	-	X	-	X	-
M1056	Presc antico med in pp	X	-	X	-	X	-
M1057	Aspirin or another antiplatelet therapy not used, reason not given	X	-	X	-	X	-
M1058	Patient was a permanent nursing home resident at any time during the performance period	X	-	X	-	X	-
M1059	Patient was in hospice or receiving palliative care at any time during the performance period	X	-	X	-	X	-
M1060	Patient died prior to the end of the performance period	X	-	X	-	X	-
M1067	Hospice services for patient provided any time during the measurement period	X	-	X	-	X	-
M1068	Adults who are not ambulatory	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
M1069	Patient screened for future fall risk	X	-	X	-	X	-
M1070	Patient not screened for future fall risk, reason not given	X	-	X	-	X	-
M1071	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	X	-	X	-	X	-
M1072	Rom rad therapy anal, pc	X	-	X	-	X	-
M1073	Rom rad therapy anal, tc	X	-	X	-	X	-
M1074	Rom rad therapy bladder, pc	X	-	X	-	X	-
M1075	Rom rad therapy bladder, tc	X	-	X	-	X	-
M1076	Rom rad ther bone mets, pc	X	-	X	-	X	-
M1077	Rom rad ther bone mets, tc	X	-	X	-	X	-
M1078	Rom rad ther brain mets, pc	X	-	X	-	X	-
M1079	Rom rad ther brain mets, tc	X	-	X	-	X	-
M1080	Rom rad therapy breast, pc	X	-	X	-	X	-
M1081	Rom rad therapy breast, tc	X	-	X	-	X	-
M1082	Rom rad therapy cervical, pc	X	-	X	-	X	-
M1083	Rom rad therapy cervical, tc	X	-	X	-	X	-
M1084	Rom rad therapy cns, pc	X	-	X	-	X	-
M1085	Rom rad therapy cns, tc	X	-	X	-	X	-
M1086	Rom rad ther colorectal, pc	X	-	X	-	X	-
M1087	Rom rad ther colorectal, tc	X	-	X	-	X	-
M1088	Rom rad ther head/neck, pc	X	-	X	-	X	-
M1089	Rom rad ther head/neck, tc	X	-	X	-	X	-
M1094	Rom rad therapy lung, pc	X	-	X	-	X	-
M1095	Rom rad therapy lung, tc	X	-	X	-	X	-
M1096	Rom rad therapy lymphoma, pc	X	-	X	-	X	-
M1097	Rom rad therapy lymphoma, tc	X	-	X	-	X	-
M1098	Rom rad therapy pancreas, pc	X	-	X	-	X	-
M1099	Rom rad therapy pancreas, pc	X	-	X	-	X	-
M1100	Rom rad therapy prostate, pc	X	-	X	-	X	-
M1101	Rom rad therapy prostate, tc	X	-	X	-	X	-
M1102	Rom rad therapy gi, pc	X	-	X	-	X	-
M1103	Rom rad therapy gi, tc	X	-	X	-	X	-
M1104	Rom rad therapy uterus, pc	X	-	X	-	X	-
M1105	Rom rad therapy uterus, tc	X	-	X	-	X	-
M1106	Start eoc doc med rec	X	-	X	-	X	-
M1107	Docu dx degen neuro	X	-	X	-	X	-
M1108	Oc ni pt 1-2 vis	X	-	X	-	X	-
M1109	Oc ni pt dc 1-2 vis	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1110	Oc ni pt selfdc 1-2 vis	X	-	X	-	X	-
M1111	Start eoc doc med rec	X	-	X	-	X	-
M1112	Docu dx degen neuro	X	-	X	-	X	-
M1113	Oc ni pt 1-2 vis	X	-	X	-	X	-
M1114	Oc ni pt dc 1-2 vis	X	-	X	-	X	-
M1115	Oc ni pt selfdc 1-2 vis	X	-	X	-	X	-
M1116	Start eoc doc med rec	X	-	X	-	X	-
M1117	Docu dx degen neuro	X	-	X	-	X	-
M1118	Oc ni pt 1-2 vis	X	-	X	-	X	-
M1119	Oc ni pt dc 1-2 vis	X	-	X	-	X	-
M1120	Oc ni pt selfdc 1-2 vis	X	-	X	-	X	-
M1121	Start eoc doc med rec	X	-	X	-	X	-
M1122	Docu dx degen neuro	X	-	X	-	X	-
M1123	Oc ni pt 1-2 vis	X	-	X	-	X	-
M1124	Oc ni pt dc 1-2 vis	X	-	X	-	X	-
M1125	Oc ni pt selfdc 1-2 vis	X	-	X	-	X	-
M1126	Start eoc doc med rec	X	-	X	-	X	-
M1127	Docu dx degen neuro	X	-	X	-	X	-
M1128	Oc ni pt 1-2 vis	X	-	X	-	X	-
M1129	Oc ni pt dc 1-2 vis	X	-	X	-	X	-
M1130	Oc ni pt self dc 1-2 vis	X	-	X	-	X	-
M1131	Docu dx degen neuro	X	-	X	-	X	-
M1132	Oc ni pt 1-2 vis	X	-	X	-	X	-
M1133	Oc ni pt dc 1-2 vis	X	-	X	-	X	-
M1134	Oc ni pt self dc 1-2 vis	X	-	X	-	X	-
M1135	Start eoc doc med rec	X	-	X	-	X	-
M1141	Fs no oks	X	-	X	-	X	-
M1142	Emerge cases	X	-	X	-	X	-
M1143	Ni rehab med chiro	X	-	X	-	X	-
M1146	Ongoing care not ind	X	-	X	-	X	-
M1147	Care not poss med rsn	X	-	X	-	X	-
M1148	Pt self dschg	X	-	X	-	X	-
M1149	No neck fs prom incap	X	-	X	-	X	-
M1150	Left ventricular ejection fraction (lvef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	X	-	X	-	X	-
M1151	Patients with a history of heart transplant or with a left ventricular assist device (lvad)	X	-	X	-	X	-
M1152	Patients with a history of heart transplant or with a left ventricular assist device (lvad)	X	-	X	-	X	-
M1153	Patient with diagnosis of osteoporosis on date of encounter	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1159	Hospice services provided to patient any time during the measurement period	X	-	X	-	X	-
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	X	-	X	-	X	-
M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	X	-	X	-	X	-
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	X	-	X	-	X	-
M1163	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	X	-	X	-	X	-
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	X	-	X	-	X	-
M1165	Patients who use hospice services any time during the measurement period	X	-	X	-	X	-
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	X	-	X	-	X	-
M1167	In hospice or using hospice services during the measurement period	X	-	X	-	X	-
M1168	Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	X	-	X	-	X	-
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	X	-	X	-	X	-
M1170	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	X	-	X	-	X	-
M1171	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	X	-	X	-	X	-
M1172	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	X	-	X	-	X	-
M1173	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	X	-	X	-	X	-
M1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	X	-	X	-	X	-
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	X	-	X	-	X	-
M1176	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	X	-	X	-	X	-
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	X	-	X	-	X	-
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	X	-	X	-	X	-
M1180	Patients on immune checkpoint inhibitor therapy	X	-	X	-	X	-
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	X	-	X	-	X	-
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	X	-	X	-	X	-
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	X	-	X	-	X	-
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	X	-	X	-	X	-
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	X	-	X	-	X	-
M1186	Patients who have an order for or are receiving hospice or palliative care	X	-	X	-	X	-
M1187	Patients with a diagnosis of end stage renal disease (esrd)	X	-	X	-	X	-
M1188	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	X	-	X	-	X	-
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr) performed	X	-	X	-	X	-
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)	X	-	X	-	X	-
M1191	Hospice services provided to patient any time during the measurement period	X	-	X	-	X	-
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	X	-	X	-	X	-
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both	X	-	X	-	X	-
M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	X	-	X	-	X	-
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not given	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	X	-	X	-	X	-
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	X	-	X	-	X	-
M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	X	-	X	-	X	-
M1199	Patients receiving rrt	X	-	X	-	X	-
M1200	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	X	-	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)	X	-	X	-	X	-
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)	X	-	X	-	X	-
M1203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	X	-	X	-	X	-
M1204	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	X	-	X	-	X	-
M1205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	X	-	X	-	X	-
M1206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	X	-	X	-	X	-
M1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	X	-	X	-	X	-
M1208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	X	-	X	-	X	-
M1209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	X	-	X	-	X	-
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	X	-	X	-	X	-
M1211	Most recent hemoglobin A1c level > 9.0%	X	-	X	-	X	-
M1212	Hemoglobin A1c level is missing, or was not performed during the measurement period (12 months)	X	-	X	-	X	-
M1213	No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is >= 70%	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1214	Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and reviewed	X	-	X	-	X	-
M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	X	-	X	-	X	-
M1216	No spirometry results with confirmed airflow obstruction FEV1/FVC < 70%) documented and/or no spirometry performed with results documented during the encounter	X	-	X	-	X	-
M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	X	-	X	-	X	-
M1218	Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	X	-	X	-	X	-
M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy	X	-	X	-	X	-
M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy	X	-	X	-	X	-
M1222	Glaucoma plan of care not documented, reason not otherwise specified	X	-	X	-	X	-
M1223	Glaucoma plan of care documented	X	-	X	-	X	-
M1224	Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level	X	-	X	-	X	-
M1225	Intraocular pressure (IOP) reduced by a value of greater than or equal to 20% from the pre-intervention level	X	-	X	-	X	-
M1226	IOP measurement not documented, reason not otherwise specified	X	-	X	-	X	-
M1227	Evidence-based therapy was prescribed	X	-	X	-	X	-
M1228	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test	X	-	X	-	X	-
M1229	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection	X	-	X	-	X	-
M1230	Patient has a reactive HCV antibody test and does not have a follow-up HCV viral test, or patient has a reactive HCV antibody test and has a follow-up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given	X	-	X	-	X	-
