

sclaimer. Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information requested ymedications and should be directed to the Pharmacy link option within the website.  1990 Unlisted anesth procedure - Insert tissue expander(s) - Insert tissue expander - Insert tissue expander(s) - Insert tissue expand	garding immunizations, injectable drugs,  X  X  X  X  X  X  X  X  X  X  X  X  X
1999   Unlisted anesth procedure   -	X X X X X X X X X X X X X
1960 Insert tissue expander(s)         -           1970 Replace tissue expander         -           1971 Remove tissue expander(s)         -           1975 Hair transplant punch grafts         -           5776 Hair transplant punch grafts         -           5770 Hair transplant punch grafts         -           5780 Abrasion treatment of skin         -           5781 Abrasion treatment of skin         -           5782 Abrasion treatment of skin         -           5783 Chemical peel, face, epiderm         -           5789 Chemical peel, face, dermal         -           5790 Chemical peel, nonfacial         -           5791 Chemical peel, nonfacial         -           5792 Chemical peel, nonfacial         -           5793 Chemical peel, nonfacial         -           5821 Revision of lower eyelid         -           5822 Revision of upper eyelid         -           5823 Revision of upper eyelid         -           5824 Removal of forehead wrinkles         -           5825 Removal of brow wrinkles         -           5826 Removal of face wrinkles         -           5827 Removal of skin wrinkles         -	X X X X X X X X X X X X X
1970 Replace tissue expander         -           1971 Remove tissue expander(s)         -           5775 Hair transplant punch grafts         -           5776 Hair transplant punch grafts         -           5780 Abrasion treatment of skin         -           5781 Abrasion treatment of skin         -           5782 Abrasion treatment of skin         -           5783 Abrasion treatment of skin         -           5780 Chemical peel, face, epiderm         -           5780 Chemical peel, face, dermal         -           5792 Chemical peel, nonfacial         -           5793 Chemical peel, nonfacial         -           5820 Revision of lower eyelid         -           5821 Revision of lower eyelid         -           5822 Revision of upper eyelid         -           5823 Revision of upper eyelid         -           5824 Removal of forehead wrinkles         -           5825 Removal of neck wrinkles         -           5826 Removal of brow wrinkles         -           5827 Removal of skin wrinkles         -           5828 Removal of skin wrinkles         -           5829 Removal of skin wrinkles         -	X X X X X X X X X X X X
1971         Remove tissue expander(s)         -           5775         Hair transplant punch grafts         -           5776         Hair transplant punch grafts         -           5780         Abrasion treatment of skin         -           5781         Abrasion treatment of skin         -           5782         Abrasion treatment of skin         -           5783         Abrasion treatment of skin         -           5786         Chemical peel, face, epiderm         -           5789         Chemical peel, face, dermal         -           5792         Chemical peel, nonfacial         -           5793         Chemical peel, nonfacial         -           5820         Revision of lower eyelid         -           5821         Revision of lower eyelid         -           5822         Revision of upper eyelid         -           5823         Revision of upper eyelid         -           5824         Removal of forehead wrinkles         -           5825         Removal of forehead wrinkles         -           5826         Removal of brow wrinkles         -           5828         Removal of face wrinkles         -           5829         Removal of skin wrinkles	X X X X X X X X X X X
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For Hair transplant punch grafts  Abrasion treatment of skin  Brasion treat	X X X X X X X X X
Abrasion treatment of skin  The streatment of skin  Abrasion treatment of skin  Abrasion treatment of skin  The streatment of skin  Abrasion treatment of skin  The streatment of skin  Chemical peel, face, epiderm  The streatment of skin  Chemical peel, face, dermal  Chemical peel, nonfacial  Chemical peel, nonfacial  The streatment of skin  Chemical peel, face, dermal  Chemical peel, nonfacial  Chemical peel, nonfacial  The streatment of skin  Chemical peel, face, dermal  Chemical peel, nonfacial  Chemical peel, nonfacial pe	X X X X X X X X
5781 Abrasion treatment of skin-5782 Abrasion treatment of skin-5783 Abrasion treatment of skin-5788 Chemical peel, face, epiderm-5789 Chemical peel, face, dermal-5792 Chemical peel, nonfacial-5793 Chemical peel, nonfacial-5820 Revision of lower eyelid-5821 Revision of lower eyelid-5822 Revision of upper eyelid-5823 Revision of upper eyelid-5824 Removal of forehead wrinkles-5825 Removal of forekead wrinkles-5826 Removal of brow wrinkles-5827 Removal of face wrinkles-5828 Removal of face wrinkles-5829 Removal of skin wrinkles-	X X X X X X X
Abrasion treatment of skin  Abrasion treatment of skin  Chemical peel, face, epiderm  Chemical peel, face, dermal  Chemical peel, nonfacial  Chemica	X X X X X X
5783         Abrasion treatment of skin         -           5788         Chemical peel, face, epiderm         -           5789         Chemical peel, face, dermal         -           5792         Chemical peel, nonfacial         -           5793         Chemical peel, nonfacial         -           5820         Revision of lower eyelid         -           5821         Revision of lower eyelid         -           5822         Revision of upper eyelid         -           5823         Revision of upper eyelid         -           5824         Removal of forehead wrinkles         -           5825         Removal of neck wrinkles         -           5826         Removal of brow wrinkles         -           5828         Removal of face wrinkles         -           5829         Removal of skin wrinkles         -	X X X X X
Chemical peel, face, epiderm Chemical peel, face, dermal Chemical peel, nonfacial Chemical peel,	X X X X
5789 Chemical peel, face, dermal         -           5792 Chemical peel, nonfacial         -           5793 Chemical peel, nonfacial         -           5820 Revision of lower eyelid         -           5821 Revision of lower eyelid         -           5822 Revision of upper eyelid         -           5823 Revision of upper eyelid         -           5824 Removal of forehead wrinkles         -           5825 Removal of neck wrinkles         -           5826 Removal of brow wrinkles         -           5828 Removal of face wrinkles         -           5829 Removal of skin wrinkles         -	X X X X
5792 Chemical peel, nonfacial       -         5793 Chemical peel, nonfacial       -         5820 Revision of lower eyelid       -         5821 Revision of lower eyelid       -         5822 Revision of upper eyelid       -         5823 Revision of upper eyelid       -         5824 Removal of forehead wrinkles       -         5825 Removal of neck wrinkles       -         5826 Removal of brow wrinkles       -         5827 Removal of face wrinkles       -         5828 Removal of skin wrinkles       -	X X X
Chemical peel, nonfacial  Revision of lower eyelid  Revision of lower eyelid  Revision of upper eyelid  Revision of upper eyelid  Removal of forehead wrinkles  Removal of brow wrinkles  Removal of face wrinkles  Removal of face wrinkles  Removal of skin wrinkles  Removal of skin wrinkles  Removal of skin wrinkles  Removal of skin wrinkles	X
5820 Revision of lower eyelid         -           5821 Revision of lower eyelid         -           5822 Revision of upper eyelid         -           5823 Revision of upper eyelid         -           5824 Removal of forehead wrinkles         -           5825 Removal of neck wrinkles         -           5826 Removal of brow wrinkles         -           5828 Removal of face wrinkles         -           5829 Removal of skin wrinkles         -	Х
5821 Revision of lower eyelid-5822 Revision of upper eyelid-5823 Revision of upper eyelid-5824 Removal of forehead wrinkles-5825 Removal of neck wrinkles-5826 Removal of brow wrinkles-5827 Removal of face wrinkles-5828 Removal of skin wrinkles-5829 Removal of skin wrinkles-	
5822 Revision of upper eyelid -   5823 Revision of upper eyelid -   5824 Removal of forehead wrinkles -   5825 Removal of neck wrinkles -   5826 Removal of brow wrinkles -   5828 Removal of face wrinkles -   5829 Removal of skin wrinkles -	X
Revision of upper eyelid  Removal of forehead wrinkles  Removal of neck wrinkles  Removal of brow wrinkles  Removal of face wrinkles  Removal of face wrinkles  Removal of skin wrinkles  Removal of skin wrinkles  Removal of skin wrinkles	, ,
5824 Removal of forehead wrinkles       -         5825 Removal of neck wrinkles       -         5826 Removal of brow wrinkles       -         5828 Removal of face wrinkles       -         5829 Removal of skin wrinkles       -	X
5824 Removal of forehead wrinkles       -         5825 Removal of neck wrinkles       -         5826 Removal of brow wrinkles       -         5828 Removal of face wrinkles       -         5829 Removal of skin wrinkles       -	X
5826Removal of brow wrinkles-5828Removal of face wrinkles-5829Removal of skin wrinkles-	X
5828 Removal of face wrinkles - 5829 Removal of skin wrinkles -	X
5828 Removal of face wrinkles - 5829 Removal of skin wrinkles -	X
5829 Removal of skin wrinkles -	X
	X
	X
5832 Excise excessive skin tissue	Х
5833 Excise excessive skin tissue	X
5834 Excise excessive skin tissue	X
5835 Excise excessive skin tissue	X
5836 Excise excessive skin tissue	X
5837 Excise excessive skin tissue	X
5838 Excise excessive skin tissue	X
5839 Excise excessive skin tissue	X
	^
5847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	X
5876 Suction assisted lipectomy - 5877 Suction assisted lipectomy -	· · · · · · · · · · · · · · · · · · ·
	X
5878 Suction assisted lipectomy - 5879 Suction assisted lipectomy -	X X X

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, ,	edications and should be directed to the Pharmacy link option within the website.	1 1	V
	Removal of pressure sore	-	X
	Destruction of skin lesions	-	X
	Destruction of skin lesions	-	X
	Destruction of skin lesions	-	X X
	Skin peel therapy	-	X
	Hair removal by electrolysis	-	
	Skin tissue procedure	-	X X
	Mastectomy for gynecomastia	-	X
	Suspension of breast	-	
	Reduction of large breast	-	X
	Enlarge breast with implant	-	X
	Removal of breast implant	-	X
	Removal of implant material	-	X
	Immediate breast prosthesis	-	X
	Delayed breast prosthesis	-	X
	Nipple/areola reconstruction	-	X
	Breast reconstruction	-	X
	Breast reconstruction	-	X
	Breast reconstruction	-	X
	Breast reconstruction	-	X
	Breast reconstruction	-	X
	Breast reconstruction	-	X
	Surgery of breast capsule	-	X
	Removal of breast capsule	-	X
	Revise breast reconstruction	-	X
	Breast surgery procedure	-	X
	Ndl insj w/o njx 1 or 2 musc	X	-
	Ndl insj w/o njx 3+ musc	X	-
	Electrical bone stimulation	-	X
	Electrical bone stimulation	-	Χ
	Musculoskeletal surgery	-	X
	Remove exostosis, mandible	-	X
	Remove exostosis, maxilla	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	Χ
21082	Prepare face/oral prosthesis	-	Χ
	Prepare face/oral prosthesis	-	Χ
21084	Prepare face/oral prosthesis	-	X

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	edications and should be directed to the Pharmacy link option within the website.	1	
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Reduction of forehead	-	X
	Reduction of forehead	-	X
	Reduction of forehead	-	Χ
	Reconstruct midface, lefort	-	Χ
1142	Reconstruct midface, lefort	-	X
1143	Reconstruct midface, lefort	-	Χ
1145	Reconstruct midface, lefort	-	Χ
1146	Reconstruct midface, lefort	-	X
1147	Reconstruct midface, lefort	-	X
1150	Reconstruct midface, lefort	-	Х
.1151	Reconstruct midface, lefort	-	X
	Reconstruct midface, lefort	-	Х
	Reconstruct midface, lefort	-	Х
	Reconstruct midface, lefort	-	Х
	Reconstruct midface, lefort	-	Х
	Reconstruct orbit/forehead	-	Х
	Reconstruct orbit/forehead	-	Х
	Reconstruct entire forehead	_	X
	Reconstruct entire forehead	_	X
	Contour cranial bone lesion	_	X
	Reconstruct cranial bone	_	X
	Reconstruct cranial bone	<u> </u>	X
	Reconstruct cranial bone	_	X
	Reconstruction of midface		X
	Reconst lwr jaw w/o graft	_	X
	Reconst lwr jaw w/graft	_	X
	Reconst lwr jaw w/grant Reconst lwr jaw w/o fixation		X
	Reconst lwr jaw w/fixation	<del>                                     </del>	X
	Reconstr lwr jaw whitation Reconstr lwr jaw segment	-	^ X
	Reconstr lwr jaw segment Reconstr lwr jaw w/advance		
		-	X X
	Reconstruct upper jaw bone	-	
	Augmentation of facial bones	-	X
	Reduction of facial bones	-	X

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ecialty medications and should be directed to the Pharmacy link option within the website.	<del> </del>	V
1215 Lower jaw bone graft	-	X
1244 Reconstruction of lower jaw	-	X
1246 Reconstruction of jaw	-	X
1248 Reconstruction of jaw	-	X
1249 Reconstruction of jaw	-	X
1270 Augmentation, cheek bone	-	Χ
1299 Cranio/maxillofacial surgery	-	X
1499 Head surgery procedure	-	X
1740 Reconstructive repair of pectus excavatum or carinatum; open	-	Χ
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), without thoracosco	-	X
1743 Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), with thoracoscopy	-	Х
1899 Neck/chest surgery procedure	-	Х
2103 Remove extra spine segment	-	X
2116 Remove extra spine segment	-	Х
2220 Revision of neck spine	-	X
2222 Revision of thorax spine	-	X
2224 Revision of lumbar spine	-	X
2226 Revise, extra spine segment	-	Х
2510 Perq cervicothoracic inject	-	Х
2511 Perg lumbosacral injection	-	Х
2512 Vertebroplasty addl inject	-	X
2513 Perq vertebral augmentation	_	X
2514 Perg vertebral augmentation	_	X
2515 Perg vertebral augmentation	_	X
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	Х	-
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo	Х	-
2533 Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; lumbar	-	X
Neck spine fusion	-	X
2551 Neck spine fuse&remove	- 1	X
2552 Neck spine fuse&remove addl	-	X
2554 Neck spine fusion	-	X
2556 Thorax spine fusion	_	X
2558 Lumbar spine fusion	_	X
2585 Additional spinal fusion	_	X
2586 PrescrI fuse /w instr I5/1	<del>                                     </del>	X

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	edications and should be directed to the Pharmacy link option within the website.	<u> </u>	V
	Spine & skull spinal fusion	-	X
	Neck spinal fusion	-	X
	Neck spine fusion	-	X
	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	X
2614	Spine fusion, extra segment	-	Χ
2630	Lumbar spine fusion	-	Χ
22632	Spine fusion, extra segment	-	Χ
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	X
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	Х
2800	Fusion of spine	-	Х
	Fusion of spine	-	Х
	Fusion of spine	-	Х
	Fusion of spine	-	Х
	Fusion of spine	-	Х
	Fusion of spine	-	Х
	Exploration of spinal fusion	-	Х
	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	-	Х
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	-	Х
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	-	Х
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	Х
22854	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	×
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	-	X
2857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	Х	-
	Second level cer diskectomy	-	Х
2859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arth	-	Х
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)	х	-

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22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi	-	X
2862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba	Х	-
2864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	-	Х
2865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	-	Χ
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance	-	Х
	when performed, with open decompression, lumbar; sing		
2868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; seco	-	X
2869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion,		
.2003	including image guidance when performed, lumbar; single	-	X
2870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion,		.,
	including image guidance when performed, lumbar; second	-	X
22899	Spine surgery procedure	-	Х
	Abdomen surgery procedure	-	X
	Reconstruct shoulder joint	-	Χ
23472	Reconstruct shoulder joint	-	Χ
23929	Shoulder surgery procedure	-	Х
24999	Upper arm/elbow surgery	-	Х
25999	Forearm or wrist surgery	-	Χ
26989	Hand/finger surgery	-	X
	Total hip replacement	-	X
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture p	Х	-
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt	Х	-
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, u	Х	-
7218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring,	Х	-
7278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg,		Х
	bone allograft[s], synthetic device[s]), without placement of transfixation device		^
	Arthrodesis sacroiliac joint	-	X
	Pelvis/hip joint surgery	-	X
	Incision of thigh tendon	-	Χ
	Incision of thigh tendons	-	X
	Autologous chondrocyte implantation, knee	-	X
27447	Total knee replacement	-	X

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27599 Leg surgery procedure	-	X
27700 Revision of ankle joint	-	X
Properties Reconstruct ankle joint	-	X
27899 Leg/ankle surgery procedure	-	X
28446 Open osteochondral autograft, talus (includes obtaining graft[s])	X	-
28899 Foot/toes surgery procedure	-	X
29799 Casting/strapping procedure	-	X
29868 Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	-	X
9999 Unlisted procedure, arthroscopy	-	Χ
0400 Reconstruction of nose	- 1	Х
0410 Reconstruction of nose	-	Х
0420 Reconstruction of nose	-	Х
0430 Revision of nose	-	X
0435 Revision of nose	-	X
0450 Revision of nose	-	Х
0460 Revision of nose	-	Х
0462 Revision of nose	-	Х
0465 Repair nasal stenosis	-	Х
0520 Repair of nasal septum	-	X
0999 Nasal surgery procedure	-	Х
1299 Sinus surgery procedure	-	Х
1599 Larynx surgery procedure	-	Х
1647 Bronchial valve init insert	-	Х
1660 Bronch thermoplsty 1 lobe	-	Х
1661 Bronch termoplsty 2/> lobes	-	Х
1899 Airways surgical procedure	-	Х
2701 Thorax stereo rad target w/tx	-	Х
2850 Donor pneumonectomy	-	Х
2851 Lung transplant, single	-	X
2852 Lung transplant with bypass	-	X
2853 Lung transplant, double	-	Х
2854 Lung transplant with bypass	- 1	Х
2855 Backbench standard preparation of cadaver donor lung allograft; unilateral	-	X
2856 Backbench standard preparation of cadaver donor lung allograft; bilateral	-	X
2999 Chest surgery procedure	-	X
3274 Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance		
(eg, fluoroscopy, venous ultrasound, ventriculography, fe	-	X
3275 Transcatheter removal of permanent leadless pacemaker, right ventricular	_	Х

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	ns and should be directed to the Pharmacy link option within the website.		
	tion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization,		
all im	aging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	-	X
33277 Insert	tion of phrenic nerve stimulator transvenous sensing lead (list separately in addition to code for primary	<u> </u>	X
	edure)	-	^
3287 Remo	oval and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and	_	Х
	ogation and programming, when performed; pulse generator	-	^
33288 Remo	oval and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and	_	Х
	ogation and programming, when performed; transvenous stimulation or sensing lead(s)	-	Λ
3340 Percu	utaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy,	_	Х
transs	septal puncture, catheter placement(s), left atrial angio	-	Λ
3361 Repla	ace aortic valve preq	-	Χ
3362 Repla	ace aortic valve open	-	Χ
3363 Repla	ace aortic valve open	-	Χ
3364 Repla	ace aortic valve open; open iliac artery approach	-	Χ
3365 Repla	ace aortic valve open;transaortic approach	-	Χ
3366 Trcati	h replace aortic valve	-	Χ
3367 Repla	ace aortic valce w/byp	-	Χ
3368 Repla	ace aortic valve w/byp	-	Χ
3369 Repla	ace aortic valve w/byp	-	Χ
3418 Repa	ir tcat mitral valve	-	Х
3419 Repa	ir tcat mitral valve	-	X
3440 Repla	acement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus		V
enlar	gement of the left ventricular outflow tract with valved con	-	X
33477 Trans	scatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site,		V
	performed	-	X
3927 Impla	antation of a total replacement heart system (artificial heart) w/recipient cardiectomy	-	X
	oval and replacement of total replacement heart system (artificial heart)	-	X
3929 Remo	oval and replacement heart system (artifical heart) for transp	-	Х
3930 Remo	oval of donor heart/lung	-	Х
3933 Backl	bench standard preparation of cadaver donor heart/lung allograft	-	X
3935 Trans	splantation, heart/lung	-	X
3940 Remo	oval of donor heart	-	Х
	bench standard preparation of cadaver donor heart allograft	-	Х
	splantation of heart	-	Х
	tion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart,		
	us access only	-	X
	iac surgery procedure	-	Х
	el injection procedure	_	Х

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6465 Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	Х
6466 Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	-	Х
6468 Injection(s), spider veins	X	-
6470 Injection therapy of vein	-	Х
6471 Injection therapy of veins	-	X
Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	-	X
6474 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a si	-	Х
6475 Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	Х
6476 Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins, same extrem, sep sites	-	Х
6478 Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	_	Х
Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	Х
6482 Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	-	Х
6483 Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	-	Х
7211 Thrombolytic art therapy	-	X
7212 Thrombolytic venous therapy	-	Х
7213 Thromblytic art/ven therapy	-	Х
7214 Cessj therapy cath removal	-	Х
7215 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	-	Х
7216 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; wo distal embolic protection	Х	-
7217 Stent placemt retro carotid	_	Х
7218 Stent placemt ante carotid	-	X
7501 Unlisted vascular endoscopy procedure	-	Х
7700 Revise leg vein	-	Х
7718 Ligation, division, and stripping, short saphenous vein	-	X
7722 Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	-	Х
7735 Removal of leg veins/lesion	-	Х
7760 Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg	-	Х
7761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	-	X
7765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	-	Х
7766 Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	-	Х
7780 Revision of leg vein	-	X
7785 Revise secondary varicosity	-	Х

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ecialty m	adiactions and abould be directed to the Dharmony link antion within the website		
	edications and should be directed to the Pharmacy link option within the website.		V
	Vascular surgery procedure	-	X
	Laparoscope proc, spleen	-	X
	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	-	X
	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	-	X
	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Х	-
	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	Χ	-
8209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Х	-
8210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	Х	-
	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Х	-
	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	X	-
	Transplant preparation of hematopoietic progenitor cells; platelet depletion	Х	-
	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	Х	-
	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Х	-
3230	Bone marrow harvesting for transplantation; allogenic	-	Х
	Bone marrow harvesting for transplantation; autologous	-	Х
	Bone marrow/stem transplant	-	Х
	Bone marrow/stem transplant	-	Х
8242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions	-	Х
	Transplj hematopoietic boost	-	Х
	Laparoscope proc, lymphatic	-	Х
	Blood/lymph system procedure	-	Х
	Chest procedure	-	Х
	Diaphragm surgery procedure	-	Х
	Repair cleft lip/nasal	-	Х
	Lip surgery procedure	-	Х
	Treatment of mouth lesion	-	Х
0899	Mouth surgery procedure	-	Х
	Tongue and mouth surgery	-	Х
1899	Dental surgery procedure	-	Х
	Palate/uvula surgery	-	Х
	Salivary surgery procedure	-	Х
	Throat surgery procedure	-	X
	Esophagoscopy lesion ablate	-	X
	Upper gi endoscopy/tumor	-	X
	Ugi endoscopy; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia	Х	-

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Codes Description		Not Covered	Preauthorization Require
	ary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs,
	esophageal sphincter augmentation procedure, placement of sphincter augmentation device		
	cluding cruroplasty when performed	X	-
	al sphincter augmentation device	Х	-
3289 Laparoscope proc, esc			X
	noscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Х	
	noscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	-	Х
Removal of stomach,		_	X
	stric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150		
cm)	sine restrictive procedure, w gastric bypass and roux erry gastrochicrostomy (roux limb <= 150	-	X
B645 Laparoscopy, surgical,	gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	Χ
3647 Laparoscopy, surgical;	implantation or replacement of gastric neurostimulator electrodes, antrum	-	X
B648 Laparoscopy, surgical;	revision or removal of gastric neurostimulator electrodes, antrum	-	Х
3659 Laparoscope proc, sto	m		Х
	gastric restrictive procedure; placement of adjustable gastric band (gastric band and	-	Х
subcutaneou			
	gastric restrictive procedure; revision of adjustable gastric band component only	-	X
	gastric restrictive procedure; removal of adjustable gastric band component only	-	X
3773 Laparoscopy, surgical, only	gastric restrictive procedure; removal and replacement of adjustable gastric band component	-	X
	gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port	-	Х
3775 Laparoscopy, surgical,	gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	-	Х
3842 Gastroplasty for obesit		Х	-
3843 Gastroplasty for obesit		-	Х
3845 Gastric revision for ob-		-	X
3846 Gastric bypass for obe		-	Х
3847 Gastric bypass for obe		-	X
3848 Revision gastroplasty		-	X
	ment of gastric neurostimulator electrodes, antrum, open	-	X
	gastric neurostimulator electrodes, antrum, open	-	X
	edure, open; revision of subcutaneous port component only	-	X
	edure, open; removal of subcutaneous port component only	-	Χ
	edure, open; removal and replacement of subcutaneous port component only	-	Χ
3999 Stomach surgery proce		-	X
1132 Enterectomy, cadaver		-	X
4133 Enterectomy, live don		-	X
1135 Intestine transplnt, cad		-	X
1136 Intestine transplant, liv		-	Х
,	ed intestinal allograft, complete	_	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	t information regarding it	mmunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.	<del></del>	V
14238 Unlisted laparoscopy procedure, intestine (except rectum)	- X	X
14705 Prepare fecal microbiota		<u>-</u>
H4715 Backbench standard preparation of cadaver or living donor intestine allograft	-	X
H4720 Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	-	X
4721 Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	-	X
4799 Intestine surgery procedure		X
4899 Bowel surgery procedure	-	X
4979 Laparoscope proc, app	-	X
5399 Unlisted procedure colon	-	X
5499 Unlisted laparoscopy procedure, rectum	-	X
5999 Rectum surgery procedure	-	X
6707 Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	X	-
6999 Anus surgery procedure	-	Χ
7133 Removal of donor liver	-	Χ
7135 Transplantation of liver	-	Χ
7140 Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only	-	Χ
7141 Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy	-	Х
7142 Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	Χ
17143 Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	Χ
7144 Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts	-	Х
Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts	-	Х
7379 Laparoscope procedure, liver	-	X
7383 Perq abltj Ivr cryoablation	_	X
7399 Liver surgery procedure	_	X
7579 Laparoscope proc, biliary	_	X
7999 Bile tract surgery procedure	-	X
8160 Pancreas removal/transplant	X	-
8550 Donor pancreatectomy	-	Х
8551 Backbench standard preparation of cadaver donor pancreas allograft	<del>                                     </del>	X
8554 Transpl allograft pancreas		X
8556 Removal, allograft pancreas	<del>+</del>	X
8999 Pancreas surgery procedure		X
9329 Laparo proc, abdm/per/oment	-	X
		X
9659 Laparo proc, hernia repair		X
9999 Abdomen surgery procedure	+	
0300 Removal of donor kidney	-	X
0320 Removal of donor kidney		X

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	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding	immunizations, injectable drugs,
	dications and should be directed to the Pharmacy link option within the website.	1	
	Backbench standard preparation of cadaver donor renal allograft	-	X
	Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	X
	Removal of kidney	-	X
	Fransplantation of kidney	-	X
	Fransplantation of kidney	-	X
0370 F	Remove transplanted kidney	-	X
0380 F	Reimplantation of kidney	-	X
0547 L	Laparo removal donor kidney	-	Χ
0549 L	Laparoscope proc, renal	-	Χ
0949 L	_aparoscope proc, ureter	-	X
1925 H	Hysterectomy/bladder repair	-	Х
1999 l	Jnlisted laparoscopy procedure, bladder	-	X
2441 (	Cystourethro w/implant	-	Х
2442 (	Cystourethro w/addl implant	-	Х
	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and	· ·	
	maging guidance	X	-
	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and	, , , , , , , , , , , , , , , , , , ,	
	maging guidance	X	-
	Periurethral transperineal adjustable balloon continence device; removal, each balloon	X	_
	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume		
	(0) 1.4	X	-
3899 l	Jrology surgery procedure	- 1	Х
	Partial removal of penis	_	X
	Removal of penis	_	X
	Remove penis & nodes	_	X
	Remove penis & nodes	1 - 1	X
	nsert semi-rigid prosthesis	_	X
	nsert self-contd prosthesis	_	X
	nsert multi-comp prosthesis	_	X
	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	-	^
4400	Terrioval of all components of a multi-component, iffiliatable perille prostries without replacement of prostries is	-	X
4400 [	Repair of component(s) of a multi-component, inflatable penile prosthesis	_	X
	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative	-	^
		-	X
	session	1	
	Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig &	-	Χ
	debridemnt	1	
	Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis	-	X
4416  F	Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session	_	Χ

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.	1	
54417	Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridement	-	X
	Revision of testis	-	Χ
	Laparoscope proc, testis	-	X
	Laparo proc, spermatic cord	-	Χ
	Genital surgery procedure	-	X
	Sex transformation, m to f	-	X
	Sex transformation, f to m	-	X
	Revision (including removal) of prosthetic vaginal graft, vaginal approach	-	Χ
	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	-	X
	Total hysterectomy	-	X
	Total hysterectomy	-	X
	Partial hysterectomy	-	Χ
	Extensive hysterectomy	-	X
	Vaginal hysterectomy, for uterus 250 grams or less;	-	X
	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	Χ
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	-	X
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type, pereyra	-	Х
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	-	X
58275	Hysterectomy/revise vagina	-	X
58280	Hysterectomy/revise vagina	-	X
	Vaginal hysterectomy, for uterus greater than 250 grams;	-	X
	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	-	X
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc	-	Х
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	-	X
	Insert intrauterine device	Х	-
	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	-	Χ
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	Х
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	-	X
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s	-	X
	ovary(s Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	_	X
	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;  Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	_	X
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	X

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding im	nmunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.	1	
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar	-	Х
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	-	Х
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	Х
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	-	X
	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	X
58575	Laparoscopy, surgical, total hysterectomy for resect of malignancy, uni/bilateral	-	X
58578	Laparo proc, uterus	-	Χ
58579	Hysteroscope procedure	-	Χ
58679	Laparo proc, oviduct-ovary	-	Χ
58970	Retrieval of oocyte	-	Χ
58974	Transfer of embryo	-	Χ
58976	Transfer of embryo	-	Х
58999	Genital surgery procedure	-	Χ
59812	Treatment of miscarriage	-	Χ
59820	Care of miscarriage	-	Χ
59821	Treatment of miscarriage	-	Х
59840	Procedure associated with miscarriage or terminated pregnancy	-	Χ
59841	Procedure associated with miscarriage or terminated pregnancy	-	Х
59850	Procedure associated with miscarriage or terminated pregnancy	-	X
59851	Procedure associated with miscarriage or terminated pregnancy	-	Х
59852	Procedure associated with miscarriage or terminated pregnancy	-	Χ
9855	Procedure associated with miscarriage or terminated pregnancy	-	X
9856	Procedure associated with miscarriage or terminated pregnancy	-	Χ
59857	Procedure associated with miscarriage or terminated pregnancy	-	Χ
9866	Abortion (mpr)	-	Х
9897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	-	X
	Laparo proc, ob care/deliver	-	Χ
59899	Maternity care procedure	-	Χ
	Laparo proc, endocrine	-	X
	Endocrine surgery procedure	-	Х
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Х	-
	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat	Х	-
31642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
•	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target,		
, , , , ,	intracranial, including stereotactic navigation and frame placement, when performed	-	X
1720	Incise skull/brain surgery	-	Х
	Incise skull/brain surgery	_	X
	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging		
	guidance, when performed; single trajectory for 1 simple lesion	Х	-
1737	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	-
1760	Implant brain electrodes	_	Х
	Incise skull for treatment	-	X
	Treat trigeminal nerve	-	X
	Treat trigeminal tract	-	X
1796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	X
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis		
	( ), ( ), ( ), ( ), ( ), ( ), ( ), ( ), ( ), ( ), ( ), ( ), ( ), ( )	-	X
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	X
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li		
	(iii)	-	X
31800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro		.,
	7 FF	-	X
61867	Burr hole craniotomy with implantation of subcortical electrode array, w intraop microelectrode recording; first array		· · · · · · · · · · · · · · · · · · ·
	σ, το το το σ, το	-	X
61868	Burr hole craniotomy w implantation of subcortical electrode array, w intraop microelectrode recording; ea addl array		
	g, y	-	X
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy,		
	when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	-	Χ
	5) · · · · · · · · · · · · · · · · · · ·		
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth		
	and/or cortical strip electrode array(s)	-	X
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means		
	(e	Х	-
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means		
	(e	Х	-
52287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle	V	
	based technique to remove disc material under fluoroscopic imagi	X	-
32292	Injection into disk lesion	-	Х
	Implant spinal canal cath	-	X
	Implant spinal canal cath	-	X
	Insert spine infusion device	-	Х

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ation Require	d Preautho	Not Covere	Description
ijectable drugs,	ding immunization	information regar	er: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect
V		1	medications and should be directed to the Pharmacy link option within the website.
X		-	1 Implant spine infusion pump
Χ		-	2 Implant spine infusion pump
Χ		_	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy,
			discectomy and/or excision of herniated intervertebral disc, 1
Χ		-	Removal of spinal lamina
Χ		_	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy
			and/or excision of herniated intervertebral disc; 1 interspace,
Χ		_	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy
^			and/or excision of herniated intervertebral disc; 1 interspace,
Χ		_	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy
^		_	and/or excision of herniated intervertebral disc; each additiona
Χ		-	D Laminotomy, single cervical
Χ		-	2 Laminotomy, single lumbar
Χ		-	3 Laminotomy, addl cervical
Χ		-	4 Laminotomy, addl lumbar
Χ		-	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;
			Laminoplasty, cerv, w decompression of spinal cord, 2 or > verteb segments; w reconstruction of posterior bony
Χ		-	elements
			Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina
Χ		-	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)
			3 Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina
Χ		_	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)
Χ		_	5 Decompress spinal cord
X		_	6 Decompress spinal cord
X		_	7 Decompress spine cord add-on
X		_	4 Decompress spinal cord
X		_	6 Decompress spine cord add-on
X		_	5 Neck spine disk surgery
X		_	6 Neck spine disk surgery
X		<u> </u>	7 Spine disk surgery, thorax
X		_	8 Spine disk surgery, thorax
X		-	5 Removal of vertebral body
		<del>-</del>	
		<del>-</del>	
		-	
X X X		- - - -	Remove vertebral body add-on Remove vertebral body add-on Incise spinal cord tract(s) Drainage of spinal cyst Revise spinal cord vessels

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	•		X
	Revise spinal cord vessels	-	X
	Revise spinal cord vessels  Excise intraspinal lesion	-	X
	Excise intraspinal lesion	-	X
	Excise intraspinal lesion	-	X
	Excise intraspinal lesion	-	X
	Excise intraspinal lesion		X
	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list sep)	_	X
	Removal of vertebral body	_	X
	Removal of vertebral body	_	X
	Removal of vertebral body	_	X
	Removal of vertebral body	_	X
	Removal of vertebral body	-	^ X
	Removal of vertebral body	-	X
	Remove vertebral body add-on		X
	Remove spinal cord lesion	-	X
	Stimulation of spinal cord	-	^ X
		-	^ X
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat	-	X
3650	Implant neuroelectrodes	-	X
3685	Implant neuroreceiver	-	Χ
34451	Njx aa&/strd nrv nrvtg si jt	-	Χ
64461	Paravertebral block (pvb)(paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	-	X
64462	Paravertebral block (pvb)(paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to	-	Х
4463	Paravertebral block (pvb)(paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	-	Х
4490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
4491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
4492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
4493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
1101	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		X

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<sup>\*\*</sup>Preauth after 3rd rental month when criteria not met.



		Preauthorization Require
	nformation regarding	g immunizations, injectable drugs,
injection(s), diagnostic or therapeutic agent, paravertebral racet (zygapophyseal) joint (or nerves innervating that joi	-	X
	-	Х
Percutaneous implantation of neurostimulator electrode array; cranial nerve	-	X
Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	-	X
Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	Χ
Neuroeltrd stim post tibial	ı	Χ
Inc for vagus n elect impl	ı	Х
	-	Х
Remove vagus n eltrd	-	Х
	-	X
Incision for implantation of neurostimulator electrode array; neuromuscular	-	X
Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	Х
		V
	-	X
, and the same of		
	-	X
		.,
	-	X
	-	Х
	-	X
Revise/remove neuroreceiver	-	X
	-	X
	-	Х
	Х	-
		.,
	-	X
		.,
	-	X
	-	Х
	-	X
	-	X
	-	X
sacral, each additional facet joint (list separately	-	X
	electations and should be directed to the Pharmacy link option within the website.  Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi Injection for nerve block  Percutaneous implantation of neurostimulator electrode array; cranial nerve  Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)  Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)  Neuroelirot sim post tibial  Inc for vagus n elect impl  Revise/repl vagus n eltrd  Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)  Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)  Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)  Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)  Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)  Incision for implantation of heurostimulator electrode array; peripheral nerve (transforaminal placement)  Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator  Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array including connection to existing pulse generator  Revision or removal of peripheral neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array  Implant neuroreceiver  Revise/remove neuroreceiver  Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array  Datf nulyt agt gnclr nrv  R abit in vn rvtg si jt  Thermal destruction of intraosseous b	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding decidention and should be directed to the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid exidence of the Pharmacy link option within the webbid link of the Pharmacy link option within the webbid exidence of the Pharmacy link option with the Pharmacy link option within the webbid exidence of the Pharmacy link option with the Pharmacy link of the Pharmacy link option with the Pharmacy link option wit

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Codes Description	Not Covered	Preauthorization Require
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quar	rterly. Additionally, these coding lists do not reflect information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
64640 Injection treatment of nerve	-	X
64999 Nervous system surgery	-	Χ
Revision of cornea	X	-
65765 Revision of cornea	X	-
65767 Corneal tissue transplant	X	-
S5771 Radial keratotomy	X	-
66985 Insert lens prosthesis	-	Χ
Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring continuous used in routine cataract surgery (eg, iris expansion device, suture support for intraocular particular meshwork, or performed on patients in the amblyogenic developmental stage; trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drains reservoir, internal approach, one or more	devices or techniques not generally cular lens, or primary posterior with insertion of intraocular (eg,	X
Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intra supraciliary, suprachoroidal) anterior segment aqueous drainage device, without exapproach, one or more	aocular (eg, trabecular meshwork,	Х
66999 Eye surgery procedure	-	Х
67027 Implant eye drug system	-	X
67299 Eye surgery procedure	-	Χ
67399 Eye muscle surgery procedure	-	Х
67599 Orbit surgery procedure	-	Χ
7900 Repair brow defect	-	Χ
7901 Repair eyelid defect	-	X
7902 Repair eyelid defect	-	Х
7903 Repair eyelid defect	-	X
7904 Repair eyelid defect	-	X
7906 Repair eyelid defect	-	Х
7908 Repair eyelid defect	-	X
7909 Revise eyelid defect	-	X
Revise eyelid defect	-	Χ
67912 Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight	ght) -	Х
7930 Repair eyelid wound	-	Х
7973 Reconstruction of eyelid	-	Х
7974 Reconstruction of eyelid	-	Х
7975 Reconstruction of eyelid	-	Х
77999 Revision of eyelid	-	X
8399 Eyelid lining surgery	-	Х
68841 Insertion of drug-eluting implant, including punctal dilation when performed, into lace	rimal canaliculus, each X	-

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	Description	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, o
	edications and should be directed to the Pharmacy link option within the website.		V
	Tear duct system surgery	- V	X
	Pierce earlobes	Х	- V
	Outer ear surgery procedure	-	X
	Implant/replace hearing aid	Х	- V
	Remove/repair hearing aid	-	X
	Implant temple bone w/stimul	-	X
	Temple bne implnt w/stimulat	-	X
	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X
	Revj/rplcmt oi implt prq esp	-	Χ
9719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X
9726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	-	Х
	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х
9728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х
9729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х
9730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х
9949	Inner ear surgery procedure	-	Х
	Temporal bone surgery	-	Χ
	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	-	Х
4262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including	-	Х
4263	Computed tomographic (ct) colonography, screening, including image postprocessing	Х	-
	Noninvasive estimate of coronary fractional flow reserve (ffr) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	-	Х
6014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regardin	g immunizations, injectable drugs, or
	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	X	-
76016	consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)  MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR		
76016	procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Х	-
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	Х	-
'6018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	Х	-
'6019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	Х	-
6140	X-ray consultation	Χ	-
6390	Mr spectroscopy	X	•
	Magnetic resonance (eg, vibration) elastography	-	X
	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	-	X
	Unlisted computed tomography procedure (eg, diagnostic, interventional)	-	X
	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	-	X
	Unlisted diagnostic radiographic procedure	-	X
	Echo guide, ova aspiration	-	X
	Unlisted ultrasound procedure (eg, diagnostic, interventional)	-	X
	Breast tomosynthesis uni	Х	-
	Breast tomosynthesis bi	X	-
	Radiation therapy planning	-	X
7371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	X
7372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	X

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

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	edications and should be directed to the Pharmacy link option within the website.		
	Anabolic steroids; 1 or 2	X	-
	Anabolic steroids; 3 or more	X	-
	Analgesics, non-opioid; 1 or 2	X	-
	Analgesics, non-opioid; 3-5	X	-
	Analgesics, non-opioid; 6 or more	X	-
	Antidepressants, serotonergic class; 1 or 2	X	<u>-</u>
	Antidepressants, serotonergic class; 3-5	X	-
	Antidepressants, serotonergic class; 6 or more	X	-
30335	Antidepressants, tricyclic and other cyclicals; 1 or 2	X	-
30336	Antidepressants, tricyclic and other cyclicals; 3-5	X	-
30337	Antidepressants, tricyclic and other cyclicals; 6 or more	Х	-
0338	Antidepressants, not otherwise specified	X	-
0339	Antiepileptics, not otherwise specified; 1-3	X	-
30340	Antiepileptics, not otherwise specified; 4-6	X	-
30341	Antiepileptics, not otherwise specified; 7 or more	Х	-
	Antipsychotics, not otherwise specified; 1-3	Х	-
	Antipsychotics, not otherwise specified; 4-6	Х	-
	Antipsychotics, not otherwise specified; 7 or more	Х	-
	Barbiturates	X	-
	Benzodiazepines; 1-12	Х	-
	Benzodiazepines; 13 or more	Х	-
	Buprenorphine	X	_
	Cannabinoids, natural	X	-
	Cannabinoids, synthetic; 1-3	X	-
	Cannabinoids, synthetic; 4-6	X	-
	Cannabinoids, synthetic; 7 or more	X	_
	Cocaine	X	_
	Fentanyl	X	_
	Gabapentin, non-blood	X	
	Heroin metabolite	X	
	Ketamine and norketamine	X	_
	Methadone	X	<u> </u>
	Methylenedioxyamphetamines (mda, mdea, mdma)	X	<u> </u>
	Methylphenidate	X	<u> </u>
	Opiates, 1 or more	X	<u>-</u>
	Opioids and opiate analogs; 1 or 2		-
	Opioids and opiate analogs; 3 or 4 Opioids and opiate analogs; 5 or more	X	-
10004			_