M1231	Patient receives HCV antibody test with nonreactive result	X	-	X	-	X	-
M1232	Patient receives HCV antibody test with reactive result	X	-	X	-	X	-
M1233	Patient does not receive HCV antibody test or patient does receive HCV antibody test but results not documented, reason not given	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1234	Patient has a reactive HCV antibody test, and has a follow-up HCV viral test that does not detect HCV viremia	X	-	X	-	X	-
M1235	Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period	X	-	X	-	X	-
M1236	Baseline MRS > 2	X	-	X	-	X	-
M1237	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	X	-	X	-	X	-
M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2 to 6 month interval between doses (i.e, first dose received after October 31)	X	-	X	-	X	-
M1239	Patient did not respond to the question of "Patient felt heard and understood by this provider and team"	X	-	X	-	X	-
M1240	Patient did not respond to the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	X	-	X	-	X	-
M1241	Patient did not respond to the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	X	-	X	-	X	-
M1242	Patient did not respond to the question of "Patient felt this provider and team understood what is important to me in my life"	X	-	X	-	X	-
M1243	Patient provided a response other than "completely true" for the question of "Patient felt heard and understood by this provider and team"	X	-	X	-	X	-
M1244	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	X	-	X	-	X	-
M1245	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	X	-	X	-	X	-
M1246	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	X	-	X	-	X	-
M1247	Patient responded "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	X	-	X	-	X	-
M1248	Patient responded "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	X	-	X	-	X	-
M1249	Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	X	-	X	-	X	-
M1250	Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team"	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1251	Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement)	X	-	X	-	X	-
M1252	Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit	X	-	X	-	X	-
M1253	Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	X	-	X	-	X	-
M1254	Patients who were deceased when the HU survey reached them	X	-	X	-	X	-
M1255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	X	-	X	-	X	-
M1256	Prior history of known CVD	X	-	X	-	X	-
M1257	CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified	X	-	X	-	X	-
M1258	CVD risk assessment performed, have a documented calculated risk score	X	-	X	-	X	-
M1259	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	X	-	X	-	X	-
M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	X	-	X	-	X	-
M1261	Patients who were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	X	-	X	-	X	-
M1262	Patients who had a transplant prior to initiation of dialysis	X	-	X	-	X	-
M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	X	-	X	-	X	-
M1265	CMS Medical Evidence Form 2728 for dialysis patients: initial form completed	X	-	X	-	X	-
M1266	Patients admitted to a skilled nursing facility (SNF)	X	-	X	-	X	-
M1267	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-	X	-	X	-
M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-	X	-	X	-
M1269	Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month	X	-	X	-	X	-
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-	X	-	X	-
M1271	Patients with dementia at any time prior to or during the month	X	-	X	-	X	-
M1272	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-	X	-	X	-
M1273	Patients who were admitted to a skilled nursing facility (SNF) within 1 year of dialysis initiation according to the CMS-2728 Form	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1274	Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month	X	-	X	-	X	-
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	X	-	X	-	X	-
M1276	BMI documented outside normal parameters, no follow-up plan documented, no reason given	X	-	X	-	X	-
M1277	Colorectal cancer screening results documented and reviewed	X	-	X	-	X	-
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	X	-	X	-	X	-
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	X	-	X	-	X	-
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	X	-	X	-	X	-
M1281	Blood pressure reading not documented, reason not given	X	-	X	-	X	-
M1282	Patient screened for tobacco use and identified as a tobacco non-user	X	-	X	-	X	-
M1283	Patient screened for tobacco use and identified as a tobacco user	X	-	X	-	X	-
M1284	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	X	-	X	-	X	-
M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	X	-	X	-	X	-
M1286	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	X	-	X	-	X	-
M1287	BMI is documented below normal parameters and a follow-up plan is documented	X	-	X	-	X	-
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	X	-	X	-	X	-
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	X	-	X	-	X	-
M1290	Patient not eligible due to active diagnosis of hypertension	X	-	X	-	X	-
M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	X	-	X	-	X	-
M1293	BMI is documented above normal parameters and a follow-up plan is documented	X	-	X	-	X	-
M1294	Normal blood pressure reading documented, follow-up not required	X	-	X	-	X	-
M1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	X	-	X	-	X	-
M1296	BMI is documented within normal parameters and no follow-up plan is required	X	-	X	-	X	-
M1297	BMI not documented due to medical reason or patient refusal of height or weight measurement	X	-	X	-	X	-
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	X	-	X	-	X	-
M1299	Influenza immunization administered or previously received	X	-	X	-	X	-
M1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	X	-	X	-	X	-
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)	X	-	X	-	X	-
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	X	-	X	-	X	-
M1303	Hospice services provided to patient any time during the measurement period	X	-	X	-	X	-
M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	X	-	X	-	X	-
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	X	-	X	-	X	-
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	X	-	X	-	X	-
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	X	-	X	-	X	-
M1308	Influenza immunization was not administered, reason not given	X	-	X	-	X	-
M1309	Palliative care services provided to patient any time during the measurement period	X	-	X	-	X	-
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	X	-	X	-	X	-
M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1312	Patient not screened for tobacco use	X	-	X	-	X	-
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period	X	-	X	-	X	-
M1314	BMI not documented and no reason is given	X	-	X	-	X	-
M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	X	-	X	-	X	-
M1316	Current tobacco non-user	X	-	X	-	X	-
M1317	Patients who are counseled on connection with a CSP and explicitly opt out	X	-	X	-	X	-
M1318	Patients who did not have documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening or documentation that there was no contact with a CSP	X	-	X	-	X	-
M1319	Patients who had documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening	X	-	X	-	X	-
M1320	Patients who screened positive for at least 1 of the 5 HRSNS	X	-	X	-	X	-
M1321	Patients who were not seen within 7 weeks following the date of injection for follow-up or who did not have a documented IOP or no plan of care documented if the IOP was >25 mm Hg	X	-	X	-	X	-
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm Hg for injected eye	X	-	X	-	X	-
M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP >25 mm Hg and a plan of care was documented	X	-	X	-	X	-
M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	X	-	X	-	X	-
M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last 6 months and had a subsequent IOP evaluation with IOP <25mm Hg within 7 weeks of treatment)	X	-	X	-	X	-
M1326	Patients with a diagnosis of hypotony	X	-	X	-	X	-
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	X	-	X	-	X	-
M1328	Patients with a diagnosis of acute vitreous hemorrhage	X	-	X	-	X	-
M1329	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 weeks after initial acute PVD encounter	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1330	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	X	-	X	-	X	-
M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	X	-	X	-	X	-
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	X	-	X	-	X	-
M1333	Acute vitreous hemorrhage	X	-	X	-	X	-
M1334	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter	X	-	X	-	X	-
M1335	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	X	-	X	-	X	-
M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	X	-	X	-	X	-
M1337	Acute PVD	X	-	X	-	X	-
M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	X	-	X	-	X	-
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	X	-	X	-	X	-
M1340	Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period	X	-	X	-	X	-
M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	X	-	X	-	X	-
M1342	Patients who died during the performance period	X	-	X	-	X	-
M1343	Patients who are at PAM level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM	X	-	X	-	X	-
M1344	Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score	X	-	X	-	X	-
M1345	Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score	X	-	X	-	X	-
M1346	Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period	X	-	X	-	X	-
M1347	Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing)	X	-	X	-	X	-
M1348	Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent)	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1349	Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period	X	-	X	-	X	-
M1350	Patients who had a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	X	-	X	-	X	-
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	X	-	X	-	X	-
M1352	Suicidal ideation and/or behavior symptoms based on the C-SSRS or equivalent assessment	X	-	X	-	X	-
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	X	-	X	-	X	-
M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	X	-	X	-	X	-
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	-	X	-	X	-
M1356	Patients who died during the measurement period	X	-	X	-	X	-
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	X	-	X	-	X	-
M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	X	-	X	-	X	-
M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero C-SSRS score is obtained	X	-	X	-	X	-
M1360	Suicidal ideation and/or behavior symptoms based on the C-SSRS	X	-	X	-	X	-
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	-	X	-	X	-
M1362	Patients who died during the measurement period	X	-	X	-	X	-
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	X	-	X	-	X	-
M1364	Calculated 10-year ASCVD risk score of >=20 percent during the performance period	X	-	X	-	X	-
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	X	-	X	-	X	-
M1366	Focusing on women's health MIPS value pathway	X	-	X	-	X	-
M1367	Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway	X	-	X	-	X	-
M1368	Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value pathway	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1369	Quality care in mental health and substance use disorders MIPS value pathway	X	-	X	-	X	-
M1370	Rehabilitative support for musculoskeletal care MIPS value pathway	X	-	X	-	X	-
M1371	Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	X	-	X	-	X	-
M1372	Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	X	-	X	-	X	-
M1373	Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%	X	-	X	-	X	-
M1374	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	X	-	X	-	X	-
M1375	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	X	-	X	-	X	-
M1376	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	X	-	X	-	X	-
M1377	Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient	X	-	X	-	X	-
M1378	Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical reasons)	X	-	X	-	X	-
M1379	A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	X	-	X	-	X	-
M1380	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"	X	-	X	-	X	-
M1381	Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure	X	-	X	-	X	-
M1382	Patient encounter during the performance period with place of service code 11	X	-	X	-	X	-
M1383	Acute pvd	X	-	X	-	X	-
M1384	Patients who died during the performance period	X	-	X	-	X	-
M1385	Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four months between baseline pam assessment and follow-up	X	-	X	-	X	-
M1386	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of 0, i, or ii at the start of the performance period	X	-	X	-	X	-
M1387	Patients who died during the performance period	X	-	X	-	X	-
M1388	Patients with documentation of an exam performed for recurrence of melanoma	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
M1389	Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	X	-	X	-	X	-
M1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period	X	-	X	-	X	-
M1391	All patients who were diagnosed with recurrent melanoma during the current performance period	X	-	X	-	X	-
M1392	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	X	-	X	-	X	-
M1393	Patients who were not diagnosed with recurrent melanoma during the current performance period	X	-	X	-	X	-
M1394	Stages i-iii breast cancer	X	-	X	-	X	-
M1395	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-	X	-	X	-
M1396	Patients on a therapeutic clinical trial	X	-	X	-	X	-
M1397	Patients with recurrence/disease progression	X	-	X	-	X	-
M1398	Patients with baseline and follow-up promis surveys documented in the medical record	X	-	X	-	X	-
M1399	Patients who leave the practice during the follow-up period	X	-	X	-	X	-
M1400	Patients who died during the follow-up period	X	-	X	-	X	-
M1401	Stages i-iii breast cancer	X	-	X	-	X	-
M1402	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-	X	-	X	-
M1403	Patients with baseline and follow-up promis surveys documented in the medical record	X	-	X	-	X	-
M1404	Patients on a therapeutic clinical trial	X	-	X	-	X	-
M1405	Patients with recurrence/disease progression	X	-	X	-	X	-
M1406	Patients who leave the practice during the follow-up period	X	-	X	-	X	-
M1407	Patients who died during the follow-up period	X	-	X	-	X	-
M1408	Patients who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer	X	-	X	-	X	-
M1409	Patients who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis	X	-	X	-	X	-
M1410	Patients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis	X	-	X	-	X	-
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
M1412	Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1 rearrangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement	X	-	X	-	X	-
M1413	Patients who had a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	X	-	X	-	X	-
M1414	Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication)	X	-	X	-	X	-
M1415	Patients who did not have a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	X	-	X	-	X	-
M1416	Patient received hospice services any time during the performance period	X	-	X	-	X	-
M1417	Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	X	-	X	-	X	-
M1418	Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination because of a medical contraindication documented by clinician	X	-	X	-	X	-
M1419	Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	X	-	X	-	X	-
M1420	Complete ophthalmologic care mips value pathway	X	-	X	-	X	-
M1421	Dermatological care mips value pathway	X	-	X	-	X	-
M1422	Gastroenterology care mips value pathway	X	-	X	-	X	-
M1423	Optimal care for patients with urologic conditions mips value pathway	X	-	X	-	X	-
M1424	Pulmonology care mips value pathway	X	-	X	-	X	-
M1425	Surgical care mips value pathway	X	-	X	-	X	-
P2031	Hair analysis	X	-	X	-	X	-
P9020	Plaelet rich plasma unit	X	-	X	-	X	-
P9603	One-way allow prorated miles	X	-	X	-	X	-
P9604	One-way allow prorated trip	X	-	X	-	X	-
Q0035	Cardiokymography	X	-	X	-	X	-
Q0113	Pinworm examinations	X	-	X	-	X	-
Q0114	Fern test	X	-	X	-	X	-
Q0115	Post-coital mucous exam	X	-	X	-	X	-
Q0478	Power adapter, combo vad	-	X	-	X	-	X
Q0479	Power module combo vad, rep	-	X	-	X	-	X
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	-	X	-	X	-	X
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	-	X	-	X	-	X
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	-	X	-	X	-	X
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	-	X	-	X	-	X
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0488	Power pack base for use with electric ventricular assist device, replacement only	-	X	-	X	-	X
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	-	X	-	X	-	X
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	-	X	-	X	-	X
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	X	-	X	-	X	-
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	X	-	X	-	X	-
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	X	-	X	-	X	-
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0499	Belt/vest elec/combo vad rep	-	X	-	X	-	X
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	-	X	-	X	-	X
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	-	X	-	X	-	X
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	X	-	X	-	X	-
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant	X	-	X	-	X	-
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a	X	-	X	-	X	-
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription i	X	-	X	-	X	-
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	X	-	X	-	X	-
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	X	-	X	-	X	-
Q0521	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	X	-	X	-	X	-
Q1004	Ntiol category 4	X	-	X	-	X	-
Q1005	Ntiol category 5	X	-	X	-	X	-
Q3031	Collagen skin test	X	-	X	-	X	-
Q4100	Skin substitute, not otherwise specified	X	-	X	-	X	-
Q4130	Strattice tm, per square centimeter	X	-	X	-	X	-
Q4134	Hmatrix, per square centimeter	X	-	X	-	X	-
Q4135	Mediskin, per square centimeter	X	-	X	-	X	-
Q4136	Ez-derm, per square centimeter	X	-	X	-	X	-
Q4137	Amnioexcel or biodexcel, 1cm	X	-	X	-	X	-
Q4138	Biodfence dryflex, 1cm	X	-	X	-	X	-
Q4139	Amnio or biodmatrix, inj 1cc	X	-	X	-	X	-
Q4140	Biodfence 1cm	X	-	X	-	X	-
Q4142	Xcm biologic tiss matrix 1cm	X	-	X	-	X	-
Q4143	Repriza, 1cm	X	-	X	-	X	-
Q4145	Epifix, inj, 1mg	X	-	X	-	X	-
Q4146	Tensix, 1cm	X	-	X	-	X	-
Q4147	Architect ecm, 1cm	X	-	X	-	X	-
Q4148	Neox 1k, 1cm	X	-	X	-	X	-
Q4149	Excellagen, 0.1 cc	X	-	X	-	X	-
Q4150	Allowrap ds or dry 1 sq cm	X	-	X	-	X	-
Q4151	Amnioband, guardian 1 sq cm	X	-	X	-	X	-
Q4152	Dermapure 1 square cm	X	-	X	-	X	-
Q4153	Dermavest 1 square cm	X	-	X	-	X	-
Q4154	Biovance 1 square cm	X	-	X	-	X	-
Q4155	Neoxflo or clarixflo 1 mg	X	-	X	-	X	-
Q4156	Neox 100 1 square cm	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
Q4157	Revitalon 1 square cm	X	-	X	-	X	-
Q4158	Kerecis omega3, per sq cm	X	-	X	-	X	-