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des Description	Not Covered	Preauthorization Require
claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding	g immunizations, injectable drugs,
<u> </u>	V	
0366 Pregabalin	X	-
0367 Propoxyphene	X	-
0368 Sedative hypnotics (non-benzodiazepines)	X	-
O369 Skeletal muscle relaxants; 1 or 2	X	-
0370 Skeletal muscle relaxants; 3 or more	X	-
Stimulants, synthetic	X	-
D372 Tapentadol	X	-
O373 Tramadol	X	-
O374 Stereoisomer anal single drug class	X	-
Drug(s) definitive, qual or quant nos 1-3	X	-
Drug(s) definitive, qual or quant unlisted 4-6	X	-
Drug(s) definitive, qual or quant nos 7 or more	X	-
099 Urinalysis test procedure	-	X
Hpa-1, itgb3, antigen cd61, gene analysis, common variant	X	-
Hpa-2, gp1ba, gplba, gene analysis, common variant	X	-
1107 Hpa-3, itga2b, gplba, gene analysis, common variant	X	-
1108 Hpa-4, itgb3, cd61, gene analysis, common variant	X	-
1109 Hpa-5, itga2, gene analysis, common variant	X	ı
1110 Hpa-6, itgb3, cd61, gene analysis, common variant	Х	•
I111 Hpa-9, itga2b, gene analysis, common variant	Х	•
1112 Hpa-15, cd109, gene analysis, common variant	X	-
1120 Idh1 (isocitrate dehydrogenase 1, soluble) (eg, glioma), common variants	-	X
121 Idh1 (isocitrate dehydrogenase 1, mitochondrial) (eg, glioma), common variants	-	X
Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х
and full duplication/deletion analysis		
Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer)	-	X
gene analysis; full sequence analysis		
Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer)	-	X
gene analysis; full duplication/deletion analysis (ie, de		
Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X
1166 Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion		V
analysis (ie, detection of large gene rearrangements)	-	X
Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion		
analysis (ie, detection of large gene rearrangements)	-	X
168 Ccnd1/igh (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, i	_	X
performed		^
Abl1 (abl proto-oncogene 1 non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance),		Х
gene analysis, variants in the kinase domain	_	۸

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect		
	abnormal (eg, expanded) alleles	-	X
1172	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; characterization of		V
	alleles (eg, expanded size and methylation status)	-	X
1173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene		Х
	analysis; full gene sequence	-	^
1174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene	_	Χ
	analysis; known familial variant		
	Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; full gene seq	-	X
	Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; targeted seq analy	-	Χ
1177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg,	_	Χ
4.470	expanded) alleles		
11/8	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Χ
4470	Attack of the sign of the second allowed a sign of the		
51179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
21120	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal		
1100	(eg, expanded) alleles	-	X
31181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		
,,,,,,	Titalin (ataxiin 1) (og, opiniocoroboniai ataxia) gono analysio, ovalidation to actost abnormal (og, oxpaniaca) ancico	-	X
31182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect		V
	abnormal (eg, expanded) alleles	-	X
31183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		Х
		-	Χ
31184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to	_	Х
	detect abnormal (eg, expanded) alleles		
1185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene	_	Χ
	sequence		
1186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial	_	Χ
	variant		
1187	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to	-	Χ
4400	detect abnormal (eg, expanded) alleles		
1188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Χ
1100	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	_	X
	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence  Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)		X X
	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis		^ X
1131		-	^ X
	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	_	X

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	scription	Not Covered	Preauthorization Requir
	ase note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i ations and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs
1194 Nti	rk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	Х
	togenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical nome mapping (OGM)	-	Х
	pa (aspartoacylase) (eg, canavan disease) gene analysis, common variants (eg, e285a, y231x)	Х	-
	c gene analysis; full sequence	-	Х
	c gene analysis; known fam variants	-	X
	c gene anaysis; duplication/deletion variants	-	Х
1204 Ar	(androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene alysis; characterization of alleles (eg, expanded size or me	-	Х
205 Bc	kdhb (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease) gene alysis, common variants (eg, r183p, g278s, e422x)	Х	-
	m (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	Х	-
212 Br	ca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 74delt variants	-	Х
	ca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	Х
	ca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	- 1	Х
	ca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	X
	bpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	X
219 Ca	ılr (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	-	X
1220 Cf	tr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, mg/acog guidelines)	-	Х
225 Cy	p2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common riants (eg, *2, *3, *4, *8, *17)	-	Х
1226 Cy	p2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common riants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	-	Х
	p2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common riants (eg, *2, *3, *5, *6)	-	Х
	togenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number riants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	Х
	togenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and igle nucleotide polymorphism (snp) variants for chromosoma	-	Χ
230 Cy	p3a4, gene analysis, common variant(s)	-	X
	p3a5, gene analaysis, common variants	-	X
	yyd, gene analysis, common variant(s)	-	X
233 Btl	κ (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, 81f)	-	Х
234 Dn	npk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) eles	-	X

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
	Egfr gene analysis; common variants		X
	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative	-	^
1230	neoplasms) gene analysis, full gene sequence	-	X
1227	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis,		
1231	common variant(s) (eg, codon 646)	-	X
1228	F9 (coagulation factor ix) (eg, hemophilia b), full gene seq	_	X
	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded	-	
1200	size)	-	X
1240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	Х	
	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	X	_
	Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg,		
- 12	ivs4+4a>t)	X	-
1243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg,		
	expanded) alleles	X	-
1244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg,		
	expanded size and methylation status)	Х	-
247	G6pd, gene analysis; common variant(s)	_	Х
	G6pd, gene analysis; known familial variant(s)	_	X
	G6pd, gene analysis; full gene seq	_	X
	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene		
	analysis, common variants (eg, r83c, q347x)	-	X
1251	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p,		
0.	ivs2+1g>a)	Х	-
1252	Gib2 gene full sequence	_	Х
	Gib2 gene known fam variants	_	X
	Gjb6 gene com variants	_	X
	Hexa (hexosaminidase a [alpha polypeptide]) (eg, tay-sachs disease) gene analysis, common variants (eg,		
	1278instatc, 1421+1g>c, g269s)	X	-
256	Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	_	Х
	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease),		
	gene analysis, for common deletions or variant (eg, south	-	X
1258	Hba1/hba2, gene analysis, known familial variant	-	Х
	Hba1/hba2, gene analysis, full gene seq	-	X
	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	-
1261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to		
	detect abnormal clonal population(s); amplified methodology (eg,	- [	X
1262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to		
	detect abnormal clonal population(s); direct probe methodology (e	-	X

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Codes Description		Preauthorization Requir
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding imi	munizations, injectable drugs,
1263 Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation	1	
analysis	-	X
1264 Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis,		
evaluation to detect abnormal clonal population(s)	-	X
1265 Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant		
recipient and donor germline testing, post-transplant non-he	-	X
1266 Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood		V
donor, additional fetal samples from different cultures, or a	-	X
1269 Hba1/hba2, gene analysis, duplication/deletion variants	-	Х
1270 Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	-	Х
Htt (huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Χ
31272 Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute		Х
myeloid leukemia, melanoma), gene analysis, targeted sequ	_	^
31273 Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816		Х
variant(s)	_	^
B1274 Htt (huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size)	-	Χ
31277 Cytogenomic neo microra alys	-	Χ
31278 Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster	_	Х
region (mcr) breakpoints, qualitative or quantitative		
31279 Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	X
1283 Ifnl3, gene analysis, rs12979860 variant	-	Χ
1284 Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X
P1285 Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	X
1286 Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	Χ
1287 Mgmt gene methylation anal	-	Χ
1288 Mlh1 gene methylation anal	-	X
1289 Fxn (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)	-	Χ
1290 Mcoln1 (mucolipin 1) (eg, mucolipidosis, type iv) gene analysis, common variants (eg, ivs3-2a>g, del6.4kb)	-	X
Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants	X	_
(eg, 677t, 1298c)	^	
1292 Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch	_	X
syndrome) gene analysis; full sequence analysis	_	
MIh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch		Х
syndrome) gene analysis; known familial variants	_	^
MIh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch		Х
syndrome) gene analysis; duplication/deletion variants	_	^
Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch		Х
syndrome) gene analysis; full sequence analysis	·	^

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	escription	Not Covered	Preauthorization Require
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i cations and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
	sh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch		.,
	/ndrome) gene analysis; known familial variants	-	X
	sh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch		V
	/ndrome) gene analysis; duplication/deletion variants	-	X
1298 M	sh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full		V
	equence analysis	- 1	X
1299 M	sh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis;		Х
kr	nown familial variants	-	^
1300 M	sh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis;		Х
dι	uplication/deletion variants	-	^
1301 M	icrosatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for	_	Х
	ismatch repair deficiency (eg, bat25, bat26), includes com		
	ecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	-	X
	ecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	-	Χ
	ecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	-	Χ
	yd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic	_	X
	ukemia) gene analysis, p.leu265pro (l265p) variant		
1307 P	alb2 gene full gene seq	-	X
	alb2 gene known famil vrnt	-	X
	ik3ca gene trgt seq alys	-	X
	pm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	-	Χ
	ras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2	_	Χ
	eg, codons 12 & 13) and exon 3 (eg, codon61)		
	abpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to	_	X
	etect abnormal (eg, expanded) alleles		
	ca3 klk3	-	X
	dgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene	_	Χ
ar	nalysis, targeted sequence analysis (eg, exons 12, 18)		
	ml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia)	_	X
tra	anslocation analysis; single breakpoint (eg, intron 3, intron 6		
	ms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch	_	X
Sy	/ndrome) gene analysis; full sequence analysis		
	ms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch	_	Χ
	/ndrome) gene analysis; known familial variants	<b> </b>	
	ms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch	_	Χ
	/ndrome) gene analysis; duplication/deletion variants	<b> </b>	
	lcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w,	-	X
	707f, I845f)	ļ	
1321 P	ten gene analysis;full seq analysis	-	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Pten gene analysis; fam variant	-	Х
	Pten gene analysis; duplication/deletion variant	-	Х
	Pmp22 gene analysis; dup/deletion analysis	-	X
	Pmp22 gene analysis; full seq analysis	-	X
	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	X
1328	Slc01b1, gene analysis, common variant(s)	-	X
31330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	-	X
1331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	-	Х
1332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and	-	Х
1333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	-	Х
1334	Runx1, gene analysis, targeted seq analysis	-	X
	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence		Х
	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	-	Х
31338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)	-	Х
31339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	X
1340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol	-	Х
1341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methology (eg, southe	-	Х
	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	Х
1343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
1344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
1345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	-	Х
1346	Tyms, gene analysis, common variant(s)	-	X
	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	Х
1348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	Х

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i edications and should be directed to the Pharmacy link option within the website.	nformation regarding in	nmunizations, injectable drugs, o
	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
31350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, irinotecan metabolism), gene analysis, common		V
	variants (eg, *28, *36, *37)	-	X
31351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	Χ
	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)		V
		-	X
31353	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; known familial variant	-	Χ
31355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants	Х	_
	(eg, -1639/3673)	^	
31357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis,	_	X
	common variants (eg, s34f, s34y, q157r, q157p)	_	Λ
31360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute	_	X
	myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	_	Λ
	Hbb (hemoglobin, subunit beta), common variant(s)	-	X
	Hbb (hemoglobin, subunit beta), known familial variant(s)	-	X
	Hbb (hemoglobin, subunit beta), duplication/deletion variant(s)	-	X
	Hbb (hemoglobin, subunit beta), full gene seq	-	X
	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1	-	X
1371	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1/3/4/5 (eg, verification typing)	-	X
1372	Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)	-	X
	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	-	Х
	Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	-	X
	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	-	Х
	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1/3/4/5, -dqb1, -dqa1, -dpb1, or -		V
	dpa1), each	-	X
1377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	-	X
1378	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	-	Х
1379	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	-	Χ
1380	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	-	Х
1381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	-	Χ
1382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3, -drb4, -drb5, -dqb1, -dqa1, -dpb1, or -dpa1), each	-	X
1383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	-	X
1400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm	-	Х

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	redications and should be directed to the Pharmacy link option within the website.		
31401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using	_	Х
	nonsequencing target variant analysis], or detection of a dy		
1402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically	_	Χ
	using non-sequencing target variant analysis], immunoglobul		
1403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10	_	Х
	amplicons using multiplex pcr in 2 or more independent reactions,		Λ
1404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or	_	X
	duplication/deletion variants of 6-10 exons, or characterizati	_	Λ
1405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or	_	Χ
	duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch	_	^
1406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or		Х
	duplication/deletion variants of 26-50 exons, cytogenomic ar	-	^
1407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or		Х
	duplication/deletion variants of >50 exons, sequence analysi	-	^
1408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1		V
	(fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (	-	Χ
1410	Gsps for aortic dysfnc or dilat	-	Х
1411	Gsps for aortic dysfnc or dilat dupe delete anal	-	Χ
	Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia		V
	faconi anemia group c. gaucher disease, tay-sachs disease),	-	X
1413	Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		V
	polymorphic ventricular tachycardia); genomic sequence analysis panel,	-	X
1414	Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		V
	polymorphic ventricular tachycardia); duplication deletion gene analy	-	X
1415	Exome sequence anal	-	Χ
	Exome sequence anal ea add	-	Х
	Exome sequence anal re-eval	-	Х
	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
1419	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,	-	Χ
	and zeb2		
1425	Gsps for unex costitut heritable ds	-	Χ
	Gsps for unex costitut heritable ds ea add	-	X
	Gsps for unex costitut heritable ds re-eval	-	X
	Gsps for hearing loss	-	X
	Gsps for hearing loss dupe delete anal	-	X
	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic		
	sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh	-	X

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Description	Not Covered	Preauthorization Require
	nformation regarding	immunizations, injectable drugs,
	Т	
	-	X
	-	X
		V
	-	X
	-	X
	-	Χ
	-	Χ
	_	X
	-	X
	-	X
Noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard	_	Χ
	_	Λ
Genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom	_	Х
syndrome, canavan disease, fanconi anemia type c, mucoli	_	^
Gsps for solid organ neoplasm	-	Χ
Hereditary peripheral neuropathies, gene seq analysis panel	-	X
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	-	X
rearrangements, if performed; rna analysis		
	-	Χ
Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa,		
	-	X
Gsps hematolymphoid neo =/>51 genes	-	X
	_	X
rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis		
	Please note that coverage may vary by plen type and may not follow the Isted services. These codes are updated quarterly. Additionally, these coding lists do not reflect indications and should be directed to the Pharmacy link option within the website.  Hereditary breast cancer-related disorders (eg., hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for breat 1 breaz minto the relational disorders (eg., retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b  Gsps for colon ca  Gsps for colon ca dupe delete anal  Hereditary neuroendocrine tumor disorders (eg., medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s  Hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sdhd vhl Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu  Gsps nuclear encod mitochondrial genes Inherited bone marrow failure syndromes (libris) (eg., fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb, fancc, fancd2, fance, fancf, fancg, fanci, fanci, gata1, gata2, mpl, hhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tin12  Noonan spectrum disorders (eg., noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, canavan disease, fanconi anemia type c, mucoli  Gsps for solid organ neoplasm  Hereditary preipheral neuropathies, gene seq analysis panel  Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg., b	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding distedations and should be diseated to the Pharmacy lists (point within the vestication).  Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for broa1 broa2 mih1  Hereditary reliand disorders (eg, retinitis) gigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b  Gaps for colon ca  Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s  Hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sshd vhl  Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequences (ibms) (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 broa2, bip11, dkc1, fanca, fancb, fancc, fanccb, fancc, fanccb, fasce, fancf, fancg, fanci, fancl, gata1, gata2, mpl, nhp2, nop10, pab2, rad51c, rp111, rp135a, rp15, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tin12  Soonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, noonan-like syndrome); must incl genomic sequencing 12 ge  Genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucoli  Gsps hernatolymphoid neo e/>55 genes  Targeted genomic sequence

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	Description	•	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflected in the plantage of the plantage in the plantage i	ct information regarding im	munizations, injectable drugs,
	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis,		
11701	microsatellite instability	-	X
1458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis, copy		
71 100	number variants and microsatellite instability	-	X
1459	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	_	Χ
	rearrangements		
1460	Gsps for whole mitochondrial genome	-	Х
	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	_	Χ
	3-1		
1463	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
1464	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,	-	Χ
	tumor mutation burden, and rearrangements		
1465	Gsps for whole mitochondrial genome lg delete anal	-	Х
1470	Gsps for xlid at least 60 genes	-	Χ
1471	Gsps for xlid at least 60 genes	-	X
1479	Unlisted molecular pathology	-	Χ
1490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic		Х
	algorithm reported as a disease activity score	-	^
1493	Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing whole peripheral	Х	
	blood, algorithm reported as a risk score	^	
	Maaa 2 serum proteins	-	Χ
	Maaa 2 serum proteins	-	Χ
	Oncology tissue of origin	-	Χ
	Maaa 7 serum/plasma analytes	-	X
	Fetal aneuploidy trisom risk	-	Χ
	Maaa 2 maternal serum proteins	-	Χ
	Maaa 3 maternal serum proteins	-	X
	Maaa 3 maternal serum analytess	-	X
	Maaa 4 maternal serum analytess	-	X
	Maaa 5 maternal serum analytess	-	Χ
1518	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping),	_	X
	utilizing formalin-fixed paraffin-embedded tissue, algorithm		
	Gsps onco (brst) 21 genes	-	X
	Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	X
1521	Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	Χ

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i ecialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
1522 Onc breast mrna 12 genes		X
1523 Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31	-	Λ
housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to		X
distant metastasis	_	^
1525 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
1529 Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3		
		V
housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including	-	Χ
likelihood of sentinel lymph node metastasis  1535 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology,		
	-	X
predictive algorithm reported as a drug response score; first singl		
1536 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology,	-	X
predictive algorithm reported as a drug response score; each additi		
1538 Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive	-	X
algorithm reported as good versus poor overall surviva		
1539 Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human	X	-
kallikrein-2 [hk2]) utilizing plasma or serum, prognostic		
Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5	-	Χ
housekeeping) to classify tumor into main cancer type and		
1541 Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	X
1542 Onc prostate mrna 22 cnt gen	-	X
Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported	-	Χ
as a categorical result (eg, benign or suspicious)		
1551 Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	X
1552 Onc breast mrna 12 genes	-	X
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	-	X
of usual interstitial pneumonia [uip])		
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	_	X
excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection		
1560 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	×	_
minduced out 10-711 bytotoxic memory coils, utilizing whole peripheral blood, algorithm reported as a rejection risk score	^	-
1595 Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and		V
9 housekeeping), utilizing subfraction of peripheral b	-	X
1599 Unlisted maaa	- 1	Х
Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, c-13)	Х	-

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not	t reflect information regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.		
Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by	X	-
radioimmunoas		
33987 Ph; exhaled breath condensate	X	-
33992 Assay for phencyclidine	X	-
34378 Sugars single quant	X	-
34431 Thromboxane metabolite(s), including thromboxane if performed, urine	X	-
34999 Clinical chemistry test	-	X
B5999 Hematology procedure	-	X
36152 Cell enumeration	X	-
36153 Cell enumeration phys interp	X	-
36305 Human epididymis protein 4 (he4)	X	-
36318 Immunoassay,infectious agent	X	-
36677 Helicobacter pylori	X	-
Antibody to hla class i/ii antigen	-	Χ
Antibody id by hla phnotyp class i	-	Χ
36831 Antibody id by hla phnotyp class ii	-	X
36834 Semi-quant panel hla class i	-	X
36835 Semi-quant panel hla class ii	-	Χ
36849 Immunology procedure	-	X
Blood typing, paternity test	Х	-
Blood typing, antigen system	Х	-
36999 Transfusion procedure	-	Χ
37999 Microbiology procedure	-	Χ
38000 Autopsy (necropsy), gross	Х	-
38005 Autopsy (necropsy), gross	Х	-
38007 Autopsy (necropsy), gross	Х	-
38012 Autopsy (necropsy), gross	Х	-
38014 Autopsy (necropsy), gross	Х	-
38016 Autopsy (necropsy), gross	Х	-
38020 Autopsy (necropsy), complete	Х	-
38025 Autopsy (necropsy), complete	Х	-
38027 Autopsy (necropsy), complete	Х	-
88028 Autopsy (necropsy), complete	Х	-
88029 Autopsy (necropsy), complete	Х	-
38036 Limited autopsy	Х	-
38037 Limited autopsy	X	-
88040 Forensic autopsy (necropsy)	X	-
88045 Coroner's autopsy (necropsy)	X	<u>-</u>
88099 Necropsy (autopsy) procedure	X	-