Q4159	Affinity1 square cm	X	-	X	-	X	-
Q4160	Nushield 1 square cm	X	-	X	-	X	-
Q4161	Bio-connekt wound matrix, per square centimeter	X	-	X	-	X	-
Q4162	Wndex flw, bioskn flw, 0.5cc	X	-	X	-	X	-
Q4163	Woundex, bioskin, per sq cm	X	-	X	-	X	-
Q4164	Helicoll, per square centimeter	X	-	X	-	X	-
Q4165	Keramatrix, per square centimeter	X	-	X	-	X	-
Q4167	Truskin, per sq centimeter	X	-	X	-	X	-
Q4168	Amnioband, 1 mg	X	-	X	-	X	-
Q4169	Artacent wound, per sq cm	X	-	X	-	X	-
Q4170	Cygnus, per sq cm	X	-	X	-	X	-
Q4171	Interfyl, 1 mg	X	-	X	-	X	-
Q4173	Palingen or palingen xplus	X	-	X	-	X	-
Q4174	Palingen or promatrnx	X	-	X	-	X	-
Q4175	Miroderm	X	-	X	-	X	-
Q4176	Neopatch, per sq centimeter	X	-	X	-	X	-
Q4177	Floweramnioflo, 0.1 cc	X	-	X	-	X	-
Q4179	Flowerderm, per sq cm	X	-	X	-	X	-
Q4180	Revita, per sq cm	X	-	X	-	X	-
Q4181	Amnio wound, per square cm	X	-	X	-	X	-
Q4182	Transcyte, per sq centimeter	X	-	X	-	X	-
Q4183	Surgigraft, per square centimeter	X	-	X	-	X	-
Q4184	Cellesta, per square centimeter	X	-	X	-	X	-
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	X	-	X	-	X	-
Q4187	Epicord, per square centimeter	X	-	X	-	X	-
Q4188	Amnioarmor, per square centimeter	X	-	X	-	X	-
Q4189	Artacent ac, 1 mg	X	-	X	-	X	-
Q4190	Artacent ac, per square centimeter	X	-	X	-	X	-
Q4191	Restorigin, per square centimeter	X	-	X	-	X	-
Q4192	Restorigin, 1 cc	X	-	X	-	X	-
Q4193	Coll-e-derm, per square centimeter	X	-	X	-	X	-
Q4194	Novachor, per square centimeter	X	-	X	-	X	-
Q4195	Puraply, per square centimeter	X	-	X	-	X	-
Q4196	Puraply am, per square centimeter	X	-	X	-	X	-
Q4197	Puraply xt, per square centimeter	X	-	X	-	X	-
Q4198	Genesis amniotic membrane, per square centimeter	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
Q4199	Cygnus matrix, per square centimeter	X	-	X	-	X	-
Q4200	Skin te, per square centimeter	X	-	X	-	X	-
Q4201	Matrion, per square centimeter	X	-	X	-	X	-
Q4202	Keroxx (2.5g/cc), 1cc	X	-	X	-	X	-
Q4203	Derma-gide, per square centimeter	X	-	X	-	X	-
Q4204	Xwrap, per square centimeter	X	-	X	-	X	-
Q4206	Fluid flow or fluid gf 1 cc	X	-	X	-	X	-
Q4209	Surgraft per sq cm	X	-	X	-	X	-
Q4210	Axolotl graf dualgraf sq cm	X	-	X	-	X	-
Q4211	Amnion bio or axobio sq cm	X	-	X	-	X	-
Q4212	Allogen, per cc	X	-	X	-	X	-
Q4213	Ascent, 0.5 mg	X	-	X	-	X	-
Q4214	Cellesta cord per sq cm	X	-	X	-	X	-
Q4215	Axolotl ambient, cryo 0.1 mg	X	-	X	-	X	-
Q4216	Artacent cord per sq cm	X	-	X	-	X	-
Q4217	Woundfix biowound plus xplus	X	-	X	-	X	-
Q4218	Surgicord per sq cm	X	-	X	-	X	-
Q4219	Surgigraft dual per sq cm	X	-	X	-	X	-
Q4220	Bellacell hd, surederm sq cm	X	-	X	-	X	-
Q4221	Amniowrap2 per sq cm	X	-	X	-	X	-
Q4222	Progenamatrix, per sq cm	X	-	X	-	X	-
Q4224	Hhf10-p per sq cm	X	-	X	-	X	-
Q4225	Amniobind, per sq cm	X	-	X	-	X	-
Q4226	Myown harv prep proc sq cm	X	-	X	-	X	-
Q4227	Amniocore per sq cm	X	-	X	-	X	-
Q4228	Bionextpatch, per sq cm	X	-	X	-	X	-
Q4229	Cogenex amnio memb per sq cm	X	-	X	-	X	-
Q4230	Cogenex flow amnion 0.5 cc	X	-	X	-	X	-
Q4232	Corplex, per sq cm	X	-	X	-	X	-
Q4233	Surfactor /nudyn per 0.5 cc	X	-	X	-	X	-
Q4234	Xcellerate, per sq cm	X	-	X	-	X	-
Q4235	Amniorepair or altiply sq cm	X	-	X	-	X	-
Q4236	Carepatch per sq cm	X	-	X	-	X	-
Q4237	Cryo-cord, per sq cm	X	-	X	-	X	-
Q4238	Derm-maxx, per sq cm	X	-	X	-	X	-
Q4239	Amnio-maxx or lite per sq cm	X	-	X	-	X	-
Q4240	Corecyte topical only 0.5 cc	X	-	X	-	X	-
Q4241	Polycyte, topical only 0.5cc	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
Q4242	Amniocyte plus, per 0.5 cc	X	-	X	-	X	-
Q4244	Procenta, per 200 mg	X	-	X	-	X	-
Q4245	Amniotext, per cc	X	-	X	-	X	-
Q4246	Coretext or protext, per cc	X	-	X	-	X	-
Q4247	Amniotext patch, per sq cm	X	-	X	-	X	-
Q4248	Dermacyte amn mem allo sq cm	X	-	X	-	X	-
Q4249	Amniplly, per sq cm	X	-	X	-	X	-
Q4250	Amnioamp-mp per sq cm	X	-	X	-	X	-
Q4251	Vim, per square centimeter	X	-	X	-	X	-
Q4252	Vendaje, per square centimeter	X	-	X	-	X	-
Q4253	Zenith amniotic membrane, per square centimeter	X	-	X	-	X	-
Q4255	Reguard, topical use per sq	X	-	X	-	X	-
Q4256	Mlg complet, per sq cm	X	-	X	-	X	-
Q4257	Relese, per sq cm	X	-	X	-	X	-
Q4258	Enverse, per sq cm	X	-	X	-	X	-
Q4259	Celera dual layer or celera dual membrane, per square centimeter	X	-	X	-	X	-
Q4260	Signature apatch, per square centimeter	X	-	X	-	X	-
Q4261	Tag, per square centimeter	X	-	X	-	X	-
Q4262	Dual layer impax membrane, per square centimeter	X	-	X	-	X	-
Q4263	Surgraft tl, per square centimeter	X	-	X	-	X	-
Q4264	Cocoon membrane, per square centimeter	X	-	X	-	X	-
Q4265	Neostim tl, per square centimeter	X	-	X	-	X	-
Q4266	Neostim membrane, per square centimeter	X	-	X	-	X	-
Q4267	Neostim dl, per square centimeter	X	-	X	-	X	-
Q4268	Surgraft ft, per square centimeter	X	-	X	-	X	-
Q4269	Surgraft xt, per square centimeter	X	-	X	-	X	-
Q4270	Complete sl, per square centimeter	X	-	X	-	X	-
Q4271	Complete ft, per square centimeter	X	-	X	-	X	-
Q4272	Esano a, per square centimeter	X	-	X	-	X	-
Q4273	Esano aaa, per square centimeter	X	-	X	-	X	-
Q4274	Esano ac, per square centimeter	X	-	X	-	X	-
Q4275	Esano aca, per square centimeter	X	-	X	-	X	-
Q4276	Orion, per square centimeter	X	-	X	-	X	-
Q4277	Woundplus membrane or e-graft, per square centimeter	X	-	X	-	X	-
Q4278	Epieffect, per square centimeter	X	-	X	-	X	-
Q4279	Vendaje AC, per sq cm	X	-	X	-	X	-
Q4280	Xcell amnio matrix, per square centimeter	X	-	X	-	X	-
Q4281	Barrera sl or barrera dl, per square centimeter	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
Q4282	Cygnus dual, per square centimeter	X	-	X	-	X	-
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	X	-	X	-	X	-
Q4284	Dermabind sl, per square centimeter	X	-	X	-	X	-
Q4287	DermaBind DL, per sq cm	X	-	X	-	X	-
Q4288	DermaBind CH, per sq cm	X	-	X	-	X	-
Q4289	RevoShield+ Amniotic Barrier, per sq cm	X	-	X	-	X	-
Q4290	Membrane Wrap-Hydro™, per sq cm	X	-	X	-	X	-
Q4291	Lamellas XT, per sq cm	X	-	X	-	X	-
Q4292	Lamellas, per sq cm	X	-	X	-	X	-
Q4293	Acesso DL, per sq cm	X	-	X	-	X	-
Q4294	Amnio Quad-Core, per sq cm	X	-	X	-	X	-
Q4295	Amnio Tri-Core Amniotic, per sq cm	X	-	X	-	X	-
Q4296	Rebound Matrix, per sq cm	X	-	X	-	X	-
Q4297	Emerge Matrix, per sq cm	X	-	X	-	X	-
Q4298	AmniCore Pro, per sq cm	X	-	X	-	X	-
Q4299	AmniCore Pro+, per sq cm	X	-	X	-	X	-
Q4300	Acesso TL, per sq cm	X	-	X	-	X	-
Q4301	Activate Matrix, per sq cm	X	-	X	-	X	-
Q4302	Complete ACA, per sq cm	X	-	X	-	X	-
Q4303	Complete AA, per sq cm	X	-	X	-	X	-
Q4304	Grafix plus, per sq cm	X	-	X	-	X	-
Q4305	American amnion ac tri-layer, per square centimeter	X	-	X	-	X	-
Q4306	American amnion ac, per square centimeter	X	-	X	-	X	-
Q4307	American amnion, per square centimeter	X	-	X	-	X	-
Q4308	Sanopellis, per square centimeter	X	-	X	-	X	-
Q4309	Via matrix, per square centimeter	X	-	X	-	X	-
Q4310	Procenta, per 100 mg	X	-	X	-	X	-
Q4311	Acesso, per sq cm	X	-	X	-	X	-
Q4312	Acesso ac, per sq cm	X	-	X	-	X	-
Q4313	Dermabind fm, per sq cm	X	-	X	-	X	-
Q4314	Reeva, per sq cm	X	-	X	-	X	-
Q4315	Regenelink amniotic mem allo	X	-	X	-	X	-
Q4316	Amchoplast, per sq cm	X	-	X	-	X	-
Q4317	Vitograft, per sq cm	X	-	X	-	X	-
Q4318	E-graft, per sq cm	X	-	X	-	X	-
Q4319	Sanograft, per sq cm	X	-	X	-	X	-
Q4320	Pellograft, per sq cm	X	-	X	-	X	-
Q4321	Renograft, per sq cm	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
Q4322	Caregraft, per sq cm	X	-	X	-	X	-
Q4323	Alloply, per sq cm	X	-	X	-	X	-
Q4324	Amniotx, per sq cm	X	-	X	-	X	-
Q4325	Acapatch, per sq cm	X	-	X	-	X	-
Q4326	Woundplus, per sq cm	X	-	X	-	X	-
Q4327	Duoamnion, per sq cm	X	-	X	-	X	-
Q4328	Most, per sq cm	X	-	X	-	X	-
Q4329	Singlay, per sq cm	X	-	X	-	X	-
Q4330	Total, per sq cm	X	-	X	-	X	-
Q4331	Axolotl graft, per sq cm	X	-	X	-	X	-
Q4332	Axolotl dualgraft, per sq cm	X	-	X	-	X	-
Q4333	Ardeograft, per sq cm	X	-	X	-	X	-
Q4334	Amnioplast 1, per square centimeter	X	-	X	-	X	-
Q4335	Amnioplast 2, per square centimeter	X	-	X	-	X	-
Q4336	Artacent c, per square centimeter	X	-	X	-	X	-
Q4337	Artacent trident, per square centimeter	X	-	X	-	X	-
Q4338	Artacent velos, per square centimeter	X	-	X	-	X	-
Q4339	Artacent vericlen, per square centimeter	X	-	X	-	X	-
Q4340	Simpligraft, per square centimeter	X	-	X	-	X	-
Q4341	Simplimax, per square centimeter	X	-	X	-	X	-
Q4342	Theramend, per square centimeter	X	-	X	-	X	-
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	X	-	X	-	X	-
Q4344	Tri-membrane wrap, per square centimeter	X	-	X	-	X	-
Q4345	Matrix hd allograft dermis, per square centimeter	X	-	X	-	X	-
Q4346	Shelter dm matrix, per square centimeter	X	-	X	-	X	-
Q4347	Rampart dl matrix, per square centimeter	X	-	X	-	X	-
Q4348	Sentry sl matrix, per square centimeter	X	-	X	-	X	-
Q4349	Mantle dl matrix, per square centimeter	X	-	X	-	X	-
Q4350	Palisade dm matrix, per square centimeter	X	-	X	-	X	-
Q4351	Enclose tl matrix, per square centimeter	X	-	X	-	X	-
Q4352	Overlay sl matrix, per square centimeter	X	-	X	-	X	-
Q4353	Xceed tl matrix, per square centimeter	X	-	X	-	X	-
Q4354	Palingen dual-layer membrane, per square centimeter	X	-	X	-	X	-
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	X	-	X	-	X	-
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	X	-	X	-	X	-
Q4357	Xwrap plus, per square centimeter	X	-	X	-	X	-
Q4358	Xwrap dual, per square centimeter	X	-	X	-	X	-
Q4359	Choriply, per square centimeter	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
Q4360	Amchoplast fd, per square centimeter	X	-	X	-	X	-
Q4361	Epixpress, per square centimeter	X	-	X	-	X	-
Q4362	Cygnus disk, per square centimeter	X	-	X	-	X	-
Q4363	Amnio burgeon membrane and hydromembrane, per square centimeter	X	-	X	-	X	-
Q4364	Amnio burgeon xplus membrane and xplus hydromembrane, per square centimeter	X	-	X	-	X	-
Q4365	Amnio burgeon dual-layer membrane, per square centimeter	X	-	X	-	X	-
Q4366	Dual layer amnio burgeon x-membrane, per square centimeter	X	-	X	-	X	-
Q4367	Amniocore sl, per square centimeter	X	-	X	-	X	-
Q4368	Amchothick, per square centimeter	X	-	X	-	X	-
Q4369	Amnioplast 3, per square centimeter	X	-	X	-	X	-
Q4370	Aeroguard, per square centimeter	X	-	X	-	X	-
Q4371	Neoguard, per square centimeter	X	-	X	-	X	-
Q4372	Amchoplast excel, per square centimeter	X	-	X	-	X	-
Q4373	Membrane wrap lite, per square centimeter	X	-	X	-	X	-
Q4375	Duograft ac, per square centimeter	X	-	X	-	X	-
Q4376	Duograft aa, per square centimeter	X	-	X	-	X	-
Q4377	Trigraft ft, per square centimeter	X	-	X	-	X	-
Q4378	Renew ft matrix, per square centimeter	X	-	X	-	X	-
Q4379	Amniodefend ft matrix, per square centimeter	X	-	X	-	X	-
Q4380	Advograft one, per square centimeter	X	-	X	-	X	-
Q4382	Advograft dual, per square centimeter	X	-	X	-	X	-
Q5001	Hospice in patient home	-	X	-	X	-	X
Q5002	Hospice in assist living	-	X	-	X	-	X
Q5003	Hospice in lt/non-skilled nf	-	X	-	X	-	X
Q5004	Hospice in snf	-	X	-	X	-	X
Q5005	Hospice, inpatient hospital	-	X	-	X	-	X
Q5006	Hospice in hospice facility	-	X	-	X	-	X
Q5007	Hospice in ltch	-	X	-	X	-	X
Q5008	Hospice in inpatient psych	-	X	-	X	-	X
Q5009	Hospice, nos	-	X	-	X	-	X
Q5010	Hospice home care provided in a hospice facility	-	X	-	X	-	X
Q9001	Va chaplain assessment	X	-	X	-	X	-
Q9002	Va chaplain counsel individu	X	-	X	-	X	-
Q9003	Va chaplain counsel group	X	-	X	-	X	-
Q9004	Va whole health partner serv	X	-	X	-	X	-
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	X	-	X	-	X	-
R0075	Transport port x-ray multipl	X	-	X	-	X	-
R0076	Transport portable ekg	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
S0201	Partial hospitalization services, less than 24 hours, per diem	-	X	-	X	-	X
S0207	Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	X	-	X	-	X	-
S0208	Paramedic intercept, hospital-based als service (non-voluntary), non transport	X	-	X	-	X	-
S0209	Wheelchair van, mileage, per mile	X	-	X	-	X	-
S0215	Non-emergency transportation; mileage	X	-	X	-	X	-
S0220	Medical conference by physic	X	-	X	-	X	-
S0221	Medical conference, 60 min	X	-	X	-	X	-
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	X	-	X	-	X	-
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro	X	-	X	-	X	-
S0270	Physician management f patient home care standard monthly case rate per 30 days	X	-	X	-	X	-
S0271	Physician management of patient home care hospice monthly case rate per 30 days	X	-	X	-	X	-
S0272	Physician management of patient home care episodic care monthly case rate per 30 days	X	-	X	-	X	-
S0274	Nurse practioner visit at members home outside of a capitation arrangement	X	-	X	-	X	-
S0280	Medical home program, comprehensive care coordination and planning, initial plan	X	-	X	-	X	-
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	X	-	X	-	X	-
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	X	-	X	-	X	-
S0302	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva	X	-	X	-	X	-
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service.)	X	-	X	-	X	-
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	X	-	X	-	X	-
S0315	Disease management program, initial assessment and initiation of program	X	-	X	-	X	-
S0316	Disease management program, followup assessment	X	-	X	-	X	-
S0317	Disease management program; per diem	X	-	X	-	X	-
S0320	Telephone calls by reg nurse to disease management program member	X	-	X	-	X	-
S0340	Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar	X	-	X	-	X	-
S0341	Lifestyle modification program for management for coronary artery disease, including all supportive services; second or	X	-	X	-	X	-
S0342	Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua	X	-	X	-	X	-
S0353	Treatment planning and care coordination management for cancer initial treatment	-	X	-	X	-	X
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	X	-	X	-	X	-
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	X	-	X	-	X	-
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-	X	-	X	-
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-	X	-	X	-
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens	X	-	X	-	X	-
S0516	Safety eyeglass frames	X	-	X	-	X	-
S0518	Sunglasses frames	X	-	X	-	X	-
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)	X	-	X	-	X	-
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	X	-	X	-	X	-
S0590	Integral lens service, miscellaneous services reported separately	X	-	X	-	X	-
S0595	Dispensing new spectacle lenses for patient supplied frame	X	-	X	-	X	-
S0596	Phakic intraocular lens for correction of refractive error	X	-	X	-	X	-
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	-	-	X	-	-	-
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and managem	X	-	X	-	X	-
S0800	Laser in situ keratomileusis	X	-	X	-	X	-
S0810	Photorefractive keratectomy	X	-	X	-	X	-
S0812	Phototherapeutic keratectomy (ptk)	X	-	X	-	X	-
S1001	Deluxe item, patient aware (list in addition to code for basic item)	X	-	X	-	X	-
S1002	Customized item (list in addition to code for basic item)	X	-	X	-	X	-
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	-	X	-	X	-	X
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	-	X	-	X	-	X
S2053	Transplantation of small int	X	-	X	-	X	-
S2054	Transplantation of multivisc	X	-	X	-	X	-
S2055	Harvesting of donor multivisc	X	-	X	-	X	-
S2060	Lobar lung transplantation	-	X	-	X	-	X
S2061	Donor lobectomy (lung)	-	X	-	X	-	X
S2065	Simultaneous pancreas kidney transplantation	-	X	-	X	-	X
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	X	-	X	-	X	-
S2102	Islet cell tissue transplant	X	-	X	-	X	-
S2103	Adrenal tissue transplant	X	-	X	-	X	-
S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	X	-	X	-	X	-
S2140	Cord blood harvesting	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
S2142	Cord blood-derived stem-cell	X	-	X	-	X	-
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	-	X	-	X	-	X
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement,	X	-	X	-	X	-
S2202	Echosclerotherapy	X	-	X	-	X	-
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	X	-	X	-	X	-
S2235	Implantationof auditory brain stem implant	-	-	X	-	-	-
S2260	Induced abortion, 17 to 24 weeks, any surgical method	X	-	X	-	X	-
S2265	Abortion for fetal indication, 25-28 weeks	X	-	X	-	X	-
S2266	Abortion for fetal indication, 29-31 weeks	X	-	X	-	X	-
S2267	Abortion for fetal induction, 32 weeks or greater	X	-	X	-	X	-
S2300	Arthroscopy, shoulder, surgi	X	-	X	-	X	-
S2348	Decompress disc rf lumbar	X	-	X	-	X	-
S2350	Discectomy, anterior, with d	X	-	X	-	X	-
S2351	Discectomy, anterior, with d	X	-	X	-	X	-
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	X	-	X	-	X	-
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	X	-	X	-	X	-
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	X	-	X	-	X	-
S3005	Performance measurement, evaluation of patient self assessment, depression	X	-	X	-	X	-
S3650	Saliva test, hormone level;	X	-	X	-	X	-
S3652	Saliva test, hormone level;	X	-	X	-	X	-
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	-	X	-	X	-	X
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	-	X	-	X	-	X
S3841	Genetic testing for retinoblastoma	-	X	-	X	-	X
S3842	Genetic testing for von hippel-lindau disease	-	X	-	X	-	X
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	-	X	-	X	-	X
S3845	Genetic testing for alpha-thalassemia	-	X	-	X	-	X
S3846	Genetic testing for hemoglobin e beta-thalassemia	-	X	-	X	-	X
S3849	Genetic testing for niemann-pick disease	-	X	-	X	-	X
S3850	Genetic testing for sickle cell anemia	-	X	-	X	-	X
S3852	Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease	X	-	X	-	X	-
S3853	Genetic testing for myotonic muscular dystrophy	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	-	X	-	X	-	X
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	-	X	-	X	-	X
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	-	X	-	X	-	X
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mu	-	X	-	X	-	X
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or mental	-	X	-	X	-	X
S3900	Surface electromyography (emg)	X	-	X	-	X	-
S3904	Masters two step	X	-	X	-	X	-
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	X	-	X	-	X	-
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	X	-	X	-	X	-
S4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	X	-	X	-	X	-
S4014	Complete cycle, zygote intrafallopian transfer (zift), case rate	X	-	X	-	X	-
S4015	Complete in vitro fertilization cycle, case rate	X	-	X	-	X	-
S4016	Frozen in vitro fertilization cycle, case rate	X	-	X	-	X	-
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	X	-	X	-	X	-
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	X	-	X	-	X	-
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	X	-	X	-	X	-
S4021	In vitro fertilization procedure cancellation after aspiration, case rate	X	-	X	-	X	-
S4022	Assisted oocyte fertilization, case rate	X	-	X	-	X	-
S4023	Donor egg cycle, incomplete, case rate	X	-	X	-	X	-
S0424	Air polymer-type a intrauterine foam, per study dose	X	-	X	-	X	-
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	X	-	X	-	X	-
S4026	Procurement of donor sperm from sperm bank	X	-	X	-	X	-
S4027	Storage of previously frozen embryos	X	-	X	-	X	-
S4028	Microsurgical epididymal sperm aspiration (mesa)	X	-	X	-	X	-
S4030	Sperm procurement and cryopreservation services; initial visit	X	-	X	-	X	-