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odes Description	Not Covered	Preauthorization Required
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding I	lists do not reflect information regarding	immunizations, injectable drugs, c
ecialty medications and should be directed to the Pharmacy link option within the website.	1	V
8199 Cytopathology procedure	-	X
8245 Chromosome analysis, 20-25	-	X
8248 Chromosome analysis, 50-100	-	X
8249 Chromosome analysis, 100	-	X
8261 Chromosome analysis, 5	-	X
8262 Chromosome analysis, 15-20	-	X
8263 Chromosome analysis, 45	-	X
8264 Chromosome analysis, 20-25	-	Χ
8267 Chromosome analys, placenta	-	X
8269 Chromosome analys, amniotic	-	Χ
8271 Cytogenetics, dna probe	-	Χ
8272 Cytogenetics, 3-5	-	X
8273 Cytogenetics, 10-30	-	Χ
8274 Cytogenetics, 25-99	-	Χ
8275 Cytogenetics, 100-300	-	Х
8280 Chromosome karyotype study	-	X
8283 Chromosome banding study	-	Χ
8285 Chromosome count, additional	-	Х
8289 Chromosome study, additional	-	X
8291 Cyto/molecular report	-	X
8299 Cytogenetic study	-	Χ
8399 Surgical pathology procedure	-	Х
8749 In vivo lab service	-	Х
9240 Unlisted miscellaneous pathology test	-	X
9250 Fertilization of oocyte	-	X
9254 Oocyte identification	-	X
9255 Prepare embryo for transfer	_	X
9259 Cryopreservation, sperm	-	X
9280 Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	-	X
9281 Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	-	X
Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	_	X
19337 Cryopreservation, mature oocyte(s)	_	X
9398 Unlisted reproductive medicine laboratory procedure		X
10281 Human ig, im	X	- X
10283 Human ig, iv	X	
10287 Botulinum antitoxin	X	<u> </u>
10288 Botulism ig, iv	X	<u>-</u>
10291   Cmv ig, iv	X	<u> </u>
10384 Rh ig, full-dose, im	X	<u> </u>

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs, or
, ,	edications and should be directed to the Pharmacy link option within the website.		
	Rh ig, iv	X	-
	Tetanus ig, im	Х	-
	Immune globulin	-	X
	Flu vaccine, 3 yrs, im	Χ	-
	Dtap-hep b-ipv vaccine, im	Х	<u> </u>
	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	X	-
	Hep b/hib vaccine, im	X	-
	Vaccine toxoid	-	X
	Pharmacologic mgmt w/psytx	Χ	-
90875	Psychophysiological therapy	X	-
90876	Psychophysiological therapy	X	-
90882	Environmental manipulation	X	-
90901	Biofeedback train, any meth	-	X
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	-	X*
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)	-	X*
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	-	Х
91132	Electrogastrography	X	-
91133	Electrogastrography w/test	X	-
91299	Gastroenterology procedure	-	X
92145	Corneal hysteresis deter	Х	-
	Contact lens fitting	Х	-
92314	Prescription of contact lens	Х	-
	Fitting of spectacles	Х	-
	Fitting of spectacles	Х	-
	Fitting of spectacles	Х	-
	Special spectacles fitting	-	Х
	Special spectacles fitting	-	Х
	Eye prosthesis service	-	Х
	Repair & adjust spectacles	Х	-
	Repair & adjust spectacles	-	Х
	Eye service or procedure	-	X
	Speech/hearing therapy	_	X*
	Speech/hearing therapy	_	X*
	Oral function therapy	_	X*
	Pure tone hearing test, air	X	<u>,</u>

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect dications and should be directed to the Pharmacy link option within the website.	information regarding	immunizations, injectable drugs,
<u> </u>	Hearing aid exam, one ear	Х	-
	Hearing aid exam, both ears	X	-
	Hearing aid check, one ear	X	-
	Hearing aid check, both ears	Х	-
	Electro hearng aid test, one	Х	-
	Electro hearng aid tst, both	Х	-
	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*
	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*
	Therapeutic services for the use of speech-generating device, including programming and modification	- 1	Χ*
	Evaluation of auditory rehabilitation status; first hour	-	X
2627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primar	-	Х
2630	Auditory rehabilitation; pre-lingual hearing loss	Х	-
	Auditory rehabilitation; post-lingual hearing loss	Х	-
2650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	Х	-
2700	Unlisted otorhinolaryngological service or procedure	-	Χ
3580	Percutaneous transcatheter closure of congenital interatrial communication (ie, fontan fenestration, atrial septal defec	-	Х
3702	Bis xtracell fluid analysis	Х	-
3799	Cardiovascular procedure	-	Х
3895	Carotid intima atheroma eval	Х	-
3998	Unlisted noninvasive vascular diagnostic study	-	Х
1799	Pulmonary service/procedure	-	Χ
120	Immunotherapy, one injection	X	-
125	Immunotherapy, many antigens	X	-
5130	Immunotherapy, insect venom	X	-
5131	Immunotherapy, insect venoms	X	-
5132	Immunotherapy, insect venoms	X	-
	Immunotherapy, insect venoms	X	<u>-</u>
	Immunotherapy, insect venoms	X	-
	Allergy immunology services	-	Χ
	Cont intraop neurophys mntr	X	-
	Neurological procedure	-	X
	Developmental screening, with interpretation and report, per standardized instrument form	X	-
	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	X	-
	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)	Х	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding	immunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.	1	V
06379 Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	-	X
6549 Chemotherapy, unspecified	-	X
6999 Dermatological procedure	-	X
7010 Hot or cold packs therapy	-	X*
7012 Mechanical traction therapy	-	X*
7014 Electric stimulation therapy	X	<u>-</u>
7016 Vasopneumatic device therapy	-	X*
7018 Paraffin bath therapy	-	X*
7022 Whirlpool therapy	-	X*
7024 Diathermy treatment	-	Χ*
7026 Infrared therapy	X	-
7028 Ultraviolet therapy	-	Χ*
7032 Electrical stimulation	-	Χ*
7033 Electric current therapy	X	-
7034 Contrast bath therapy	-	Χ*
7035 Ultrasound therapy	-	Χ*
7036 Hydrotherapy	-	Χ*
7037 Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-		
operative pain reduction	X	-
7039 Physical therapy treatment	-	X*
7110 Therapeutic exercises	-	X*
7112 Neuromuscular reeducation	-	X*
7113 Aquatic therapy/exercises	-	X*
7116 Gait training therapy	-	Χ*
7124 Massage therapy	-	X*
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;	-	X*
initial 15 minutes		
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*
7139 Physical medicine procedure	<del>  </del>	X*
7140 Manual therapy	+ - +	X*
7140 Interruption of the rapeutic procedures	-	X*
7151 Behavior identification assessment, administered by a physician or other qualified health care professional, each 15	X	-
minutes of the physician's or other qualified health care		

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ir edications and should be directed to the Pharmacy link option within the website.	formation regarding	g immunizations, injectable drugs,
	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or		
	other qualified health care professional, face-to-face with	Χ	-
7153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other	.,	
	qualified health care professional, face-to-face with one patie	X	-
7154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other		
	qualified health care professional, face-to-face with two	Χ	-
7155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	V	
	professional, which may include simultaneous direction of tech	Χ	-
7156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional	Х	
	(with or without the patient present), face-to-face with gua	^	-
7157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care	Х	
	professional (without the patient present), face-to-face w	^	<u>-</u>
7158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	Х	
	professional, face-to-face with multiple patients, each	^	•
7161	Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or		X*
	comorbidities that impact the plan of care; an examination o	-	^
7162	Physical therapy evaluation: moderate complexity, requiring these components: a history with no personal factors	_	X*
	and/or comorbidities that impact the plan of care; an examinat	_	^
7163	Physical therapy evaluation: high complexity, requiring these components: a history with no personal factors and/or	_	X*
	comorbidities that impact the plan of care; an examination		Λ
7164	Re-evaluation of physical therapy, extablished plan of care, requiring these components: an examination, including a	_	X*
	review of history and use of standardized tests and measur		Λ
7165	Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and	_	X*
	therapy history, which includes a brief history includin		Λ
7166	Occupational therapy evaluation,moderate complexity, requiring these components: an occupational profile and	_	X*
	medical and therapy history, which includes a brief history incl		
7167	Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and	_	X*
	therapy history, which includes a brief history includin		
7168	Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes	_	X*
	in patient functional or medical status with revised plan		
7169	Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no	X	_
	comorbidities that affect phsical activity; an ex		
7170	Athletic training evaluation, moderate complexity, requiring these components: a history and physical activity profile with	X	_
	no comorbidities that affect phsical activity; a	- •	
7171	Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no	X	_
	comorbidities that affect phsical activity; an e	- •	
7172	Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's	X	_
7500	current functional status when there is a documented chang	-	\/±
/530	Therapeutic activities	-	Χ*

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Description	Not Covered	Preauthorization Require
	nformation regarding	immunizations, injectable drugs, o
·		
, ,	-	X*
	-	X*
	-	Χ*
		-
	Х	-
	-	X
Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient	Х	-
Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-
Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	X	-
Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	X	-
Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
appropriate history and/or examination and straightforward medical decision making. When using total time on the date	X	-
of the encounter for code selection, 15 minutes must be met or exceeded.		
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	X	=
encounter for code selection, 30 minutes must be met or exceeded.		
Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
	Χ	-
the encounter for code selection, 45 minutes must be met or exceeded.		
Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
	Χ	-
	X	-
	Х	-
, , , , , , , , , , , , , , , , , , , ,		
	Х	-
	X	-
	X	-
exceeded.		
	Pease note that coverage may vary by plan type and may not lollow the istaid services. These codes are updated quarterly. Additionally, these coding lists do not reflect in discissions and should be directed to the Pharmacy link option within the websits.  Sensory integration  Community/work reintegration  Work hardening  Work hardening add-on  Physical medicine procedure  Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient  Acupuncture, one or more needles, we lectrical stimulation; initial 15 min of personal contact with the patient  Acupuncture, one or more needles, we lectrical stimulation; add 15 min, we re-insertion of needle(s)  Acupuncture, one or more needles, we electrical stimulation; a addl 15 min, we re-insertion of needle(s)  Acupuncture, one or more needles, we electrical stimulation; a addl 15 min, we re-insertion of needle(s)  Acupuncture, one or more needles, we electrical stimulation; a addl 15 min, we re-insertion of needle(s)  Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.  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, 30 minutes must be met or exceeded.  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.  Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding discitations and should be directed to the Pharmacy link option within the website.  Sensory integration  Community/work reintegration

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

<sup>\*\*</sup>Preauth after 3rd rental month when criteria not met.



odes	Description	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Х	-
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Х	-
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Х	-
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	Х	-
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Х	-
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Х	-
8015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Х	-
8940	Chiropractic manipulation	-	Χ*
8941	Chiropractic manipulation	-	X*
8942	Chiropractic manipulation	-	Χ*
8943	Chiropractic manipulation	Х	
8966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
99026	Hospital mandated on call service; in-hospital, each hour	X	-

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	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, o
	Hospital mandated on call service; out-of-hospital, each hour	Х	_
	Medical testimony	X	-
	Ocular function screen	X	-
	Visual acuity screen	X	-
	Ocular photoscreening with interpretation and report, bilateral	X	-
	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	X	_
	Hyperbaric oxygen therapy	-	Х
	App topical fluoride varnish	Х	-
	Special service/proc/report	-	Х
	Office consultation	Х	-
	Office consultation	X	-
	Office consultation	X	-
	Office consultation	X	_
	Office consultation	Х	-
	Initial inpatient consult	Х	-
	Initial inpatient consult	Х	-
	Initial inpatient consult	Х	-
	Initial inpatient consult	Х	-
	Initial inpatient consult	Х	-
	Prolonged evaluation and management service before and/or after direct patient care; first hour	Χ	-
	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list		
	separately in addition to code for prolonged service)	Х	-
9375	Home health care supervision	Χ	-
	Hospice care supervision	Χ	-
9401	Preventive counseling, indiv	Х	-
	Preventive counseling, indiv	Χ	-
9403	Preventive counseling, indiv	X	-
9404	Preventive counseling, indiv	Х	-
9408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)	Х	-
9409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)	Х	-
9411	Preventive counseling, group	Х	-
	Preventive counseling, group	X	-
	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services)	Х	-

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	scription	Not Covered	Preauthorization Require
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in ations and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs,
	blonged inpatient or observation evaluation and management service(s) time with or without direct patient contact		
	yond the required time of the primary service when the primary service level has been selected using total time,		
	ch 15 minutes of total time (list separately in addition to the code of the inpatient and observation evaluation and	X	-
	inagement service)		
	listed preventive service	Х	_
	lephone evaluation and management service provided by a physician to an established patient, parent, or guardian		
not		X	-
	lephone evaluation and management service provided by a physician to an established patient, parent, or guardian		
not		X	-
	lephone evaluation and management service provided by a physician to an established patient, parent, or guardian		
not		X	-
	e/disability evaluation	X	_
	listed e&m service	-	X
	me visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	<u>-</u>	Λ
9300   110	the visit for prenatal assessment incretal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	Χ	-
9501 Ho	me visit for postnatal assessment and follow-up care	Х	-
9502 Ho	me visit for newborn care and assessment	Х	-
9503 Ho	me visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Х	-
9504 Ho	me visit for mechanical ventilation care	Χ	-
9505 Ho	me visit for stoma care and maintenance including colostomy and cystostomy	X	-
9506 Ho	me visit for intramuscular injections	Х	-
9507 Ho	me visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	X	-
9509 Ho	me visit for assistance with activities of daily living and personal care	Х	-
9510 Ho	me visit for individual, family, or marriage counseling	Х	-
9511 Ho	me visit for fecal impaction management and enema administration	Х	-
9512 Ho	me visit for hemodialysis, per diem	Х	-
9600 Un	listed home visit service or procedure	X	-
9605 Me	edication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with	V	
ass	sessmen	Х	-
9606 Me	edication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with	V	
ass	sessmen	Х	-
9607 Me	edication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with	V	
ass	sessmen	Χ	-
001A Ad	m sarscov2 30mcg/0.3ml 1st	Х	-
	art failure assessed (includes assessment of all the following components) (cad)	Х	-
	c dna hea 35 ag 11 bld grp whl bld cmn allel	-	Х
	m sarscov2 30mcg/0.3ml 2nd	Х	-
	er disease, 10 biochem assays	_	Х

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.	V	
	Adm sarscov2 30mcg/0.3ml 3rd	Х	- V
	Liver disease, 10 biochem assays	-	X
	Onc ovarian assay 5 proteins serum alg scor	-	X
	Adm sarscov2 30mcg/0.3ml bst	X	-
	Osteoarthritis assessed (oa)	Χ	<u>-</u>
	Onco prst8 3 gene ur alg	-	X
U800	Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rrna, gyra, pbp1, rdxa and rpob, next generation sequencing, formalin-fixed paraffin-embedded or fres	Х	-
09U	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
)10U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	-	Х
)11Δ	Adm sarscov2 100mcg/0.5ml1st	Х	_
	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	X
	Adm sarscov2 100mcg/0.5ml2nd	Х	-
	Community acquired bacterial pneumonia assessed (cap)	X	
	Onc mrna 5 genes ur alg risk urothelial cancer		X
	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood,	-	Λ
7120	report of specific gene rearrangement(s)	-	X
1121	Adm sarscov2 100mcg/0.5ml3rd	Х	
	Onc mrna 5 genes ur alg risk recr urothelial ca		X
	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna,	-	^
)13U		-	X
V4.4.E.	fresh or frozen tissue or cells, report of specific gene rearra		
	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass	Х	-
)14U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra	-	X
)15F	Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding	Х	-
16M	Onc bladder mrna 219 gen alg	-	Х
	Oncology (hematolymphoid neoplasia), rna, bcr/abl1 major and minor breakpoint fusion transcripts, quantitative pcr amplification, blood or bone marrow, report of fusion not	-	X
17M	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
17U	Oncology (hematolymphoid neoplasia), jak2 mutation, dna, pcr amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of jak2 mutation not detected or	-	Х
18M	Trnsplj rnl meas cd154+cll	Х	_
	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	X	-

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	escription	Not Covered	Preauthorization Required
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i cations and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, o
	Incology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA	<del> </del>	
	extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	_	Х
6.	ktracted from turnor tissue, diagnostic algorithm reported as probability of matching a reference turnor subclass		Χ
0018U O	ncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm		X
re	eported as a positive or negative result for moderate to	_	^
0019U O	ncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh	_	Х
	ozen tissue, predictive algorithm reported as potential	_	Λ
0021U O	ncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-ropporin, desmocollin,	_	Х
	urkaip-1, csnk2a2), multiplexed immunoassay and flow	_	Λ
0023U O	incology (acute myelogenous leukemia), dna, genotyping of internal tandem duplication, p.d835, p.i836, using	_	Х
	ononuclear cells, reported as detection or non-detection of flt3	_	^
0026U O	nc thyr dna&mrna 112 genes fna ndul alg alys	-	Χ
0027U Ja	ak2 gene analysis trgt seq alys exons 12-15	-	Χ
0029U R	x metab advrs rx rxn & rspse trgt seq alys	-	Χ
0030U R	x metab warfarin rx response trgt seq alys	-	Χ
031U C	yp1a2 gene analysis common variants	-	Χ
032U C	omt gene analysis c.472g>a variant	-	X
033U H	tr2a htr2c gene analysis common variants	-	Χ
	pmt nudt15 gene analysis common variants	-	X
0036U E	xome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen,		V
	equence analyses	-	X
0037U T	rgt gen seq alys sld orgn neo dna 324 genes	-	Х
	cr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	_	Х
20.4511.0		ļ	
	nc brst dux carc is mrna 12 genes alg rsk scor	-	X
0046U  F	lt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative	-	Χ
0047U O	nc prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	X
048U O	nc sld org neo dna 468 cancer associated genes	-	Χ
	pm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	-	Χ
	argeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for		V
	equence variants, copy number variants or rearrangements	-	X
	dm sarscv2 30mcg trs-sucr 1	Х	-
	dm sarscv2 30mcg trs-sucr 2	Х	-
	dm sarscv2 30mcg trs-sucr 3	Х	-
	ncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen,	1	V
	gorithm reported as probability of higher tumor grade	-	X
	dm sarscv2 30mcg trs-sucr b	Х	-

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ш	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in dications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on		
	Jomputer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on Juoroscopic	X	-
	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on ct/mri		
		X	-
	mages Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism		
	cardiology (near transplant), cell-free dria, pcr assay of 96 dria target sequences (94 single flucteotide polymorphism argets and two control targets), plasma	-	X
	Hem aml dna gene rearrangement blood/bone marrow		X
	Fwin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal	-	^
	olood	X	-
	Adm sarscov2 50mcg/0.25mlbst	Х	
	Cyp2d6 gen com&slct rar vrnt	^	X
	Adm sarscv2 10mcg trs-sucr 1	X	^
	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc	^	-
	rocused ultrasound abiation of uterine leiomyomata, including mi guidance, total leiomyomata volume less than 200 cc of	Χ	-
	Dyp2d6 full gene sequence	_	X
	Adm sarscv2 10mcg trs-sucr 2	X	^
	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc	^	-
	rocused ultrasound abiation of uterine leiomyomata, including mi guidance, total leiomyomata volume less than 200 cc of	X	-
	Cyp2d6 gen cyp2d6-2d7 hybrid	_	X
	Adm sarscv2 10mcg trs-sucr 3	Х	
	Cyp2d6 gen cyp2d7-2d6 hybrid	-	Х
	Adm sarscv2 10mcg trs-sucr b	X	- X
	Cyp2d6 nonduplicated gene	-	Х
	Cyp2d6 5' gene dup/mlt	_	X
	Cyp2d6 3' gene dup/mit	_	X
	Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for		
	specimen identity verification	-	X
	Adm sarscv2 3mcg trs-sucr 1	Х	_
	Adm sarscv2 3mcg trs-sucr 2	X	_
	Adm sarscv2 3mcg trs-sucr 3	X	_
	Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell		
	antigens	-	X
	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
	Fransplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing		
	ransplant biopsy tissue, algorithm reported as a probabil	-	X
	Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive		
	patch(es)	-	X