S4031	Sperm procurement and cryopreservation services; subsequent visit	X	-	X	-	X	-
S4035	Stimulated intrauterine insemination (iui), case rate	X	-	X	-	X	-
S4037	Cryopreserved embryo transfer, case rate	X	-	X	-	X	-
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	X	-	X	-	X	-
S4042	Ovulation mgmt per cycle	X	-	X	-	X	-
S4990	Nicotine patches, legend	X	-	X	-	X	-
S4991	Nicotine patches, non-legend	X	-	X	-	X	-
S4993	Contraceptive pills for birth control	X	-	X	-	X	-
S4995	Smoking cessation gum	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
S5000	Prescription drug, generic	X	-	X	-	X	-
S5001	Prescription drug,brand name	X	-	X	-	X	-
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	-	X	-	X	-	X
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	-	X	-	X	-	X
S5100	Day care services, adult, per 15 minutes	X	-	X	-	X	-
S5101	Day care services, adult, per half day	X	-	X	-	X	-
S5102	Day care services, adult, per diem	X	-	X	-	X	-
S5105	Day care services, center based, not incl in program fee, per diem	X	-	X	-	X	-
S5108	Home care training to home care client, per 15 minutes	-	X	-	X	-	X
S5109	Home care training to home care client, per 15 minutes per session	-	X	-	X	-	X
S5110	Home care training, family, per 15 minutes	X	-	X	-	X	-
S5111	Home care training, family, per session	X	-	X	-	X	-
S5115	Home care training, non-family, per 15 minutes	X	-	X	-	X	-
S5116	Home care training, non-family, per session	X	-	X	-	X	-
S5120	Chore services, per 15 minutes	X	-	X	-	X	-
S5121	Home care training, family, per diem	X	-	X	-	X	-
S5125	Attendant care services, per 15 minutes	X	-	X	-	X	-
S5126	Attendant care services, per diem	X	-	X	-	X	-
S5130	Homemaker service, nos, per 15 minutes	X	-	X	-	X	-
S5131	Homemaker services, nos, per diem	X	-	X	-	X	-
S5135	Companion care, adult, per 15 minutes	X	-	X	-	X	-
S5136	Companion care, adult, per diem	X	-	X	-	X	-
S5140	Foster care, adult, per diem	X	-	X	-	X	-
S5141	Foster care, adult, per month	X	-	X	-	X	-
S5145	Foster care, therapeutic, child, per diem	X	-	X	-	X	-
S5146	Foster care, therapeutic, child, per month	X	-	X	-	X	-
S5150	Unskilled respite care, not hospice, per 15 minutes	X	-	X	-	X	-
S5151	Unskilled respite care, not hospice, per diem	X	-	X	-	X	-
S5160	Emergency response system, installation and testing	X	-	X	-	X	-
S5161	Emergency response system, service fee per month	X	-	X	-	X	-
S5162	Emergency response system, purchase only	X	-	X	-	X	-
S5165	Home modifications, per service	X	-	X	-	X	-
S5170	Home delivered meals, including preparation, per meal	X	-	X	-	X	-
S5175	Laundry service, external, professional, per order	X	-	X	-	X	-
S5180	Home health respiratory therapy, initial evaluation	-	X	-	X	-	X
S5181	Home health respiratory therapy, nos, per diem	-	X	-	X	-	X
S5185	Medication reminder services, no face to face, per month	X	-	X	-	X	-
S5190	Wellness assessment, performed by non-physician	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	X	-	X	-	X	-
S8035	Magnetic source imaging	X	-	X	-	X	-
S8040	Topographic brain mapping	X	-	X	-	X	-
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction	X	-	X	-	X	-
S8085	Fluorine-18 fluorodeoxygluco	X	-	X	-	X	-
S8092	Electron beam computed tomog	X	-	X	-	X	-
S8130	Interferential current stimulator, 2 channel	X	-	X	-	X	-
S8131	Interferential current stimulator, 4 channel	X	-	X	-	X	-
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	-	-	X	-	-	-
S8415	Supplies for home delivery of infant	X	-	X	-	X	-
S8930	Auricular electrostim	X	-	X	-	X	-
S8940	Equestrian/hippotherapy, per session	X	-	X	-	X	-
S8948	Application of a modality (requiring constant provider attendance) to one or	X	-	X	-	X	-
S8950	Complex lymphedema therapy,	X	-	X	-	X	-
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	X	-	X	-	X	-
S9001	Home uterine monitor with or	X	-	X	-	X	-
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	X	-	X	-	X	-
S9007	Ultrafiltration monitor	-	X	-	X	-	X
S9024	Paranasal sinus ultrasound	X	-	X	-	X	-
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	X	-	X	-	X	-
S9055	Procuren or other growth fac	X	-	X	-	X	-
S9056	Coma stimulation per diem	X	-	X	-	X	-
S9090	Vertebral axial decompressio	X	-	X	-	X	-
S9097	Home visit for wound care	-	X	-	X	-	X
S9098	Home visit, phototherapy services (e.g., billlite), including equipment rental, nursing services, blood draw, supplies a	-	X	-	X	-	X
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per	X	-	X	-	X	-
S9117	Back school, per visit	-	X*	-	X*	-	X*
S9122	Home health aide or certifie	X	-	X	-	X	-
S9123	Nursing care, in the home; b	-	X	X	-	-	X
S9124	Nursing care, in the home; b	-	X	X	-	-	X
S9125	Respite care, in the home, p	X	-	X	-	X	-
S9126	Hospice care, in the home, p	-	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
S9127	Social work visit, in the ho	-	X*	-	X*	-	X*
S9128	Speech therapy, in the home,	-	X*	-	X*	-	X*
S9129	Occupational therapy, in the	-	X*	-	X*	-	X*
S9131	Physical therapy, in the home, per diem	-	X*	-	X*	-	X*
S9140	Diabetic management program,	X	-	X	-	X	-
S9141	Diabetic management program,	X	-	X	-	X	-
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	X	-	X	-	X	-
S9150	Evaluation by ocularist	X	-	X	-	X	-
S9152	Speech therapy, re-evaluation	-	X*	-	X*	-	X*
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	X	-	X	-	X	-
S9430	Pharmacy compounding and dispensing services	X	-	X	-	X	-
S9432	Med food non inborn err meta	X	-	X	-	X	-
S9436	Childbirth preparation/lamaze classes, non-physician provider, per session	X	-	X	-	X	-
S9437	Childbirth refresher classes, non-physician provider, per session	X	-	X	-	X	-
S9438	Cesarean birth classes, non-physician provider, per session	X	-	X	-	X	-
S9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	X	-	X	-	X	-
S9441	Asthma education, non-physician provider, per session	-	-	X	-	-	-
S9442	Birthing classes, non-physician provider, per session	X	-	X	-	X	-
S9444	Parenting classes, non-physician provider, per session	X	-	X	-	X	-
S9447	Infant safety (including cpr) classes, non-physician provider, per session	X	-	X	-	X	-
S9449	Weight management classes, non-physician provider, per session	X	-	X	-	X	-
S9451	Exercise classes, non-physician provider, per session	X	-	X	-	X	-
S9453	Smoking cessation classes, non-physician provider, per session	X	-	X	-	X	-
S9454	Stress management classes, non-physician provider, per session	X	-	X	-	X	-
S9472	Cardiac rehabilitation progr	X	-	X	-	X	-
S9473	Pulmonary rehabilitation pro	X	-	X	-	X	-
S9474	Enterostomal therapy by a re	X	-	X	-	X	-
S9475	Ambulatory setting substance	-	X	-	X	-	X
S9476	Vestibular rehabilitation program, non-physician provider, per diem	X	-	X	-	X	-
S9480	Intensive outpatient psychia	-	X	-	X	-	X
S9482	Family stabilization services, per 15 minutes	X	-	X	-	X	-
S9484	Crisis intervention mental health services, per hour	-	X	-	X	-	X
S9485	Crisis intervention mental h	-	X	-	X	-	X
S9900	Services by a journal-listed christian science practitioner for the purpose of healing, per diem	X	-	X	-	X	-
S9901	Christian sci nurse visit	X	-	X	-	X	-
S9960	Air ambulanc nonemerg fixed	X	-	X	-	X	-
S9961	Air ambulanc nonemerg rotary	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
S9970	Health club membership, annual	X	-	X	-	X	-
S9975	Transplant related lodging, meals and transportation, per diem	X	-	X	-	X	-
S9976	Lodging, per diem, not otherwise specified	X	-	X	-	X	-
S9977	Meals, per diem, not otherwise specified	X	-	X	-	X	-
S9981	Medical records copying fee, administrative	X	-	X	-	X	-
S9982	Medical records copying fee, per page	X	-	X	-	X	-
S9986	Not medically necessary service (patient is aware that service not medically necessary)	X	-	X	-	X	-
S9989	Services provided outside of the united states of america (list in addition to code(s) for service(s)	X	-	X	-	X	-
S9992	Transportation costs to and	X	-	X	-	X	-
S9994	Lodging costs (e.g. hotel ch	X	-	X	-	X	-
S9996	Meals for clinical trial par	X	-	X	-	X	-
S9999	Sales tax	X	-	X	-	X	-
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes	-	X	X	-	-	X
T1001	Nursing assessment/evaluation	-	X	X	-	-	X
T1002	Rn services, up to 15 minutes	-	X	X	-	-	X
T1003	Lpn/lvn services, up to 15 minutes	-	X	X	-	-	X
T1004	Services of a qualified nursing aide, up to 15 minutes	X	-	X	-	X	-
T1005	Respite care services, up to 15 minutes	X	-	X	-	X	-
T1006	Alcohol and/or substance abuse services, family/couple counseling	X	-	X	-	X	-
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	X	-	X	-	X	-
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	X	-	X	-	X	-
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	X	-	X	-	X	-
T1012	Alcohol and/or substance abuse services, skills development	X	-	X	-	X	-
T1013	Sign language or oral interpreter services	X	-	X	-	X	-
T1014	Telehealth transmission, per minute, professional services bill separately	X	-	X	-	X	-
T1015	Clinic visit/encounter, all-inclusive	X	-	X	-	X	-
T1016	Case management, each 15 minutes	X	-	X	-	X	-
T1017	Targeted case management, each 15 minutes	X	-	X	-	X	-
T1018	School-based individualized education program (iep) services, bundled	X	-	X	-	X	-
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	X	-	X	-	X	-
T1020	Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	X	-	X	-	X	-
T1021	Home health aide or certified nurse assistant, per visit	X	-	X	-	X	-
T1022	Contracted home health agency services, all services provided under contract,per day	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.							