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Codes Des	scription	Not Covered	Preauthorization Required
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	nformation regarding	immunizations, injectable drugs, o
	titions and should be directed to the Pharmacy link option within the website.		
	cology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9	_	Χ
	usekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit		
	m sarscov2 50 mcg/.5 ml1st	X	-
092A Adı	m sarscov2 50 mcg/.5 ml2nd	X	-
093A Adı	m sarscov2 50 mcg/.5 ml3rd	X	-
094A Adı	m sarscov2 50 mcg/.5 mlbst	X	-
094U Ge	nome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	Χ
	moval of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list sepa	-	Х
098T Re	vision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	Х	-
100T Pla	acement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	Х	-
101T Ext	tracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Х	-
	reditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial	, ,	.,
	enomatosis polyposis), genomic sequence analysis panel utilizing a	-	Х
	tracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving		
late		X	-
	reditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary		
	dometrial cancer), genomic sequence analysis panel utilizing	-	X
	reditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis		
	nel utilizing a combination of ngs, sanger, mlpa, and arr	-	X
	ph ckd mult eclia tum nec	-	Х
	antitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar		Λ
1001  Qu	antitative sensory testing (45t), testing and interpretation per extremity, using todor pressure stinding dissess far	X	-
107T Qu	antitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di		
1071	and and all the country to string the interpretation per extremity, doing vibration string to assess large at	X	-
108T Qu	antitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv		
1001	and and all the street of the	X	-
109T Qu	antitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n		
1001	and and are sensory to sting (que), testing and interpretation per extremity, using meat pain stinds to assess sinds in	X	-
110T Ou	antitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation		
1101   Qu	antitative sensory testing (45t), testing and interpretation per extremity, using other stillfull to assess sensation	X	-
111A Ad	m sarscov2 25mcg/0.25ml1st	X	
	c colon ca kras&nras alys		X
	m sarscov2 25mcg/0.25ml2nd	X	^
	li 16s&18s rrna genes	^	X
	m sarscov2 25mcg/0.25ml3rd	X	
	c prst8 pca3&tmprss2- erg	^	X
	a certain number of visits. Limits are dependent on plan and/or provider type		^

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des Description	Not Covered	Preauthorization Require
claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	t information regarding	immunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.	1 7 1	
114U Gi barretts esoph vim&ccna1	X	-
115U Respir iadna 18 viral&2 bact	-	X
118U Trnsplj don-drv cll-fr dna	-	X
120U Onc b cll lymphm mrna 58 gen	-	X
129U Hered brst ca rltd do panel	-	X
130U Hered colon ca do mrna pnl	-	X
131U Hered brst ca rltd do pnl 13	-	X
132U Hered ova ca rltd do pnl 17	-	X
133U Hered prst8 ca rltd do 11	-	X
134U Hered pan ca mrna pnl 18 gen	-	X
135U Hered gyn ca mrna pnl 12 gen	-	X
136U Atm mrna seq alys	-	X
137U Palb2 mrna seq alys	-	X
138U Brca1 brca2 mrna seq alys	-	X
153U Onc breast mrna 101 genes	-	Χ
154U Fgfr3 gene analysis	-	Χ
155U Pik3ca gene analysis	-	X
157U Apc mrna seq alys	-	Χ
158U Mlh1 mrna seq alys	-	Χ
159U Msh2 mrna seq alys	-	Χ
160U Msh6 mrna seq alys	-	Χ
161U Pms2 mrna seq alys	-	Χ
162U Hered colon ca trgt mrna pnl	-	Χ
Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	Х	-
Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separ	-	Х
Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	Х	-
171U Trgt gen seq alys pnl dna 23	-	X
172U Onc sld tum alys brca1 brca2	-	X
174U Onc solid tumor 30 prtn trgt	-	Х
177U Onc brst ca dna pik3ca 11	-	Х
178U Peanut allg asmt epi clin rx	-	Х
179U Onc nonsm cll Ing ca alys 23	Х	-
180U Abo gnotyp abo 7 exons	X	-
181U Co gnotyp agp1 exon 1	X	-
182U Crom gnotyp cd55 exons 1-10	X	-
183U Di gnotyp slc4a1 exon 19	X	_

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<sup>\*\*</sup>Preauth after 3rd rental month when criteria not met.



des Description	Not Covered	Preauthorization Require
laimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do no	t reflect information regarding in	mmunizations, injectable drugs,
cialty medications and should be directed to the Pharmacy link option within the website.	T v T	
84U Do gnotyp art4 exon 2	X	-
85U Fut1 gnotyp fut1 exon 4	X	-
86U Fut2 gnotyp fut2 exon 2	X	-
87U Fy gnotyp ackr1 exons 1-2	X	-
88U Ge gnotyp gypc exons 1-4	X	-
89U Gypa gnotyp ntrns 1 5 exon 2	X	-
90U Gypb gnotyp ntrns 1 5 seux 3	X	-
91U In gnotyp cd44 exons 2 3 6	X	-
92U Jk gnotyp slc14a1 exon 9	X	-
93U Jr gnotyp abcg2 exons 2-26	X	-
94U Kel gnotyp kel exon 8	X	-
95U Klf1 targeted sequencing	X	-
96U Lu gnotyp bcam exon 3	Х	-
97U Lw gnotyp icam4 exon 1	X	-
98T Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	Х	-
98U Rhd&rhce gntyp rhd1-10&rhce5	Х	-
99U Sc gnotyp ermap exons 4 12	Х	-
Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanic	cal de X	-
00U Xk gnotyp xk exons 1-3	X	-
Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical	devic X	-
01U Yt gnotyp ache exon 2	X	-
Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foran		-
04U Onc thyr mrna xprsn alys 593	-	Х
05U Oph amd alys 3 gene variants	-	X
Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	X	-
09U Cytog const alys interrog	-	Х
11U Onc pan-tum dna&rna gnrj seq	-	X
12U Rare ds gen dna alys proband	-	X
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that	joi X	-
13U Rare ds gen dna alys ea comp	-	Х
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that	joi X	-
14U Rare ds xom dna alys proband	-	Х
15T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that	joi X	-
youth after a certain number of visits. Limits are dependent on plan and/or provider type		

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Codes Description	Not Cov	ered Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are	updated quarterly. Additionally, these coding lists do not reflect information related to the coding lists and the coding lists are reflect information related to the coding lists are reflect to the coding lists are reflect to the coding list are reflect	egarding immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.		V
0215U Rare ds xom dna alys ea comp	-	X
0216T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapoph	hyseal) joint (or nerves innervating that joi	-
0216U Neuro inh ataxia dna 12 com	-	X
D217T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapoph	nyseal) joint (or nerves innervating that joi	-
0217U Neuro inh ataxia dna 51 gene	-	X
D218T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapoph	nyseal) joint (or nerves innervating that joi	-
0218U Neuro musc dys dmd seq alys	-	X
D219T Placement of posterior intrafacet implant(s), unilateral or bilateral, includin	g imaging and placement of bone graft(s) X	-
Placement of posterior intrafacet implant(s), unilateral or bilateral, includin	g imaging and placement of bone graft(s) X	-
Placement of posterior intrafacet implant(s), unilateral or bilateral, includin	g imaging and placement of bone graft(s) X	-
0221U Abo gnotyp next gnrj seq abo	-	X
Placement of posterior intrafacet implant(s), unilateral or bilateral, includin	g imaging and placement of bone graft(s) X	-
0222U Rhd&rhce gntyp next gnrj seq	-	X
227U Rx asy prsmv 30+rx/metablt	X	-
1228U Onc prst8 ma molec prfl alg	-	X
1229U Bcat1 promoter mthyltn alys	-	X
230U Ar full sequence analysis	-	X
1231U Cacna1a full gene analysis	-	Х
D232T Injection(s), platelet rich plasma, any tissue, including image guidance, ha	rvesting and preparation when performed X	-
232U Cstb full gene analysis	-	X
233U Fxn gene analysis	-	X
1234T Trluml perip athrc renal art	X	-
234U Mecp2 full gene analysis	-	X
235T Trluml perip athrc visceral	X	-
235U Pten full gene analysis	-	X
236T Trluml perip athrc abd aorta	X	-
236U Smn1&smn2 full gene analysis	-	X
237T Trluml perip athrc brchiocph	X	-
237U Car ion chnlpthy gen seq pnl		X
238T Trluml perip athrc iliac art	X	-
238U Onc Inch syn gen dna seq aly	-	X

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Codes	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, o
	nedications and should be directed to the Pharmacy link option within the website.		
	Trgt gen seq alys pnl 311+	-	X
)242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes,	_	Χ
	interrogation for sequence variants, gene copy number amplifications, and gene rearrangements		Λ
)244U	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	-	X
	instability, utilizing formalin-fixed paraffinembedded tumor tissue		
)245U	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
246U	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
250U	Onc sld org neo dna 505 gene	-	Х
	Ftl aneuploidy str alys dna	-	Х
	Insert aqueous drain device	Х	-
	Rprdtve med rna gen prfl 238	-	Х
254U	Reprdtve med alys 24 chrmsm	-	X
	Tma/tmao prfl ms/ms ur alg	Х	-
	Vlcad leuk nzm actv whl bld	Х	-
259U	Neph ckd nuc mrs meas gfr	Х	-
260U	Rare ds id opt genome mapg	-	Х
261U	Onc clrct ca img alys w/ai	Х	-
262U	Onc sld tum rtpcr 7 gen	-	Х
263T	Im autol b1 mrw cel ther 1 leg compl incl hrvst	Х	-
263U	Neuro asd meas 16 c metblt	Х	=
264T	Im autol b1 mrw cel ther 1 leg compl xcl hrvst	Х	-
264U	Rare ds id opt genome mapg	-	Χ
	Im autol b1 mrw cel ther uni/bi hrvst only	X	-
	Rar do whl gn&mtcdrl dna als	-	Χ
	Impltj/rplcmt crtd sns brorflx actv dev tot sys	X	-
	Unxpl cnst hrtbl do gn xprsn	-	Χ
267T	Impltj/rplcmt crtd sns brorflx actv dev lead uni	Χ	-
	Rare do id opt gen mapg&seq	-	X
268T	Impltj/rplcmt crtd sns brorflx actv dev pls gen	X	-
	Hem ahus gen seq alys 15 gen	-	Χ
	Hem aut dm cgen trmbctpna 14	-	Х
	Hem cgen coagj do 20 genes	-	Х
	Hem cgen neutropenia 23 gen	-	Χ
	Interrogation eval crtd sns brorflx actv sys	X	-
272Ū	Hem genetic bld do 51 genes	-	Χ

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflected to the property of the	ct information regarding	immunizations, injectable drugs, c
recialty medications and should be directed to the Pharmacy link option within the website.		
273T Interrogation eval crtd sns brorflx w/progrmg	X	<u>-</u>
1273U Hem gen hyprfibrnlysis 8 gen	-	X
2274T Perq lamot/lam any meth single/mlt lvl crv/thrc	X	<u>-</u>
1274U Hem gen pltlt do 43 genes	-	X
275T Perq lamot/lam any meth single/mlt lvl lumbar	-	X
275U Hem heprn nduc trmbctpna srm	X	<u>-</u>
276U Hem inh thrombocytopenia 23	-	X
1277U Hem gen pltlt funcj do 31	-	X
Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes).	X	-
278U Hem gen thrombosis 12 genes	_	Х
279U Hem vw factor&clgn iii bndg	Х	-
280U Hem vw factor&clgn iv bndg	X	_
1281U Hem vwd propeptide ag Ivl	X	_
282U Rbc dna gntyp 12 bld grp gen	X	_
283U Vw factor type 2b eval plsm	X	_
284U Vw factor type 2n eval plsm	X	_
285U Onc rsps radj cll fr dna tox	-	X
286U Cep72 nudt15&tpmt gene alys	_	X
287U Onc thyr dna&mrna 112 genes	_	X
288U Onc lung mrna quan pcr 11&3	_	X
295U Onc brst dux carc 7 proteins	Х	-
296U Onc orl&/orop ca 20 mlc feat	-	Х
297U Onc pan tum whl gen seq dna	_	X
298U Onc pan tum whi trns seq rna	_	X
299U Onc pan tum whi gen opt mapg	_	X
300U Onc pan tum whl gen seq&opt	_	X
301U Adna bartonella ddpcr	Х	-
302U Adna brtnla ddpcr flwg liq	X	-
303U Hem rbc ads whl bld hypoxic	X	-
304U Hem rbc ads whl bld normoxic	X	-
305U Hem rbc fnclty&dfrm shr strs	X	-
306U Onc mrd nxt-gnrj alys 1st	-	Х
307U Onc mrd nxt-gnrj alys sbsq	_	X
308U Crd cad alys 3 prtn plsm alg	Х	-
309U Crd cv ds aly 4 prtn plm alg	X	-
310U Ped vsclts kd alys 3 bmrks	X	-
311U Nfct ds bct quan antmcrb sc	X	_
312T Laps impltj nstim vagus	X	

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odes Description	Not Covered	Preauthorization Required
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	t information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.	T v T	
0312U Ai ds sle alys 8 igg autoant	Х	-
O313T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array	X	-
and pulse generator		
0313U Onc pncrs dna&mrna seq 74	-	X
314U Onc cutan mlnma mrna 35 gene	-	X
315U Onc cutan sq cll ca mrna 40	X	-
316T Replc vagus nerve pls gen	X	-
316U B brgdrferi lyme ds ospa evl	X	-
317T Elec analysis vagus nerve pls gen	X	-
317U Onc lung ca 4-prb fish assay	-	X
318U Ped whl gen mthyltn alys 50+	-	X
319U Neph rna pretrnspl perph bld	-	X
320U Neph rna psttrnspl perph bld	-	Χ
321U ladna gu pthgn 20bct&fng org	X	-
322U Neuro asd meas 14 acyl carn	X	-
323U ladna cns pthgn next gen seq	X	-
324U Onc ovar sphrd cell 4 rx pnl	X	-
325U Onc ovar sphrd cell parp	X	-
326U Trgt gen seq alys pnl 83+	-	Χ
328U Drug assay 120+ rx&metablt	Х	-
329T   Mntr io press 24hrs/> uni/bi	Х	-
329U Onc neo xome&trns seq alys	-	Χ
330T Tear film img uni/bi w/i&r	Х	-
330U ladna vag pthgn panel 27 org	X	-
331T Heart symp image plnr	X	-
331U Onc hl neo opt gen mapping	-	X
332T Heart symp image plnr spect	X	-
332U Onc pan tum gen prflg 8 dna	-	Χ
333T Visual ep acuity screen auto	X	-
333U Onc lvr surveilanc hcc cfdna	-	Χ
334U Onc sld orgn tgsa dna 84/+	-	X
335T Extraosseous joint stblztion	X	-
335U Rare ds whl gen seq fetal	-	Χ
336U Rare ds whl gen seq bld/slv	-	Χ
337U Onc plsm cell do & myeloma id	Х	-
338T Trnscth renal symp denry unl	Х	-
338U Onc sld tum crcg tum cl slct	Х	-
339T Trnscth renal symp denry bil	Х	-
339U Onc prst8 mrna hoxc6 & dlx1	Х	_

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Codes Description	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly	Additionally, these coding lists do not reflect information regarding	g immunizations, injectable drugs, o
specialty medications and should be directed to the Pharmacy link option within the website.		Х
0340U Onc pan ca alys mrd plasma	-	X
0341U FtI aneup dna seq cmpr alys	- V	
0342T Thxp apheresis w/hdl delip	X	-
0342U Onc pncrtc ca mult ia eclia	X	-
0343U Onc prst8 xom aly 442 sncrna	-	X
0344U Hep nafld semiq evl 28 lipid	X	-
0346U Beta amyl aβ40 & aβ42 lc-ms/ms	X	-
0347T Ins bone device for rsa	X	-
0348T Rsa spine exam	X	-
0349T Rsa upper extr exam	X	-
0350T Rsa lower extr exam	X	-
0351T Intraop oct brst/node spec	X	-
0351U Nfct ds bct/viral trail ip10	X	-
0352T Oct brst/node i&r per spec	X	•
D353T Intraop oct breast cavity	X	-
353U ladna chlmyd & gonorr amp prb	X	-
0354T Oct breast surg cavity i&r	X	-
0354U Hpv hi rsk qual mrna e6/e7	X	-
0355U Apol1 risk variants	-	Х
356U Onc orop 17 dna ddpcr alg	-	Х
0357U Onc mlnma ai quan alys 142	X	-
0358T Bia whole body	Х	-
338U Neuro alys β-amyl 1-42&1-40	X	-
0359U Onc prst8 ca alys all psa	X	-
0361U Neurflmnt It chn dig ia quan	X	-
0362T Expose behav assessment	X	_
0362U Onc pap thyr ca rna 82&10		Х
0363U Onc urthl mrna 5 gen alg	_	X
0364U Onc hI neo gen seq alys alg		X
0368U Onc circt ca mut&mthyltn mrk		X
0369U ladna gi pthgn 31 org&21 arg		X
0370U ladna surg wnd pthgn 34&21		X
0371U   ladna gu pthgn semiq dna16&1	<u> </u>	X
	-	X
0372U Nfct ds gu pthgn arg detcj	- v	
0373T Exposure behavior treatment	X	- V
0373U   ladna rsp tr nfct 17 8 13&16	<del>-</del>	X
0374U ladna gu pthgn 21 org&21arg	-	X
0375U Onc ovrn bchm asy 7 prtn alg	-	X
0376U Onc prst8 ca img alys 128	X	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Cv ds quan advsrm/plsm lprtn	-	X
	Visual field assmnt rev/rprt	Х	<u>.</u>
	Rfc1 repeat xpnsj vrnt alys	-	X
	Vis field assmnt tech suppt	X	-
	Tgsap sl or neo dna523&rna55	-	X
	Rx metb advrs trgt sq aly 20	-	X
	Maple syrup ur ds mntr quan	X	-
	Hyprphenylalninmia mntr quan	X	-
	Tyrosinemia typ i mntr quan	X	-
	Neph ckd rsk hi stg kdn ds	Χ	-
)385U	Neph ckd alg rsk dbtc kdn ds	X	-
)386U	Gi barrett esoph mthyltn aly	X	-
)387U	Onc mlnma ambra1&amlo	X	-
)388U	Onc nonsm cll lng ca 37 gen	X	-
389U	Ped fbrl kd ifi27&mcemp1 rna	X	-
390U	Ob pe kdr eng&rbp4 ia alg	X	-
	Onc sld tum dna&rna 437 gen	-	X
)392U	Rx metab genrx ia 16 genes	-	Х
	Neu prksn msfl α-syncin prtn	Х	-
	Pfas 16 pfas compnd lc ms/ms	Х	-
	Onc Ing multiomics plsm alg	Х	-
	Ob preimpltj tst 300000 dna	Х	-
	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)	Х	-
)398T	Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation	-	Х
398U	Gi baret esph dna mthyln aly	Х	-
	Ob xpnd car scr 145 genes	-	Х
	Crd c hrt ds 9 gen 12 vrnts	Х	-
)409U	Oncology (solid tumor), dna (80 genes) and rna (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	-	Х
	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	-	Х
413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, dna from blood or bone marrow, report of clinically significant alterations	-	Х

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	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs,
9414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker	-	Х
417U	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
	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	-	Х
	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting	Х	-
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Χ	-
413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	X	-
414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	X	-
415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Х	-
	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	X	-
417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	Х	-
	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr	Х	-
	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata	Х	-
	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata	Х	-
420U	Oncology (urothelial), mrna expression profiling by real-time quantitative pcr of mdk, hoxa13, cdc2, igfbp5, and cxcr2 in combination with droplet digital pcr (ddpcr) analysis of 6 single-nucleotide polymorphisms (snps) genes tert and fgfr3, urine, algorithm reported as a risk score for urothelial carcinoma		Х
421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	Х	-

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Description	Not Covered	Preauthorization Required
	formation regarding	immunizations, injectable drugs, or
·		
	X	-
	_	Χ
sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate		,
Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab,		V
report including metabolizer status and risk of drug toxicity by condition	-	X
Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system	V	
(transvenous placement of right or left stimulation lead, sensing lead	^	-
Oncology (prostate), exosomebased analysis of 53 small noncoding rnas (sncrnas) by quantitative reverse		
transcription polymerase chain reaction (rtqpcr), urine, reported as no molecular evidence, low-, moderate- or elevated-	X	-
risk of prostate cancer		
Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	X	-
Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator		Х
genome (eg, parents, siblings)	-	^
Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Х	-
Genome (eg. unexplained constitutional or heritable disorder or syndrome), ultra-rapid seguence analysis	-	Х
	Х	-
	X	-
Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Х	-
Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor dna (ctdna) analysis of		
56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements,	-	X
microsatellite instability, and tumor mutation burden		
Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	X	-
Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	X	-
Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Х	-
Glycine receptor alpha1 igg, serum or cerebrospinal fluid (csf), live cell-binding assav (lcba), qualitative	Х	-
	Х	-
		-
	Х	-
	Х	-
	Х	-
Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes	-	Х
rogramming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	X	-
	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral  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  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  Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead  Oncology (prostate), exosomebased analysis of 53 small noncoding rnas (sncrnas) by quantitative reverse transcription polymerase chain reaction (rtqpcr), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer  Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only  Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator	Please note that coverage may vap by plan type and may not follow the flated services. These codes are updated quarterly. Additionally, these coding lats do not reflect information regarding decidence and should be directed by the Pharmagy list point within the webbies.  Tactille breast imaging by computer-aided tactille sensors, unilateral or bilateral  A 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  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 Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system  (transvenous placement of right or left stimulation lead, sensing lead  Oncology (prostate), exosomebased analysis of 53 small noncoding mas (sncmas) by quantitative reverse transcription polymerase chain reaction (rtqpcr), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer  Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only  X Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)  Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only  X Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis  - Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only  X Monocyte distribution width, whole blood  Removal of neurostimulator system for treatment of central sleep apnea; sensing lead

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Codes	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in adjusting and about the Please and the substitute of the Please and t	nformation regarding in	mmunizations, injectable drugs, o
	edications and should be directed to the Pharmacy link option within the website.	T	
14350	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (cscs), from cultured cscs and primary tumor	Х	
	cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug	^	-
MACT	combinations		
)436 I	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during	X	-
10011	sleep study		
)436U	Oncology (lung), plasma analysis of 388 proteins, using aptamerbased proteomics technology, predictive algorithm	X	-
107T	reported as clinical benefit from immune checkpoint inhibitor therapy		
	Impltj synth rnfcmt abdl wal	Х	-
)437U	Psychiatry (anxiety disorders), mrna, gene expression profiling by rna sequencing of 15 biomarkers, whole blood,	X	-
	algorithm reported as predictive risk score		
)438U	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	X	-
	genedrug interactions		
	Myocrd contrast prfuj echo	Х	-
439U	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	X	-
	[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		
	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	X	-
440U	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],	X	-
	cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood,		
	algorithm reported as detected or not detected for		
	CHD		
441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Х	-
	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	-
)442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial	.,	
	plexus, pudendal nerve)	X	-
)442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP),		
0	fingerstick whole blood specimen, each biomarker reported as present or absent	X	-
)443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Х	_
	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	X	-
	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion,		
. 771	unilateral or bilateral	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	-	X
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	Х	-
0445U	β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Х	-
0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity	Х	-
0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare	Х	-
0448U	Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffinembedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	-	Х
0449T	Insj aqueous drain dev w/o eo rsvr initial dev	-	Χ
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	Х	-
0450T	Insj aqueous drain dev w/o eo rsvr ea addl dev	Х	-
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	х	-
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Х	-
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	Х	-
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	х	-
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA codes with identical clinical descriptor, see 0260U, 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	-	х

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specialty m	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ir edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	Х	-
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Х	-
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Х	-
0459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Х	-
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	Х	-
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	Х	-
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	Х	-
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	Х	-
)464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive ornegative result	Х	-
)465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	-	Х
)466U	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	Х	-
)467U	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	Х	-
)468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	Х	-
0469T	Rta polarize scan oc scr bi	Х	-

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	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in nedications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
	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
)470T	Oct skn img acquisj i&r 1st	Х	_
470U	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	-
)471T	Oct skn img acquisj i&r addl	Х	-
)471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations	1	Х
)472T	Prgrmg io rta eltrd ra	Χ	-
)472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome	X	-
473T	Reprgrmg io rta eltrd ra	X	-
)473U	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
474T	Insj aqueous drg dev io rsvr	Х	-
474U	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
475T	Rec ftl car sgl 3 ch i&r	Х	-
)475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	-	Х
	Rec ftl car sgl elec tr data	Х	-
	Rx metab psyc 14gen&cyp2d6	Х	-
	Rec ftl car sgl xrtj alys	X	-
4/7U	Rx metab psy 14&cyp2d6 gn-rx Rec ftl car 3 ch rev i&r	X	-
	TREC III CAL 3 CD TEV IAT	X	-
478T			V
478T 478U	Onc nsclc dna&rna dpcr 9gens Fractional abl Isr fenestration first 100 sqcm	- X	X

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specialty medications and should be directed to the Pharmacy link option within the website.		
0480T Fractional abl Isr fenestration ea addl 100 sqcm	X	-
0480U Nfct ds csf metag ngs alys	X	-
0481T Njx autol wbc concentr inc img gdn hrv & prep	X	-
0481U Idh1 idh2&tert promoter ngs	-	X
0482U Ob pe biochem asy sflt1&plgf	X	-
0483T Tmvi w/prosthetic valve percutaneous approach	X	-
0483U Nfct ds ng gyra s91f pt mut	X	-
0484T Tmvi w/prosthetic valve transthoracic exposure	X	-
0484U Nfct ds mgen 23s rrna pt mut	X	-
0485T Oct middle ear with i&r unilateral	X	-
0485U Onc sol tum cfdna&rna ngs gm j	-	Χ
0486T Oct middle ear with i&r bilateral	X	-
0486U Onc pan sol tum ngs cfctdn	X	-
0487T Transvaginal biomechanical mapping w/report	X	-
0487U Onc sol tum cfcdna tgsap 84	X	-
0488T Diabetes prev online/electronic prgrm pr 30 days	X	-
0488U Ob fetal ag nipt cfdna alys	-	X
0489T Autol regn cell tx scleroderma hands	X	-
0489U Ob sgnipt cfdna seq alys 1+	-	Х
1490T Autol regn cell tx scldr mlt inj one or both hands	X	-
0490U Onc cutan/uveal mlnma cd146	X	-
0491T Abl laser tx open wnd pr day 1st 20 sqcm or less	Х	-
491U Onc sol tum ctc slct er prtn	Х	-
0492T Abl laser tx open wnd pr day addl 20 sqcm	X	-
1492U Onc sol tum ctc slctn pd-I1	X	-
1493T Near infrared spectroscpy studies low ext wounds	X	-
1493U Trnspl med quan dd-cfdna ngs	-	Х
0494T Prep & cannulj cdvr don Ing orgn prfuj sys	Х	-
0494U Rbc ag ftl rhd gene alys ngs	-	Х
0495T Init & mntr cdvr don Ing orgn prfuj sys 1st 2 hr	X	-
0495U Onc prst8 alys crcg plsm prt	X	_
0496T Mntr cdvr don Ing orgn prfuj sys ea addl hr	X	-
0496U Onc circt cfdna 8/7 genes	X	-
0497T   Xtrnl pt act ecg w/o attn mntr in-office conn	X	-
0497U Onc prst8 mrna rt-pcr 6genes		X
0498T   Xtrnl pt act ecg w/o attn mntr r&i pr 30 days	X	<u> </u>
0498U Onc circt ngs mut detc 43gen	^	X
0499T   Cysto w/dil & urtl rx del f/urtl strix/stenosis	- X	
· ·		
0499U Onc circt&ing dna ngs 8genes	-	X

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odes Description	Not Covered	Preauthorization Require
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not ref	lect information regarding	immunizations, injectable drugs, or
ecialty medications and should be directed to the Pharmacy link option within the website.		
500U Autoinflam ds vexas synd dna	X	-
501U Onc clrc bld quan meas cfdna	X	-
502U Hpv e6/e7 mrk hirsk typ crv	X	-
503U Neuro alz ds βamylτ prtn	X	-
504U Nfct ds uti id 17 path orgs	Х	-
505U Nfct ds vag infctj id 32orgs	X	-
506U Gi barretts esophgl cell 89	X	-
507U Onc ovr dna whole gen w/5hmc	X	-
508U Trnsplj med ddcfdna 40 snps	-	X
509U Trnsplj med ddcfdna	-	Χ
510U Onc pncrtc ca alg alys 16gen	X	-
511U Onc sol tum 3dmicroenvir 36+	X	-
512U Onc prst8 alys dgtz img msi	X	-
513U Onc prst8 alg alys msi&hrd	X	-
514U Gi ibd ia quan deter adl lvl	Х	-
515U Gi ibd ia quan deter ifx lvl	X	-
516U Rx metab rxgenomic gnotyp 40	X	-
517U Ther rx mntr 80+ psyactiv rx	Х	-
518U Ther rx mntr 90+ pn&mtl hlth	X	-
519U Ther rx mntr meds p/d/a 110+	X	-
520U Ther rx mntr 200+ rx/sbsts	X	-
500F Initial prenatal care visit	X	-
501F Prenatal flow sheet documented in medical record by first prenatal visit	Х	-
501T Cor ffr derived cta data assess cor art disease	-	Х
502F Subsequent prenatal care visit	Х	-
502T Cor ffr derived cta data prep & transmis	-	Х
503F Postpartum care visit2	Х	-
503T Cor ffr cta data alys & gnrj estimated ffr model	-	Х
504T Cor ffr cta data review w/interpj & final report	-	Х
505F Hemodialysis plan of care documented (esrd)	Х	-
505T Ev fempop artl revsc tcat plmt iv st grf & clsr	Х	-
506T Mac pgmt optical dns meas hfp uni/bi w/i&r	X	-
507F Peritoneal dialysis plan of care documented (esrd)	X	-
508T Pls echo us b1 dns meas indic axl b1 min dns tib	X	_
509F Urinary incontinence plan of care documented (ger)	X	_
510T Removal of sinus tarsi implant	X	_
511T Removal and reinsertion of sinus tarsi implant	X	_
5111 Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing		
care: initial wound	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs,
	nedications and should be directed to the Pharmacy link option within the website.	I v I	
	Elevated blood pressure plan of care documented (ckd)1	X	-
	Esw integ wnd hig ea addl	Х	-
514F	Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis-stimulating agent (esa) thera	Х	-
514T	Intraoperative visual axis identification using patient fixation (list separately in addition to code for primary procedure)	Х	-
515T	Insj wcs lv compl sys	Х	-
516F	Anemia plan of care documented (esrd)1	Х	-
516T	Insj wcs lv eltrd only	Х	-
	Glaucoma plan of care documented (ec)5	Х	-
517T	Insj wcs lv pg compnt	Х	-
518F	Falls plan of care documented (ger)5	Х	-
518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	Х	-
519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initia	Х	-
519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Х	-
520F		Х	-
520T	Rmvl&rplcmt pg wcs new eltrd	Х	-
521F	Plan of care to address pain documented (onc)1	Х	-
521T	Interrog dev eval wcs ip	Х	-
521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	Х	-
522T	Prgrmg dev eval wcs ip	Х	-
	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiqualitative, blood	Х	-
523T	Ntrapx c ffr w/3d funcjl map	Х	-
523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	-	Х
524T	Ev cath dir chem abltj w/img	Х	-
	Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value	Х	-
	Initial visit for episode (bkp)2	Х	-
	Insj/rplcmt compl ims	Х	-
	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	х	-
	l .		

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	edications and should be directed to the Pharmacy link option within the website.	V	
	Subsequent visit for episode (bkp)2	X	-
	Insi/rplcmt iims eltrd only	Χ	-
)526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL	X	-
EO7T	creatinine baseline and monitoring over time	Х	
	Insi/rplcmt iims implt mntr	^	-
15270	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected		
FOOL	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report		
)526F		X	-
FOOT	(end/polyp) Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of		
15261		X	-
FOOLI	programmed values, with analysis, review, and report  Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobialresistance genes,		
5280		Х	
	amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not	^	-
VEQ0E	detected with semiquantitative results for 15 bacteria	V	
	Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)	Х	-
)529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	X	-
529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2		
0200	and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	X	_
	and to gone analysis, and Estash validity, by misroanay analysis, saliva, report as not ossio for vite		
)530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete	.,	
	system (electrode and implantable monitor)	Х	-
)530U	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	X	_
	alterations, with therapy association		
531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode	.,	
	only	X	-
532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable	.,	
	monitor only	X	-
533T	Cont rec mvmt do 6-10 days	Х	-
	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to	V	
	10 days; set-up, patient training, configuration of monitor	X	-
535F	Dyspnea management plan of care, documented (pall cr)	Х	-
	Cont rec mvmt do reprt cnfig	Х	-
	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to	V	
	10 days; download review, interpretation and report	Х	-
540F	Glucorticoid management plan documented (ra)	Х	-
	Myocardial imaging mcg	Х	-
	Myocardial imaging mcg i&r	X	_

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	edications and should be directed to the Pharmacy link option within the website.		
)543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial	X	_
	chordae tendineae		
)544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device,	X	-
	percutaneous approach including transseptal puncture		
	Plan for follow-up care for major depressive disorder, documented (mdd adol)	Х	-
545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device,	X	-
	percutaneous approach	^	
546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with	l x l	_
	report		
	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	X	-
	Cytopath report-nongyn spcmn	Х	-
	Cytopath report non-routine	X	-
552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other	×	_
	qualified health care professional	^	
554T	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	X	-
	fracture risk and bone mineral density, interpretation and report		
	Symptom management plan of care documented (hf)	X	-
555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data	Х	
	from a computed tomography scan; retrieval and transmission of the scan data	^	-
556F	Plan of care to achieve lipid control documented (cad)	X	-
556T	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	-
557F	Plan of care to manage anginal symptoms documented (cad)	Х	-
557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data	V	
	from a computed tomography scan; interpretation and report	Х	-
558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Х	-
559T	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an	Х	
	anatomic structure	^	-
560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of	V	
	an anatomic structure (list separately in addition to code for primary procedure)	X	-
561T	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	Х	-
	Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide (list separately in		
	addition to code for primary procedure)	Х	-
563T	Evac meibomian glnd heat bi	Х	-
	Autol cell implt adps hrvg	Х	-
	Autol cell implt adps njx	Х	-
	Ttvr perq appr 1st prosth	Х	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
570T Ttvr perq ea addl prosth	X	-
571T Insj/rplcmt icds ss eltrd	X	-
572T Insertion ss dfb electrode	X	-
573T Removal ss dfb electrode	X	-
574T Repos prev ss impl dfb eltrd	X	-
575F Hiv rna control plan of care, documented (hiv)	X	-
575T Prgrmg dev eval icds ss ip	X	-
576T Interrog dev eval icds ss ip	X	-
577T Ephys eval icds ss	X	-
578T Rem interrog dev icds phys	X	-
579T Rem interrog dev icds tech	X	-
580F   Multidisciplinary care plan	X	-
580T Rmvl ss impl dfb pg only	X	-
581F Pt trnsfrd from anesth to cc	X	-
581T Abltj mal brst tum perq crtx	X	-
582F No trnsfr from anesth to cc	X	-
582T Trurl abltj mal prst8 tiss	X	-
583F Transfer care checklist used	X	-
583T Tmpst auto tube dlvr sys	X	-
584F No transfer care chklist used	X	-
584T Perg islet cell transplant	Х	-
585T Laps islet cell transplant	Х	-
586T Open islet cell transplant	Х	-
587T Perg impltj/rplcmt isdns ptn	Х	-
588T Revision/removal isdns ptn	X	-
589T Elec alys smpl prgrmg iins	X	-
590T Elec alys cplx prgrmg iins	X	-
591T Hlth&wb coaching indiv 1st	X	-
592T Hith&wb coaching indiv f-up	X	-
593T Hlth&wb coaching group	X	-
594T Osteot hum xtrnl Ingth dev	X	-
596T Temp fml iu vlv-pmp 1st insj	X	-
597T Temp fml iu valve-pmp rplcmt	X	-
598T Ncntc r-t fluor wnd img 1st	X	-
599T Ncntc r-t fluor wnd img ea	X	_
600T Ire abitj 1+tum organ perq	X	_
601T Ire abiti 1+tumors open	X	-
602T Transdermal gfr measurements	X	
603T Transdermal gfr monitoring	X	<u> </u>

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specialty medications and should be directed to the Pharmacy link option within the website.		,
0604T Rem oct rta dev setup&educaj	X	-
0605T Rem oct rta techl sprt min 8	X	-
0606T Rem oct rta phys/qhp ea 30d	X	-
0607T Rem mntr pulm flu mntr setup	X	-
0608T Rem mntr pulm flu mntr alys	X	-
0609T Mrs disc pain acquisj data	X	-
0610T Mrs disc pain transmis data	X	-
0611T Mrs disc pain alg alys data	X	-
0612T Mrs discogenic pain i&r	X	-
0613T Perq tcat intratrl septl sht	X	-
0614T Rmvl&rplcmt ss impl dfb pg	X	-
0615T Eye mvmt alys w/o calbrj i&r	X	-
0619T Cysto w/prst8 commissurotomy	X	-
0620T Evasc ven artlz tibl/prnl vn	X	-
0621T Trabeculostomy interno laser	X	-
0622T Trabeculostomy int lsr w/scp	X	-
0623T Auto quantification c plaque	-	X
0624T Auto quan c plaq data prep	-	X
0625T Auto quan c plaq cptr alys	-	X
0626T Auto quan c plaq i&r	-	X
0627T Perq njx algc fluor lmbr 1st	Х	-
0628T Perg njx algc fluor Imbr ea	Х	-
0629T Perg nix algc ct lmbr 1st	Х	-
0630T Perq njx algc ct Imbr ea	Х	-
0631T Tc vis lit hyperspectral img	Х	-
0632T Perg tcat us ablti nrv p-art	Х	-
0633T Ct breast w/3d uni c	Х	-
0634T Ct breast w/3d uni c+	Х	-
0635T Ct breast w/3d uni c-/c+	Х	-
0636T Ct breast w/3d bi c	Х	-
0637T Ct breast w/3d bi c+	Х	-
0638T Ct breast w/3d bi c-/c+	X	-
0639T Wrls skn snr anisotropy meas	X	-
0640T Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin,	-	
oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound	X	-
0641T Image acquisition only, each flap or wound	X	-
0642T Interpretation and report only, each flap or wound	Χ	-

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	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left		
0431	ventriculography when performed, arterial approach	X	-
644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum,		
0441	aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging	Х	
	guidance, when performed	^	-
645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart		
0451	catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and	Х	
		^	-
646T	interpretation, when performed		
0401	Transcatheter tricuspid valve implantation/replacement (ttvi) with prosthetic valve, percutaneous approach, including	~	
	right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography,	Х	-
C 47T	when performed		
647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image	X	-
C 40T	documentation and report		
648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including		
	multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without	X	-
	diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session		
649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including		
	multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic	V	
	mri examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for	X	-
	primary procedure)		
650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of		
	the implantable device to test the function of the device and select optimal permanently programmed values with	X	-
	analysis, review and report by a physician or other qualified health care professional		
651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of	V	
	capsule, with interpretation and report	Х	-
652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or	V	
	washing, when performed (separate procedure)	X	-
653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	X	-
654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Х	-
655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused		
	images or other enhanced ultrasound imaging	Х	-
656T	Vertebral body tethering, anterior; up to 7 vertebral segments	X	-
657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Х	-
658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	X	-
659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary		
	revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy),	X	-
	angiography, and radiologic supervision and interpretation		
660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Х	

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isclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs, o
	edications and should be directed to the Pharmacy link option within the website.		
	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Х	-
	Scalp cooling, mechanical; initial measurement and calibration of cap	X	-
0663T	Placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	X	-
664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Х	_
665T	Donor hysterectomy (including cold preservation); open, from living donor	Χ	-
)666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Х	_
)667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Х	-
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Х	-
)669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Х	-
670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Х	-
671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	-	X
672T	Ndovag cryg rf remdl tiss	Χ	-
	Abltj b9 thyr ndul perq lasr	Χ	-
	Laps insj nw/rpcmt prm isdss	Х	-
	Laps insj nw/rpcmt isdss 1ld	Χ	-
	Laps insj nw/rpcmt isdss ea	Χ	-
	Laps repos lead isdss 1st ld	Х	-
	Laps repos lead isdss ea add	Χ	-
	Laps rmvl lead isdss	Х	-
680T	Insj/rplcmt pg only isdss	Χ	-
	RIcj pulse gen only isdss	Х	-
	Removal pulse gen only isdss	Х	-
	Prgrmg dev eval isdss ip	Χ	-
	Peri-px dev eval isdss ip	Χ	-
	Interrog dev eval isdss ip	Х	-
	Histotripsy mal hepatcel tis	Х	-
	Tx amblyopia dev setup 1st	Χ	-
	Tx amblyopia assmt w/report	X	-
	Quan us tis charac w/o dx us	X	
	Quan us tis charac w/dx us	X	-
	Auto alys xst ct std vrt fx	X	-
	Therapeutic ultrafiltration	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
0693T Compre ful bdy 3d mtn alys	X	-
0694T   3d vol img&rcnstj brst/ax	X	-
0695T Bdy srf mpg pm/cvdfb tm impl	X	-
0696T Bdy surf mapg pm/cvdfb f/up	X	-
0697T Quan mr tis wo mri mlt orgn	X	<u>-</u>
0698T Quan mr tiss w/mri mlt orgn	X	<u> </u>
0699T Njx pst chmbr eye medication	X	-
0700T Molec fluor img sus nev 1st	X	<del>-</del>
0701T Molec fluor img sus nev ea	X	-
0702T Rem ther mntr ol tech sprt	X	-
0703T Rem ther mntr ol cog bhv	X	-
0704T Rem tx amblyopia setup&edu	X	-
0705T Rem tx amblyopia tech sprt	X	-
0706T Rem tx amblyopia i&r phy/qhp	X	-
0707T Njx b1 sub mtrl sbchdrl dfct	X	-
0708T Id ca immntx prep & 1st njx	X	-
0709T Id ca immntx each addl nix	Х	-
0710T N-invas artl plaq alys	Х	-
0711T N-nvs artl plaq alys dat prp	X	-
0712T N-nvs artl plaq alys quan	Х	-
0713T N-nvs artl plag alys rvw i&r	Х	-
0714T Tprnl Isr ablt b9 prst8 hypr	X	-
0715T Perq trluml coronry lithotrp	X	-
0716T Car acous wavfrm rec cad rsk	X	-
0717T Adrc ther prtl rc tear	X	_
0718T Adrc ther prtl rc tear njx	X	-
0719T Pst vrt jt rplcmt lmbr 1 sgm	X	-
0720T Prg elc nrv stim cn wo implt	X	_
0721T Quan ct tiss charac w/o ct	X	_
0722T Quan ct tiss charac w/ct	X	_
0723T Qmrcp w/o dx mri sm anat ses	X	_
0724T Qmrcp w/dx mri same anatomy	X	_
0725T Vestibular dev impltj uni	X	<u> </u>
0726T RmvI implt vstibular dev uni	X	<u> </u>
0727T Rmvl&rplcmt implt vstblr dev	X	<u> </u>
0728T Dx alys vstblr implt uni 1st	X	<u>-</u>
0729T Dx alys vstblr implt uni 1st	X	
		-
0730T Trabeculotomy Isr w/oct gdn	X	-
0731T Augmnt ai-based fcl phnt a/r	X	<u>-</u>