T1023	Screening to determine the appropriateness of consideration of an individualfor participation in a specified program, pr	X	-	X	-	X	-
T1024	Evaluation and treatment by an integrated, specialty team contracted to providecoordinated care to multiple or severely	X	-	X	-	X	-
T1025	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	X	-	X	-	X	-
T1026	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	X	-	X	-	X	-
T1027	Family training and counseling for child development, per 15 minutes	X	-	X	-	X	-
T1028	Assessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	X	-	X	-	X	-
T1029	Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	X	-	X	-	X	-
T1030	Nursing care, in the home, by registered nurse, per diem	-	X	-	X	-	X
T1031	Nursing care, in the home, by licensed practical nurse, per diem	-	X	-	X	-	X
T1032	Services performed by a doula birth worker, per 15 minutes	X	-	X	-	X	-
T1033	Services performed by a doula birth worker, per diem	X	-	X	-	X	-
T1040	Comm bh clinic svc per diem	X	-	X	-	X	-
T1041	Comm bh clinic svc per month	X	-	X	-	X	-
T1505	Elec med comp dev, noc	X	-	X	-	X	-
T2001	Non-emergency transportation; patient attendant/escort	X	-	X	-	X	-
T2002	Non-emergency transportation; per diem	X	-	X	-	X	-
T2003	Non-emergency transportation; encounter/trip	X	-	X	-	X	-
T2004	Non-emergency transport; commercial carrier, multi-pass	X	-	X	-	X	-
T2005	Non-emergency transportation; non-ambulatory stretcher van	X	-	X	-	X	-
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	X	-	X	-	X	-
T2010	Preadmission screening and resident review (pasrr) level i id screening, per screen	X	-	X	-	X	-
T2011	Preadmission screening and resident review (pasrr) level ii eval, per eval	X	-	X	-	X	-
T2012	Habilitation, educational; waiver, per diem	X	-	X	-	X	-
T2013	Habilitation, educational, waiver; per hour	X	-	X	-	X	-
T2014	Habilitation, prevocational, waiver; per diem	X	-	X	-	X	-
T2015	Habilitation, prevocational, waiver; per hour	X	-	X	-	X	-
T2016	Habilitation, residential, waiver; per diem	X	-	X	-	X	-
T2017	Habilitation, residential, waiver; 15 minutes	X	-	X	-	X	-
T2018	Habilitation, supported employment, waiver; per diem	X	-	X	-	X	-
T2019	Habilitation, supported employment, waiver; per 15 minutes	X	-	X	-	X	-
T2020	Day habilitation, waiver; per diem	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
T2021	Day habilitation, waiver; per 15 minutes	X	-	X	-	X	-
T2022	Case management, per month	X	-	X	-	X	-
T2023	Targeted case management; per month	X	-	X	-	X	-
T2024	Service assessment/plan of care development, waiver	X	-	X	-	X	-
T2025	Waiver services; not otherwise specified (nos)	X	-	X	-	X	-
T2026	Specialized childcare, waiver; per diem	X	-	X	-	X	-
T2027	Specialized childcare, waiver; per 15 minutes	X	-	X	-	X	-
T2028	Specialized supply, not otherwise specified, waiver	X	-	X	-	X	-
T2029	Specialized medical equipment, not otherwise specified, waiver	X	-	X	-	X	-
T2030	Assisted living, waiver; per month	X	-	X	-	X	-
T2031	Assisted living; waiver, per diem	X	-	X	-	X	-
T2032	Residential care, not otherwise specified (nos), waiver; per month	X	-	X	-	X	-
T2033	Residential care, not otherwise specified (nos), waiver; per diem	X	-	X	-	X	-
T2034	Crisis intervention, waiver; per diem	X	-	X	-	X	-
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	X	-	X	-	X	-
T2036	Therapeutic camping, overnight, waiver; each session	X	-	X	-	X	-
T2037	Therapeutic camping, day, waiver; each session	X	-	X	-	X	-
T2038	Community transition, waiver; per service	X	-	X	-	X	-
T2039	Vehicle modifications, waiver; per service	X	-	X	-	X	-
T2040	Financial management, self-directed, waiver; per 15 minutes	X	-	X	-	X	-
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	X	-	X	-	X	-
T2042	Hospice routine home care; per diem	-	X	-	X	-	X
T2043	Hospice continuous home care; per hour	-	X	-	X	-	X
T2044	Hospice inpatient respite care; per diem	X	-	X	-	X	-
T2045	Hospice general inpatient care; per diem	-	X	-	X	-	X
T2046	Hospice long term care, room and board only; per diem	X	-	X	-	X	-
T2047	Hab prevo waiver per 15	X	-	X	-	X	-
T2048	Behavioral health; long-term care residential (non-acute care in a residential program, per diem	X	-	X	-	X	-
T2049	Non-emergency transportation; stretcher van, mileage; per mile	X	-	X	-	X	-
T2050	Financial mgt waiver/diem	X	-	X	-	X	-
T2051	Support broker waiver/diem	X	-	X	-	X	-
T4521	Adult size brief/diaper sm	X	-	X	-	X	-
T4522	Adult size brief/diaper med	X	-	X	-	X	-
T4523	Adult size brief/diaper lg	X	-	X	-	X	-
T4524	Adult size brief/diaper xl	X	-	X	-	X	-
T4525	Adult size pull-on sm	X	-	X	-	X	-
T4526	Adult size pull-on med	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
T4527	Adult size pull-on lg	X	-	X	-	X	-
T4528	Adult size pull-on xl	X	-	X	-	X	-
T4529	Ped size brief/diaper sm/med	X	-	X	-	X	-
T4530	Ped size brief/diaper lg	X	-	X	-	X	-
T4531	Ped size pull-on sm/med	X	-	X	-	X	-
T4532	Ped size pull-on lg	X	-	X	-	X	-
T4533	Youth size brief/diaper	X	-	X	-	X	-
T4534	Youth size pull-on	X	-	X	-	X	-
T4535	Disposable liner/shield/pad	X	-	X	-	X	-
T4536	Reusable pull-on any size	X	-	X	-	X	-
T4537	Reusable underpad bed size	X	-	X	-	X	-
T4538	Diaper serv reusable diaper	X	-	X	-	X	-
T4539	Reuse diaper/brief any size	X	-	X	-	X	-
T4540	Reusable underpad chair size	X	-	X	-	X	-
T4541	Large disposable underpad	X	-	X	-	X	-
T4542	Small disposable underpad	X	-	X	-	X	-
T4543	Disposable incontinence product, brief/diaper, bariatric, each	X	-	X	-	X	-
T4544	Adlt disp und/pull on abv xl	X	-	X	-	X	-
T4545	Incontinence product, disposable, penile wrap, each	X	-	X	-	X	-
T5001	Positioning seat for persons with special orthopedic needs, for use in vehicles	X	-	X	-	X	-
V2020	Vision svcs frames purchases	X	-	X	-	X	-
V2025	Eyeglasses delux frames	X	-	X	-	X	-
V2100	Lens sphr single plano 4.00	X	-	-	-	-	-
V2101	Single visn sphere 4.12-7.00	X	-	-	-	-	-
V2102	Singl visn sphere 7.12-20.00	X	-	-	-	-	-
V2103	Spherocylindr 4.00d/12-2.00d	X	-	-	-	-	-
V2104	Spherocylindr 4.00d/2.12-4d	X	-	-	-	-	-
V2105	Spherocylinder 4.00d/4.25-6d	X	-	-	-	-	-
V2106	Spherocylinder 4.00d/>6.00d	X	-	-	-	-	-
V2107	Spherocylinder 4.25d/12-2d	X	-	-	-	-	-
V2108	Spherocylinder 4.25d/2.12-4d	X	-	-	-	-	-
V2109	Spherocylinder 4.25d/4.25-6d	X	-	-	-	-	-
V2110	Spherocylinder 4.25d/over 6d	X	-	-	-	-	-
V2111	Spherocylindr 7.25d/.25-2.25	X	-	-	-	-	-
V2112	Spherocylindr 7.25d/2.25-4d	X	-	-	-	-	-
V2113	Spherocylindr 7.25d/4.25-6d	X	-	-	-	-	-
V2114	Spherocylinder over 12.00d	X	-	-	-	-	-
V2115	Lens lenticular bifocal	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
V2118	Lens aniseikonic single	X	-	-	-	-	-
V2121	Lenticular lens, per lens, single	X	-	-	-	-	-
V2200	Lens spher bifoc plano 4.00d	X	-	-	-	-	-
V2201	Lens sphere bifocal 4.12-7.0	X	-	-	-	-	-
V2202	Lens sphere bifocal 7.12-20.	X	-	-	-	-	-
V2203	Lens sphcyl bifocal 4.00d/.1	X	-	-	-	-	-
V2204	Lens sphcy bifocal 4.00d/2.1	X	-	-	-	-	-
V2205	Lens sphcy bifocal 4.00d/4.2	X	-	-	-	-	-
V2206	Lens sphcy bifocal 4.00d/ove	X	-	-	-	-	-
V2207	Lens sphcy bifocal 4.25-7d/.	X	-	-	-	-	-
V2208	Lens sphcy bifocal 4.25-7/2.	X	-	-	-	-	-
V2209	Lens sphcy bifocal 4.25-7/4.	X	-	-	-	-	-
V2210	Lens sphcy bifocal 4.25-7/ov	X	-	-	-	-	-
V2211	Lens sphcy bifo 7.25-12/.25-	X	-	-	-	-	-
V2212	Lens sphcyl bifo 7.25-12/2.2	X	-	-	-	-	-
V2213	Lens sphcyl bifo 7.25-12/4.2	X	-	-	-	-	-
V2214	Lens sphcyl bifocal over 12.	X	-	-	-	-	-
V2215	Lens lenticular bifocal	X	-	-	-	-	-
V2218	Lens aniseikonic bifocal	X	-	-	-	-	-
V2219	Lens bifocal seg width over	X	-	-	-	-	-
V2220	Lens bifocal add over 3.25d	X	-	-	-	-	-
V2221	Lenticular lens, per lens, bifocal	X	-	-	-	-	-
V2299	Lens bifocal speciality	X	-	-	-	-	-
V2300	Lens sphere trifocal 4.00d	X	-	-	-	-	-
V2301	Lens sphere trifocal 4.12-7.	X	-	-	-	-	-
V2302	Lens sphere trifocal 7.12-20	X	-	-	-	-	-
V2303	Lens sphcy trifocal 4.0/.12-	X	-	-	-	-	-