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specialty medications and should be directed to the Pharmacy link option within the website.	I v I	
0732T Immntx admn electroporatn im	X	-
0733T Rem bdy&lmb knmtc ther sply	X	-
0734T Rem bdy&lmb knmtc tx mgmt	X	-
0735T Prep tum cav iort prim crnot	X	-
0736T Colonic lavage 35+I water	X	<u>-</u>
0737T   Xenograft impltj artclr surf	X	<u> </u>
D738T Tx pln mag fld abltj prst8	X	-
D739T Abltj mal prst8 mag fld ndct	X	-
0740T Rem auton alg nsln cal setup	X	-
0741T Rem auton alg nsin data coll	X	-
0742T Aqmbf spect xers/strs & rest	X	-
0743T B1 str & fx rsk vrt fx assmt	X	-
0744T Insj bioprostc vlv fem vn	X	-
0745T Car ablt rad arr n-invas loc	X	-
0746T Car ablt rad arr cnv loc map	X	-
0747T Car ablt rad arrhyt dlvr rad	Х	-
0748T Njx stm cl prdct anl sft tis	X	-
0749T B1 str&fx rsk assmt dxr-bmd	X	-
0750T B1 str&fx rsk asmt dxrbmd1vw	X	-
0751T Dgtz gls mcrscp sld level ii	X	-
0752T Dgtz gls mcrscp sld lvl iii	X	-
0753T Dgtz gls mcrscp sld level iv	X	_
0754T Dgtz gls mcrscp sld level v	X	-
0755T Dgtz gls mcrscp sld level vi	X	-
0756T Dgtz gls mcrscp sld spc grpi	X	_
0757T Dgtz gls mcrscp sld spc grpii	X	_
0758T   Dgtz gls mcrscp si spc grpiii 0758T   Dgtz gls mcrscp sl spc hchem	X	
1759T Dgtz gls mcrscp si spe nenem	X	-
0760T Dgtz gls mcrscp si sp grpm	X	-
0761T Dgtz gls mcrscp si imm ea 1	X	<u> </u>
07611 Dgtz gls mcrscp si imin ea i	X	<u> </u>
	X	
0763T Dgtz gls mcrscp mphmtrc alys	X	-
0764T Asstv alg ecg rsk asmt cncrt		-
0765T Asstv alg ecg rsk asmt prev	X	-
7766T Tc mag stimj pn 1st tx 1nrv	X	-
7767T Tc mag stimj pn 1st tx ea	X	-
7768T Tc mag stimj pn sbsq tx 1nrv	X	-
7769T Tc mag stimj pn sbsq tx ea	X	-
0770T Vr technology assist therapy	X	<u> </u>

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-	edications and should be directed to the Pharmacy link option within the website.		
	Vr px dissoc svc sm phy 1st	X	-
	Vr px dissoc svc sm phy ea	X	-
	Vr px dissoc svc oth phy 1st	X	-
	Vr px dissoc svc oth phy ea	X	-
	Arthrd si jt prq iartic impl	X	-
	Ther indctj ntrabrn hypthrm	Х	-
	R-t prs sensing edrl gdn sys	Χ	-
	Smmg cncrnt appl imu snr	Χ	-
	Gi myoelectrical actv study	Χ	-
	Instlj fecal microbiota ssp	Χ	-
	Brnchsc rf dstrj pulm nrv bi	Х	<u> </u>
	Brnchsc rf dstrj plm nrv uni	Χ	<u>-</u>
0783T	Tc auriculr neurostimulation	Х	-
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging	X	_
	guidance, when performed		
	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	X	<del>-</del>
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging	X	_
	guidance, when performed		
	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Χ	-
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and		
	receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout, patient-		
	selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive	X	-
	parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3		
	parameters		
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array		
	and receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout,		
	patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive	Χ	-
	parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or		
	more parameters		
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body	Ì	
	tethering, including thoracoscopy, when performed		
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to		
	code for primary procedure)	X	-
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professiona	Х	-
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart		
	catheterization, pulmonary artery angiography, and all imaging guidance	Х	-

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0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	Х	-
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Х	-
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	Х	-
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	х	-
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Х	-
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	Х	-
T0080	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamberleadless pacemaker system)	Х	-
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	Х	-
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
08031	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance		
	(eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device		
	evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of	X	-
	a dual-chamber		
	leadless pacemaker system)		
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device		
	and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other	X	-
	qualified health care professional, leadless pacemaker system in dual cardiac chambers		
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]);	V	
	percutaneous femoral vein approach	X	-
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); open		
	femoral vein approach	X	-
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured		
	cinefluorograph images; in combination with previously acquired computed tomography (ct) images, including data		
	preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	X	-
	proparation and transmission, quantimodulon of pulmonary troods vortiliation, acta fortion, interpretation and report		
T808C	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured		
	cinefluorograph images; in combination with computed tomography (ct) images taken for the purpose of pulmonary		
	tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation,	Х	-
	data review, interpretation and report		
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	-
)810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Х	-
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of		
	equipment	X	-
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report	.,	
	generation, up to 10 days	X	-
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	Х	-
	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging		
	guidance, unilateral	X	-
)815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk		
	assessment, 1 or more sites, hips, pelvis, or spine	Х	-
)816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg,		
	array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when	X	-
	performed, posterior tibial nerve; subcutaneous		
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg,		
	array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when	X	-
	performed, posterior tibial nerve; subfascial	^	

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0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	Х	-
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	Х	-
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	Х	-
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	х	-
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	х	-
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	х	-
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	х	-
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	х	-
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	х	-
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	Х	-
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)	Х	-
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)	Х	-
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	х	-
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	Х	-

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)832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List		
	separately in addition to code for primary procedure)	X	-
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and	V	
	interpretation (List separately in addition to code for primary procedure)	X	-
)834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5	Х	
	slides and/or multiple stains (List separately in addition to code for primary procedure)	^	-
)835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic		
	study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for	X	-
	primary procedure)		
)836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic		
	study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in	X	-
	addition to code for primary procedure)		
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report	X	
	(List separately in addition to code for primary procedure)	^	-
)838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List	X	_
	separately in addition to code for primary procedure)	^	-
)839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides	×	_
	(List separately in addition to code for primary procedure)	^	
840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with	X	_
	report on referred material (List separately in addition to code for primary procedure)	^	-
)841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen	X	
	section(s), single specimen (List separately in addition to code for primary procedure)	^	-
)842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with	X	
	frozen section(s) (List separately in addition to code for primary procedure)	^	-
)843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch	X	
	preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	^	-
)844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch		
	preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	X	-
845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure	Х	
	(List separately in addition to code for primary procedure)	^	-
846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain	V	
	procedure (List separately in addition to code for primary procedure)	X	-
847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed)		
	tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary	X	-
	procedure)		
)848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain		
	procedure (List separately in addition to code for primary procedure)	X	-

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<u> </u>	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe	V	
	stain procedure (List separately in addition to code for primary procedure)	X	-
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain	V	
	procedure (List separately in addition to code for primary procedure)	X	-
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
	semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for	X	-
	primary procedure)		
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
	semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to	X	-
	code for primary procedure)		
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
	semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for	X	-
	primary procedure)		
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List	l x	-
	separately in addition to code for primary procedure)	, ,	
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for	X	_
	primary procedure)		
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for	X	-
005 <b>7</b> T	primary procedure)		
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation,	X	-
0050T	augmentative analysis and report (List separately in addition to code for primary procedure)		
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with	X	-
OSEOT	automated report  Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue		
0859T	oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each		
	additional anatomic site (List separately in addition to code for primary procedure)	X	-
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue		
00001	oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition,	×	_
	interpretation, and report, one or both lower extremities		
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation		
	and programming; transmitter component only	X	-
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or	.,	
	equal to 50 mL	X	-
0868T	High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation and		
	report	X	-
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including	_	
	intraoperative imaging guidance, when performed	X	-

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)870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed	х	-
)871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed	Х	-
872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed	Х	-
)873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	Х	-
	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	Х	-
	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	Х	-
	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	X	-
)877T	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	-
878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	х	-
)879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	Х	-
880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	Х	-
881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	Х	-
882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	Х	-
883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	Х	-
884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	Х	-

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	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when	Х	_
	performed	Α	
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Х	-
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	Х	-
7888C	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Х	-
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation	Х	-
0890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	Х	-
	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Х	-
0892T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	Х	-
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	Х	-
)894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Х	-
)895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	Х	-
)896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)	Х	-
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	Х	-

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	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	х	-
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	Х	-
)900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	Х	-
	Placement of bone marrow sampling port, including imaging guidance when performed	X	-
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	Х	-
)903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	Х	-
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	Х	-
)905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	Х	-
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	Х	-
)907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	Х	-
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Х	-
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Х	-
)910T	Removal of integrated neurostimulation system, vagus nerve	Х	-
)911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	Х	-
)912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	Х	-
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	Х	-

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	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)	х	-
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	Х	-
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	Х	-
)917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	Х	-
918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	Х	-
)919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	Х	-
)920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Х	-
)921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Х	-
)922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	Х	-
)923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Х	-
)924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	Х	-
)925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Χ	-
)926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	Х	<u>-</u>
)927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	Х	-
)928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	Х	-

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-	edications and should be directed to the Pharmacy link option within the website.	1	
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote		
	data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	X	-
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold		
	evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial		
	implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	Х	-
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	X	-
	implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator		
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated		
	preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	Х	-
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including		
00001	sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological	X	-
	supervision and interpretation	^	
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	V	
	paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other	X	-
	qualified health care professional		
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,	X	-
	contrast injection(s), and fluoroscopy, bilateral		
	Photobiomodulation therapy of retina, single session	Χ	-
09371	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	V	
	storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified	X	-
0029T	health care professional  External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and		
09301	storage; recording (including connection and initial recording)	X	-
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	Х	
	storage; scanning analysis with report	^	-
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	Х	-
	storage; review and interpretation by a physician or other qualified health care professional	,,	
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Х	-
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	X	-
	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	X	

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	edications and should be directed to the Pharmacy link option within the website.		
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	Х	-
0945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	Х	-
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	Х	-
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	Х	-
1123F	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (dem) (ger, pall cr)	Х	-
1124F	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (	Х	-
1125F	Pain severity quantified; pain present (onc)1	Х	-
	Pain severity quantified; no pain present (onc)1	Х	-
	New episode for condition (nma-no measure associated)	Х	-
1128F	Subsequent episode for condition (nma-no measure associated)	Х	-
	Back pain and function assessed, including all of the following: pain assessment and functional status and patient histo	Х	-
1134F	Episode of back pain lasting 6 weeks or less (bkp)	Х	-
	Episode of back pain lasting longer than six weeks (bkp)2	Х	-
	Episode of back pain lasting 12 weeks or less (bkp)2	Х	-
	Episode of back pain lasting longer than 12 weeks (bkp)2	Х	-
	Documentation that a patient has a substantial risk of death within 1 year (pall cr)	Х	-
	Documentation that a patient does not have a substantial risk of death within one year (pall cr)	Х	-
	Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)	Х	-
	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)	Х	-
	Advance care plan or similar legal document present in the medical record (coa)	Х	-
	Advance care planning discussion documented in the medical record (coa)	Х	-
	Medication list documented in medical record (coa)	Х	-
	Rvw meds by rx/dr in rcrd	Х	-
	Functional status assessed (coa) (ra)	Х	-
	Functional status for dementia assessed and results reviewed (dem)	Х	-
	All specified thromboembolic risk factors assessed (afib)	Х	-
	Neuropsychiatric symptoms assessed and results reviewed (dem)	Х	-
	Neuropsychiatric symptoms, one or more present (dem)	Х	-
	Neuropsychiatric symptoms, absent (dem)	Х	

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specialty medications and should be directed to the Pharmacy link option within the website.	I V I	
1200F Seizure type(s) and current seizure frequency(ies) documented (epi)	X	<del>-</del>
1205F Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)	Х	<u>-</u>
1220F Patient screened for depression (sud)	X	<u>-</u>
1400F Prkns diag rviewed	X	-
1450F Symptoms improved or remained consistent with treatment goals since last assessment (hf)	Х	<u>-</u>
1451F Symptoms demonstrated clinically important deterioration since last assessment (hf)	X	<u>-</u>
1460F Qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-
1461F No qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-
1490F Dementia severity classified, mild (dem)	Х	-
1491F Dementia severity classified, moderate (dem)	X	-
1493F Dementia severity classified, severe (dem)	X	-
1494F Cognition assessed and reviewed (dem)	X	-
1500F Symptom + sign symm polyneuro	X	-
1501F Not initial eval for cond	X	-
1502F Pt queried pain fxn w/instr	X	-
1503F Pt queried symp resp insufficient	X	-
1504F Pt has resp insufficiency	X	-
1505F Pt has no resp insufficiency	Х	-
2000F Blood pressure measured (ckd)(dm)	X	-
2001F Weight recorded (pag)	Х	-
2002F Clinical signs of volume overload (excess) assessed (nma - no measure associated)	Х	-
2004F Initial examination of the involved joint(s)	Х	-
2010F Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap)	Х	-
2014F Mental status assessed (normal/mildly impaired/severely impaired)(cap)	Х	-
2015F Asthma impairment assessed (asthma)	Х	-
2016F Asthma risk assessed (asthma)	Х	-
2018F Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	Х	-
2019F Dilated macular exam performed, including documentation of the presence or absence of macular thickening or		
hemmorrhage	X	-
2020F Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	Х	-
2021F Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema		
and level	X	-
2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)	Х	-
2023F Dilat rta xm w/o rtnopthy	X	-
2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and review	X	-
2025F F 7 fld rta photo w/o rtnopthy	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and		
	reviewed	X	-
027F	Optic nerve head evaluation performed (ec)	Х	-
	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and		
	pulse	X	-
029F	Complete physical skin exam performed (ml)	Х	-
030F	Hydration status documented, normally hydrated (pag)	Х	-
031F	Hydration status documented, dehydrated (pag)	Х	-
033F	Eye img valid w/o rtnopthy	Х	-
	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	X	-
040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	Х	-
0445	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back		
J44F	Documentation of mental health assessment prior to intervention (back surgery of epidural steroid injection) of for back	Х	-
050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement	Х	
	documented (cwc)	^	-
060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	Х	-
006F	Chext xray results documented and reviewed (cap)	Х	-
	Body mass index (bmi), documented (pv)	Х	-
011F	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	Х	-
014F	Screening mammography results documented and reviewed	Х	-
	Cervical cancer screening results documented and reviewed (pv)	X	-
	Patient screened for unhealthy alcohol use using a systematic screening method (pv)	Х	-
	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible	Х	-
)18F	Including location of each polyp, size, number and gross morp	Х	_
	Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)	X	_
	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the		
	medical record (includes quantitative or qualitative ass	Х	-
)21F	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular	Х	-
)22F	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	Х	-
)23F	Spirometry results documented and reviewed (copd)	Х	_
	Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)	Х	-
027F	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	Х	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding in	nmunizations, injectable drugs,
028F Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood		
gas	X	-
035F Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	Х	-
037F Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	Х	-
038F Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	Х	-
040F Functional expiratory volume (fev1) <40% of predicted value (copd)	Х	-
042F Functional expiratory volume (fev1) >=40% of predicted value (copd)	Х	-
044F Most recent hemoglobin a1c level <7.0% (dm)	Х	-
46F Hemoglobin a1c level > 9.0%	Х	-
Most recent ldl-c less than 100 mg/dl (cad) (dm)	X	-
49F Most recent Idl-c 100-129 mg/dl (cad) (dm)	X	-
Most recent Idl-c greater than or equal to 130 mg/dl (cad) (dm)	X	-
51F Hg a1c>equal 7.0%<8.0%	X	-
52F Hg a1c>equal 8.0%	X	-
DESF Left ventricular ejection fraction (Ivef) less than or equal to 35% (hf)	X	-
56F Left ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf)	X	-
60F Positive microalbuminuria test result documneted and reviewed (dm)	X	-
61F Negative microalbuminuria test result documented and reviewed (dm)	Х	-
62F Positive macroalbuminuria test result documented and reviewed (dm)	Х	-
Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	Х	-
72F Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)	Х	-
Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen	Х	-
Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	Х	-
75F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	Х	-
77F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	Х	-
78F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	Х	-
79F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	Х	-
Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	Х	-
82F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	X	-
83F Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	Х	-
84F Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	-
85F Suicide risk assessed (mdd)	Х	-
88F Major depressive disorder, mild (mdd)	X	-
89F Major depressive disorder, moderate (mdd)	X	-
90F Major depressive disorder, severe without psychotic features (mdd)	Х	-
91F Major depressive disorder, severe with psychotic features (mdd)	Х	-
192F Major depressive disorder, in remission (mdd)	Х	-

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	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	Х	-
	Central dual - energy x-ray absorptionmetry (dxa) results documented (op)	X	-
	Central dual - energy x-ray absorptionmetry (dxa) ordered (op)	X	_
	Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a	Х	-
3110F	Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str)	Х	-
3111F	Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac	Х	-
3112F	Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initia	Х	-
115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (hf)	Х	-
	Heart failure disease specific structured assessment tool completed (hf)	Х	-
	New york heart association (nyha) class documented (hf)	Х	-
	No evaluation of level of activity or clinical symptoms (hf)	Х	-
	12-lead ecg performed (em)	Х	-
	Esoph bx rprt w/dyspl info	Х	-
	Upper gastrointestinal endoscopy performed (gerd)	Х	-
	Documentation of referral for upper gastrointestinal endoscopy (gerd)	Х	-
	Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)	Х	-
3141F	Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)	Х	-
	Barium swallow test ordered (gerd)	X	-
3150F	Forceps esophageal biopsy performed (gerd)	Х	-
	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)	Х	-
	Documentation of iron stores prior to initiating erythropoietin therapy (hem)	Х	-
	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	Х	-
	Barium swallow test not ordered (gerd)	Х	-
	Group a strep test performed (phar)	Х	-
	Patient has documented immunity to hepatitis a (hep-c)	X	-
	Patient has documented immunity to hepatitis b (hep-c)	X	-
	Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep	Х	-
3220F	Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c)	Х	-
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)	Х	-
	Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	X	-
260F	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report (pa	Х	-

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	redications and should be directed to the Pharmacy link option within the website.	normation regarding in	inunizations, injectable drugs
	Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	Х	-
	Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1	Х	-
267F	Pathology report includes pt category, pn category, gleason score and statement about margin status (path)	Х	-
268F	Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm	Х	-
269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	Х	-
	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1	Х	-
271F	Low risk of recurrence, prostate cancer (prca)1	Х	-
	Intermediate risk of recurrence, prostate cancer (prca)1	Х	-
	High risk of recurrence, prostate cancer (prca)1	Х	-
	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	Х	-
	Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	Х	-
	Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	Х	-
	Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	Х	-
	Hemoglobin level less than 11 g/dl (ckd, esrd)1	Х	-
	Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre-intervention level (ec)5	Х	-
285F	Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5	Х	-
288F	Falls risk assessment documented (ger)5	Х	-
	Patient is d (rh) negative and unsensitized (prenatal)1	Х	-
	Patient is d (rh) positive or sensitized (prenatal)1	Х	-
	Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1	Х	-
	Abo and rh blood typing documented as performed (pre-cr)	Х	-
	Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	Х	-
	American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1	Х	-
301F	Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1	Х	-
315F	Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	Х	-
	Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	Х	-
	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe	Х	-
318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio	Х	-
319F	One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca	Х	<u>-</u>

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•	tions and should be directed to the Pharmacy link option within the website.		
3320F  Nor	ne of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc	X	-
321F Ajc	c cancer stage 0 or ia melanoma, documented (ml)	Х	-
322F Mel	lanoma greater than ajcc stage 0 or ia (ml)	X	-
323F Clir	nical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	X	-
324F Mri	or ct scan ordered, reviewed or requested (epi)	X	-
3325F Pre	eoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula	Х	-
328F Per	formance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)	Х	-
330F Ima	aging study ordered (bkp)2	X	-
331F Ima	aging study not ordered (bkp)2	X	-
340F Bre	east imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	X	-
341F Bre	east imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	X	-
342F Bre	east imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	X	-
343F Bre	east imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	X	-
	mmogram assessment category of "suspicious," documented (rad)	X	-
	east imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	X	-
350F Ma	mmogram assessment category of "known biopsy proven malignancy", documented (rad)	X	-
,	gative screen for depressive symptoms as categorized by using a standardized depression screening/assessment I(mdd)	Х	-
	significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)	Х	-
353F Mild (mo	d to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool	Х	-
	nically significant depressive symptoms as categorized by using a standardized depression screening/assessment	Х	-
	c breast cancer stage 0, documented (onc)	Х	-
	c breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	Х	-
	c breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-
	c breast cancer stage ii, documented (onc)	Х	-
378F Ajc	c breast cancer stage iii, documented (onc)	X	-
380F Ajc	c breast cancer stage iv, documented (onc)	Х	-
382F Ajc	c colon cancer, stage 0, documented (onc)	X	-
384F Ajc	c colon cancer, stage i, documented (onc)	Х	-
386F Ajc	c colon cancer, stage ii, documented (onc)	Х	-
388F Ajc	c colon cancer, stage iii, documented (onc)	X	-
	c colon cancer, stage iv, documented (onc)	X	-
	antitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in asco/cap guidelines (path)	Х	-
	a certain number of visits. Limits are dependent on plan and/or provider type		