V2304	Lens sphcy trifocal 4.0/2.25	X	-	-	-	-	-
V2305	Lens sphcy trifocal 4.0/4.25	X	-	-	-	-	-
V2306	Lens sphcyl trifocal 4.00/>6	X	-	-	-	-	-
V2307	Lens sphcy trifocal 4.25-7/.	X	-	-	-	-	-
V2308	Lens sphc trifocal 4.25-7/2.	X	-	-	-	-	-
V2309	Lens sphc trifocal 4.25-7/4.	X	-	-	-	-	-
V2310	Lens sphc trifocal 4.25-7/>6	X	-	-	-	-	-
V2311	Lens sphc trifo 7.25-12/.25-	X	-	-	-	-	-
V2312	Lens sphc trifo 7.25-12/2.25	X	-	-	-	-	-
V2313	Lens sphc trifo 7.25-12/4.25	X	-	-	-	-	-
V2314	Lens sphcyl trifocal over 12	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
V2315	Lens lenticular trifocal	X	-	-	-	-	-
V2318	Lens aniseikonic trifocal	X	-	-	-	-	-
V2319	Lens trifocal seg width > 28	X	-	-	-	-	-
V2320	Lens trifocal add over 3.25d	X	-	-	-	-	-
V2321	Lenticular lens, per lens, trifocal	X	-	-	-	-	-
V2399	Lens trifocal speciality	X	-	X	-	X	-
V2410	Lens variab asphericity sing	X	-	X	-	X	-
V2430	Lens variable asphericity bi	X	-	X	-	X	-
V2499	Variable asphericity lens	X	-	X	-	X	-
V2524	Cntct lens hydrophil photoch	X	-	X	-	X	-
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	X	-	X	-	X	-
V2600	Hand held low vision aids	X	-	X	-	X	-
V2610	Single lens spectacle mount	X	-	X	-	X	-
V2615	Telescop/othr compound lens	X	-	X	-	X	-
V2628	Fabrication & fitting	-	-	X	-	-	-
V2700	Balance lens	X	-	-	-	-	-
V2702	Deluxe lens feature	-	-	X	-	X	-
V2710	Glass/plastic slab off prism	X	-	-	-	-	-
V2715	Prism lens/es	X	-	-	-	-	-
V2718	Fresnell prism press-on lens	X	-	X	-	X	-
V2730	Special base curve	X	-	-	-	-	-
V2744	Tint photochromatic lens/es	X	-	X	-	X	-
V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photocroatic	X	-	X	-	X	-
V2750	Anti-reflective coating	X	-	X	-	X	-
V2755	Uv lens/es	X	-	X	-	X	-
V2756	Eye glass case	X	-	X	-	X	-
V2760	Scratch resistant coating	X	-	X	-	X	-
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	X	-	X	-	X	-
V2762	Polarization, any lens material, per lens	X	-	X	-	X	-
V2770	Occluder lens/es	X	-	X	-	X	-
V2780	Oversize lens/es	X	-	X	-	X	-
V2781	Progressive lens per lens	X	-	X	-	X	-
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	X	-	X	-	X	-
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass	X	-	X	-	X	-
V2784	Lens, polycarbonate or equal, any index, per lens	X	-	X	-	X	-
V2786	Specialty occupational multifocal lens, per lens	X	-	X	-	X	-
V2787	Astigmatism correcting function of intraocular lens	X	-	X	-	X	-
V2788	Presbyopia correcting function of intraocular lens	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
V2797	Vision supply, accessory and/or service component of another hcpcs vision code	X	-	X	-	X	-
V2799	Miscellaneous vision service	-	-	X	-	-	-
V5010	Assessment for hearing aid	X	-	X	-	X	-
V5011	Hearing aid fitting/checking	X	-	X	-	X	-
V5014	Hearing aid repair/modifying	X	-	X	-	X	-
V5020	Conformity evaluation	X	-	X	-	X	-
V5030	Body-worn hearing aid air	X	-	X	-	X	-
V5040	Body-worn hearing aid bone	X	-	X	-	X	-
V5050	Hearing aid monaural in ear	X	-	X	-	X	-
V5060	Behind ear hearing aid	X	-	X	-	X	-
V5070	Glasses air conduction	X	-	X	-	X	-
V5080	Glasses bone conduction	X	-	X	-	X	-
V5090	Hearing aid dispensing fee	X	-	X	-	X	-
V5095	Semi-implantable middle ear hearing prosthesis	X	-	X	-	X	-
V5100	Body-worn bilat hearing aid	X	-	X	-	X	-
V5110	Hearing aid dispensing fee	X	-	X	-	X	-
V5120	Body-worn binaur hearing aid	X	-	X	-	X	-
V5130	In ear binaural hearing aid	X	-	X	-	X	-
V5140	Behind ear binaur hearing ai	X	-	X	-	X	-
V5150	Glasses binaural hearing aid	X	-	X	-	X	-
V5160	Dispensing fee binaural	X	-	X	-	X	-
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	X	-	X	-	X	-
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	X	-	X	-	X	-
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	X	-	X	-	X	-
V5190	Glasses cros hearing aid	X	-	X	-	X	-
V5200	Cros hearing aid dispens fee	X	-	X	-	X	-
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	X	-	X	-	X	-
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	X	-	X	-	X	-
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	X	-	X	-	X	-
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	X	-	X	-	X	-
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	X	-	X	-	X	-
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	X	-	X	-	X	-
V5230	Glasses bicros hearing aid	X	-	X	-	X	-
V5240	Dispensing fee bicros	X	-	X	-	X	-
V5241	Dispensing fee, monaural healing aid, any type	X	-	X	-	X	-
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	X	-	X	-	X	-
V5243	Hearing aid, analog, monaural, itc (in the canal)	X	-	X	-	X	-
V5244	Hearing aid, digitally programmable analog, monaural, cic	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
V5245	Hearing aid, digitally programmable analog, monaural, itc	X	-	X	-	X	-
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	X	-	X	-	X	-
V5247	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	X	-	X	-	X	-
V5248	Hearing aid, analog, binaural, cic	X	-	X	-	X	-
V5249	Hearing aid, analog, binaural, itc	X	-	X	-	X	-
V5250	Hearing aid, digitally programmable analog, binaural, cic	X	-	X	-	X	-
V5251	Hearing aid, digitally programmable analog, binaural, itc	X	-	X	-	X	-
V5252	Hearing aid, digitally programmable binaural, ite	X	-	X	-	X	-
V5253	Hearing aid, digitally programmable binaural, bte	X	-	X	-	X	-
V5254	Hearing aid, digital, monaural, cic	X	-	X	-	X	-
V5255	Hearing aid, digital, monaural, itc	X	-	X	-	X	-
V5256	Hearing aid, digital, monaural, ite	X	-	X	-	X	-
V5257	Hearing aid, digital, monaural, bte	X	-	X	-	X	-
V5258	Hearing aid, digital, binaural, cic	X	-	X	-	X	-
V5259	Hearing aid, digital, binaural, itc	X	-	X	-	X	-
V5260	Hearing aid, digital, binaural, ite	X	-	X	-	X	-
V5261	Hearing aid, digital, binaural, bte	X	-	X	-	X	-
V5262	Hearing aid, disposable, and type, monaural	X	-	X	-	X	-
V5263	Hearing aid, disposable, and type, binaural	X	-	X	-	X	-
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	X	-	-	-	-	-
V5265	EAR MOLD/INSERT, DISPOSABLE, ANYTYPE	X	-	-	-	-	-
V5266	Battery for use in hearing device	X	-	X	-	X	-
V5267	Hearing aid supplies/accessories	X	-	X	-	X	-
V5268	Assistive listening device, telephone amplifier, any type	X	-	X	-	X	-
V5269	Assistive listening device, alerting, any type	X	-	X	-	X	-
V5270	Assistive listening device, television amplifier, any type	X	-	X	-	X	-
V5271	Assistive listening device, television caption decoder	X	-	X	-	X	-
V5272	Assistive listening device, tdd	X	-	X	-	X	-
V5273	Assistive listening device, for use with cochlear implant	X	-	X	-	X	-
V5274	Assistive listening devise, not otherwise specified	X	-	X	-	X	-
V5275	Ear impression, each	X	-	X	-	X	-
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	-	X	-	X	-
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	X	-	X	-	X	-
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	X	-	X	-	X	-
V5284	Assistive listening device, personal fm/dm, ear level receiver	X	-	X	-	X	-
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	X	-	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



Select
Health

COMMERCIAL CODES NOT COVERED OR REQUIRING PREAUTHORIZATION UTAH

As of: 06/17/25

Codes	Description	Large Employer		Individual Benchmark*		Small Employer and Individual	
		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.							
*Plan coverage limited to ACA 10 essential health benefits.							
V5286	Assistive listening device, personal blue tooth fm/dm receiver	X	-	X	-	X	-
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	X	-	X	-	X	-
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	X	-	X	-	X	-
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	X	-	X	-	X	-
V5290	Assistive listening device, transmitter microphone, any type	X	-	X	-	X	-
V5298	Hearing aid, not otherwise classified	X	-	X	-	X	-
V5362	Speech screening	X	-	X	-	X	-
V5363	Language screening	X	-	X	-	X	-
V5364	Dysphagia screening	X	-	X	-	X	-
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