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	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone		
0001	receptors [er/pr]) performed (path)9	Х	-
450F	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Х	_
	Dyspnea screened, moderate or severe dyspnea (pall cr)	X	_
	Dyspnea not screened (pall cr)	X	
	Tb screening performed and results interpreted within six months prior to initiation of first-time biologic disease		
1001	modifying anti-rheumatic drug therapy for ra (ra)	Х	-
170F	Rheumatoid arthritis (ra) disease activity, low (ra)	Х	-
	Rheumatoid arthritis (ra) disease activity, moderate (ra)	X	_
	Rheumatoid arthritis (ra) disease activity, high (ra)	X	-
	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	X	_
	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	X	-
	History of aids-defining condition (hiv)	X	-
	Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	X	-
	History of nadir cd4+ cell count <350 cells/mm (hiv)	X	_
	No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	X	-
	Cd4+ cell count <200 cells/mm (hiv)	X	_
	Cd4+ cell count 200 - 499 cells/mm (hiv)	X	-
	Cd4+ cell count >=500 cells/mm (hiv)	X	-
	Cd4+ cell percentage <15% (hiv)	X	-
	Cd4+ cell percentage >=15% (hiv)	X	-
	Cd4+ cell count or cd4+ cell percentage documented as performed (hiv)	X	-
	Hiv rna viral load below limits of quantification (hiv)	X	-
	Hiv rna viral load not below limits of quantification (hiv)	X	-
	Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	X	-
	Chlamydia and gonorrhea screenings documented as performed (hiv)	Х	-
	Syphilis screening documented as performed (hiv)	Х	-
	Hepatitis b screening documented as performed (hiv)	Х	-
	Hepatitis c screening documented as performed (hiv)	Х	-
	Patient has documented immunity to hepatitis c (hiv)	Χ	-
	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)	Χ	-
20F	Clostridium difficile testing performed (ibd)	Х	-
	Low risk for thromboembolism (afib)	Х	-
	Intermediate risk for thromboembolism (afib)	X	-
	High risk for thromboembolism (afib)	Χ	-
	Patient had international normalized ratio (inr) measurement performed (afib)	Χ	-
	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Χ	-
	Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	=
	Electroencephalogram (eeg) ordered, reviewed or requested (epi)	X	-
	Psych disorders assessed	X	-
3720F	Cognit impairment assessed	Χ	-
	Screening for depression performed (dem)	Χ	-
3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)	Х	-
3751F	Electrodiag polyneuro6mon	Х	-
752F	No electrodiag polyneuro6mon	X	-
3753F	Pt has symp plus signs neuropathy	X	-
754F	Screening tests dm done	X	-
755F	Cog and behav imprmnt scrng done	Х	-
	Pt /w pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	-
	Pt /w no pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	-
	Pt ref pulmon fx test with peak flow	Х	-
	Pt scrn dysphag /wt loss/nutrition	Х	_
	Pt w/ dysphag /wt loss/nutr	Х	-
	Pt not exhbt dysphagia, wt loss, or impaired nutrition	Х	-
	Patient is dysarthric	Х	_
	Patient is not dysarthric	Х	-
	Adenoma detected screening	Х	-
	Adenoma not detect screening	X	-
	Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)	X	-
	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	X	-
	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	X	-
004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)	Х	-
005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)	Х	-
	Beta-blocker therapy prescribed or currently being taken (cad,hf)	Х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently		
	being taken (cad, ckd, hf) (dm)	Х	-
1011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	Х	-
012F	Warfarin therapy prescribed (nma-no measure associated)	Х	-
	Statin therapy prescribed or currently being taken (cad)	X	_
	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica	X	-

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	edications and should be directed to the Pharmacy link option within the website.	1	
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no	X	_
	measure associated) (note: there are no medical exclusio	^	
4016F	Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), including otc	X	_
	medication(s)]		
	Gastrointestinal prophylaxis for nsaid use prescribed	X	-
	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed	X	-
4019F	Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or counseling regarding	×	_
	bot	^	
1025F	Inhaled bronchodilator prescribed (copd)	X	-
	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)	X	-
1033F	Pulmonary rehabilitation exercise training recommended (copd)	Χ	-
1035F	Influenza immunization recommended (copd)(ibd)	X	-
1037F	Influenza immunization ordered or administered (copd, pv)	X	-
1040F	Pneumococcal vaccine administer or previously received (copd) (pv)	Х	-
4041F	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	Х	-
1042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra	Х	-
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card	Х	-
4044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in	Х	-
1045F	Appropriate empiric antibio0	Х	
	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative		
10+01	bootimentation that propriyidette antibioties were given within 4 hours prior to surgical incision or given intraoperative	X	-
1047F	Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancom	Х	-
4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon	Х	-
1049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car	Х	-
1050F	Hypertension plan of care documented as appropriate (nma - no measure associated)	Х	-
	Referred for an arterio-venous (av) fistula (esrd)	Х	-
	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	Х	-
	Hemodialysis via functioning arterio-venous (av) graft (esrd)	X	-
	Hemodialysis via catheter (esrd)	X	-
	Patient receiving peritoneal dialysis (esrd)	X	-
	Appropriate oral rehydration solution recommended (pag)	X	-
	Pediatric gastroenteritis education provided to caregiver (pag)	X	-
	· · · · · · · · · · · · · · · · · · ·	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
062F Patient referral for psychotherapy documented (mdd)	X	-
063F Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	X	-
064F Antidepressant pharmacotherapy prescribed (mdd)	X	-
065F Antipsychotic pharmacotherapy prescribed (mdd)	X	-
066F Electroconvulsive therapy (ect) provided (mdd)	X	-
067F Patient referral for electroconvulsive therapy (ect) documented (mdd)	X	-
069F Venous thromboembolism (vte) prophylaxis received (ibd)	Х	-
070F Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	Х	-
073F Oral antiplatelet therapy prescribed at discharge (str)	Х	-
075F Anticoagulant therapy prescribed at discharge (str)	X	-
077F Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	X	-
079F Documentation that rehabilitation services were considered (str)	X	-
O84F Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)	Х	-
086F Aspirin or clopidogrel prescribed or currently being taken (cad)	Х	-
090F Patient receiving erythropoietin therapy (hem)	Х	-
095F Patient not receiving erythropoietin therapy (hem)	Х	-
100F Bisphosphonate therapy, intravenous, ordered or received (hem)	X	_
110F Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)	X	_
115F Beta blocker administered within 24 hours prior to surgical incision (cabg)	X	-
120F Antibiotic prescribed or dispensed (uri, phar)	X	_
124F Antibiotic neither prescribed nor dispensed (uri, phar)	X	_
130F Topical preparations (including otc) prescribed for acute otitis externa (aoe)	X	_
131F Systemic antimicrobial therapy prescribed (aoe)	X	-
132F Systemic antimicrobial therapy not prescribed (aoe)	X	-
133F Antihistamines or decongestants prescribed or recommended (ome)	X	-
134F Antihistamines or decongestants neither prescribed nor recommended (ome)	X	-
135F Systemic corticosteroids prescribed (ome)	X	-
136F Systemic corticosteroids not prescribed (ome)	X	-
140F Inhaled corticosteroids prescribed (asthma)	X	-
142F Corticosteroid sparing therapy prescribed (ibd)	X	-
144F Alternative long-term control medication prescribed (asthma)	X	_
145F Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	X	_
148F Hepatitis a vaccine injection administered or previously received (hep-c)	X	_
149F Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	X	_
150F Patient receiving antiviral treatment for hepatitis c (hep-c)	X	
151F Patient not receiving antiviral treatment for hepatitis c (hep-c)	X	<u> </u>
153F Combination peginterferon and ribavirin therapy prescribed (hep-c)	X	
155F Hepatitis a vaccine series previously received (hep-c)	X	

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1157F	Hepatitis b vaccine series previously received (hep-c)	Х	-
	Patient counseled about risks of alcohol use (hep-c)	Х	-
	Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	Х	-
1163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	Х	-
164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	Х	-
165F	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	Х	-
167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	Х	-
	Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1	Х	-
1169F	Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving	Х	-
1171F	Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-
	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-
	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	Х	-
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	Х	-
1176F	Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	Х	-
1177F	Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr	Х	-
178F	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Х	-
179F	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	Х	-
180F	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	Х	-
181F	Conformal radiation therapy received (onc)1	Х	-
	Conformal radiation therapy not received (onc)1	Χ	-
1185F	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger	Х	-
1186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec	Х	-
187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Х	-
	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered	Х	-
189F	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	Х	-
	Appropriate diuretic therapeutic monitoring test ordered or performed (am)2	X	-
	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	X	_

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	edications and should be directed to the Pharmacy link option within the website.	V	
	Patient not receiving glucocorticoid therapy (ra)	Х	<del>-</del>
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less	X	-
44045	than 6 months (ra)		
4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra)	Х	-
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	
	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)		
41301	T allett not receiving mot line biologic disease modifying and medinate drug therapy for medinatoid artifilits (ra)	Х	-
4200F	External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)	Х	-
	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient	V	
		Х	-
4210F	Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more	Х	
	(mm)2	^	-
4220F	Digoxin medication therapy for 6 months or more (mm)2	X	-
1221F	Diuretic medication therapy for 6 months or more (mm)2	X	-
1230F	Anticonvulsant medication therapy for 6 months or more (mm)2	Х	-
4240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las	Х	-
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	Х	-
4245F	Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	Х	
1248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2		
72701	T dilette courscied during the initial visit for all episode of back pain against bed rest lasting 4 days of longer (bitp)2	Х	-
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature		
	equal	Х	-
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	Х	
		^	-
1256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit)	Х	-
4260F	Wound surface culture technique used (cwc)	Х	-
	Tech other than surfc cultr	X	-
	Use of wet to dry dressings prescribed or recommended (cwc)	X	-
	Use of wet to dry dressings neither prescribed nor recommended (cwc)	X	-
	Compression therapy prescribed (cwc)	X	-
	Patient education regarding the need for long term compression therapy including interval replacement of compression		
'	stockings received (cwc)	Х	-
4269F	Appropriate method of offloading (pressure relief) prescribed (cwc)	Х	-
	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	Х	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding im	munizations, injectable drugs,
271F Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h		
27 17   Patient receiving potent antiretroviral therapy for less than 6 months of not receiving potent antiretroviral therapy (if	X	-
274F Influenza immunization administered or previously received (hiv)	Х	-
276F Potent antiretroviral therapy prescribed (hiv)	Х	-
279F Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	Х	-
280F Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv)	Х	-
290F Patient screened for injection drug use (hiv)	Х	-
293F Patient screened for high-risk sexual behavior (hiv)	Х	-
300F Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-
301F Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-
305F Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	Х	-
306F Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	Х	-
320F Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud)	Х	-
322F Caregiver provided with education and referred to additional resources for support (dem)	Х	-
324F Pt queried prkns complic	Х	-
325F Med txmnt options rvwd w/pt	Х	-
326F Pt asked re symp auto dysfxn	Х	-
328F Pt asked re sleep disturb	Х	-
330F Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	Х	-
340F Counseling for women of childbearing potential with epilepsy (epi)	Х	-
350F Counseling provided on symptom management, end of life decisions, and palliation (dem)	Х	-
400F Rehab thxpy options w/pt	Х	-
450F Self-care education provided to patient (hf)	Х	-
470F Implantable cardioverter-defibrillator (icd) counseling provided (hf)	Х	-
480F Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	X	-
481F Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)	Х	-
500F Referred to an outpatient cardiac rehabilitation program (cad)	X	-
510F Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	X	-
525F Neuropsychiatric intervention ordered (dem)	X	-
526F Neuropsychiatric intervention received (dem)	X	-
540F Disease modified pharmacothxpy	Х	-
541F Pt offered tx for pseudobulb	Х	-
550F Noninvas resp support talk	Х	-
551F Nutritional support offered	X	-
552F Pt ref for speech lang path	X	-
553F Pt asst re end life issues	X	-
554F Pt recvd inhal anesthetic	Х	-

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	cations and should be directed to the Pharmacy link option within the website.		
	recvd no inhal anesthic	Х	-
	w/3+ post-op nausea and vommiting	Х	-
	w/o 3+ pot-op nausea and vommiting	X	-
	recvd 2 rx anti-emetagnts	X	-
	bodytemp >=35.5 cw/in 30 mins	X	-
	nesth w/o general or neurax anesth	X	-
1561F Pt	w/ cornonary artery stent	X	-
1562F Pa	atient does not have coronary artery stent	X	-
563F Pt	recvd aspirin w/in 24 hours	X	-
005F Pa	atient counseled on self - examination for new or changing moles (ml)	X	-
010F Fir	ndings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)	Х	-
	ocumentation of communication that a fracture occurred and that the patient was or should be tested or treated for	Х	
os	ste ·	^	-
020F Tr	eatment summary report communicated to physician(s) managing continuing care and to the patient within one	ν,	
	onth of co	X	-
	eatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	Х	-
	ndings from diagnostic mammogram communicated to practice managing patient; s on-going care within 3 business		
	ays of e	X	-
	ocumentation of direct communication of diagnostic mammogram findings by telephone or in person [by the		
	agnostic imag	X	-
	otential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study		
	uc_med)	X	-
	onsideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy		
2001  00	oriside attornor referral for a nediclogical evaluation of appropriateness for surgical therapy for intractable epilepsy	X	-
250E Ac	sthma discharge plan present (asthma)	X	
			-
	ationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	X	-
	ysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	X	-
	atient receiving or eligible to receive foods, fluids or medication by mouth (str)	X	-
	po (nothing by mouth) ordered (str)	Х	-
6030F  AII	l elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves	X	-
a			
	se of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure,	X	-
	ocumen		
	adiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5	X	-
	atient queried and counseled about anti-epileptic drug (aed) side effects (epi)	X	-
	/caregiver queried falls	X	-
	/caregiver counsel safety	X	-
100F Tii	meout to verify correct patient, correct site, and correct procedure, documented (path)9	X	<u> </u>
101F Sa	afety counsel dementia prov	X	-

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	Safety counsel dementia ord	X	-
	Counsel risks driving and alternatives	Х	-
	Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	Х	-
7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to	Х	-
7020F	Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for a	Х	-
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (rad)5	Х	-
	Immunohisto antibod add slid	X	_
	Aortic aneurysm 5-5.4cm diam	X	_
	Aortic anrysm5.5-5.9cm diam	Х	-
	Aortic anrysm 6/> cm diam	X	-
	Asympt carot/vrtbrbas sten	X	_
	Sympt sten-tia/strk<120days	X	-
	Other carot sten 120 days/>	X	_
	Outside state ambulance serv	X	_
	Noninterest escort in non er	X	-
	Interest escort in non er	X	-
	Nonemergency transport taxi	X	_
	Nonemergency transport bus	X	-
	Noner transport mini-bus	X	-
	Noner transport wheelch van	X	-
	Nonemergency transport air	X	-
	Noner transport case worker	X	-
	Noner transport parking fees	X	-
	Noner transport lodgng recip	X	-
	Noner transport meals recip	X	-
	Noner transport lodgng escrt	X	-
	Noner transport meals escort	X	-
	Neonatal emergency transport	X	-
	Basic life support mileage	X	-
	Basic support routine suppls	X	_
	Bls defibrillation supplies	X	_
	Advanced life support mileag	X	-
	Als defibrillation supplies	X	-
	Als iv drug therapy supplies	X	-
	Als esophageal intub suppls	X	_
	Als routine disposble suppls	X	_
	Ambulance 02 life sustaining	X	

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pecialty medications and should be directed to the Pharmacy link option within the website.		
A0428 Bls	-	X
Noncovered ambulance mileage	X	-
A2001 Innovamatrix ac, per sq cm	X	-
A2002 Mirragen adv wnd mat per sq	X	-
N2003 Bio-connekt wound matrix	X	-
A2004 Xcellistem, 1 mg	X	-
A2005 Microlyte matrix, per sq cm	X	-
N2006 Novosorb synpath per sq cm	X	-
A2007 Restrata, per sq cm	X	-
N2008 Theragenesis, per sq cm	Х	-
.2009 Symphony, per sq cm	X	-
.2010 Apis, per square centimeter	Х	-
.2011 Supra sdrm, per square cm	Х	-
.2012 Suprathel, per sq cm	X	-
.2013 Innovamatrix fs, per sq cm	X	-
2014 Omeza collag per 100 mg	X	-
2015 Phoenix wnd mtrx, per sq cm	X	-
2016 Permeaderm b, per sq cm	Х	-
2017 Permeaderm glove, each	X	-
2018 Permeaderm c, per sq cm	X	-
2019 Kerecis omega3 marigen shield, per square centimeter	Х	-
2020 Ac5 advanced wound system (ac5)	Х	-
2021 Neomatrix, per square centimeter	Х	-
2022 Innovaburn or innovamatrix xl, per square centimeter	Х	-
2023 Innovamatrix pd, 1 mg	Х	-
2024 Resolve matrix, per square centimeter	Х	-
2025 Miro3d, per cubic centimeter	Х	-
2027 Matriderm, per square centimeter	Х	-
2028 Micromatrix flex, per mg	Х	-
2029 Mirotract wound matrix sheet, per cubic centimeter	Х	-
4100 Skin sub fda clrd as dev nos	Х	-
4210 Nonneedle injection device	X	-
4232 Syringe w/needle insulin 3cc	X	-
4238 Adju cgm supply allowance	-	Х
N4239 Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and	+	
accessories, 1 month supply = 1 unit of service	-	X
4250 Urine reagent strips/tablets	X	
4252 Blood ketone test or reagent strip, each	X	
4261 Cervical cap contraceptive	X	
eauth after a certain number of visits. Limits are dependent on plan and/or provider type	^	<del>-</del>

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pecialty medications and should be directed to the Pharmacy link option within the website.		
A4262 Temporary tear duct plug	-	X
A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	X	-
A4266 Diaphragm for contraceptive use	X	<u> </u>
A4267 Contraceptive supply, condom, male, each	X	-
A4268 Contraceptive supply, condom, female, each	X	
A4269 Contraceptive supply, spermicide (e.g., foam, gel), each	X	
A4287 Disposable collection and storage bag for breast milk, any size, any type, each	X	-
A4305 Drug delivery system >=50 ml	X	-
A4306 Drug delivery system <=5 ml	X	-
A4457 Enema tube, with or without adapter, any type, replacement only, each	X	-
A4465 Non-elastic extremity binder	X	-
A4467 Belt strap sleev grmnt cover	X	-
A4468 Exsufflation belt, includes all supplies and accessories	Х	-
A4490 Above knee surgical stocking	Х	-
A4495 Thigh length surg stocking	Х	-
A4500 Below knee surgical stocking	Х	-
A4510 Full length surg stocking	Х	-
A4520 Incontinence garment anytype	Х	-
A4540 Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	X	-
A4543 Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	X	-
A4544 Electrode for external lower extremity nerve stimulator for restless legs syndrome	X	-
A4545 Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one		
month	X	-
A4553 Nondisp underpads, all sizes	Х	
A4554 Disposable underpads	X	
A4555 Ca tx e-stim electr/transduc	X	
A4560 Neuromuscular electrical stimulator (nmes), disposable, replacement only	X	<u> </u>
A4566 Should sling/vest/abrestrain	X	-
A4570   Splint	X	-
N4575 Hyperbaric o2 chamber disps	X	<u>-</u>
A4580 Cast supplies (plaster)	X	-
4590 Special casting material	X	<del>-</del>
A4596 Ces system monthly supp	X	-
4606 Oxygen probe for use with oximeter device, replacement	X	-
A4611 Heavy duty battery	X	-
A4612 Battery cables	X	-
A4613 Battery charger	X	-
A4627 Spacer bag/reservoir	X	-
A4649 Surgical supplies		X

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A4670 Auto blood pressure monitor	X	-
A5508 Diabetic deluxe shoe	Х	-
A6000 Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Х	-
A6025 Silicone gel sheet, each	X	-
A6250 Skin seal protect moisturizr	X	-
A6260 Wound cleanser any type/size	X	-
A6413 Adhesive bandage, first-aid type, any size, each	X	-
A6544 Gradient compression stocking, garter belt	Х	-
A6549 Gradient compression stocking/sleeve, not otherwise specified	-	Χ
A6550 Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	Х
A7023 Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Х	-
A7025 High frequency chest wall oscillation system vest, replacement for use withpatient owned equipment, each	-	Χ
A7049 Expiratory positive airway pressure intranasal resistance valve	Х	-
A9152 Single vitamin nos	Х	-
A9153 Multi-vitamin nos	Х	-
A9156 Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	Х	-
A9180 Naturopaths	Х	-
A9268 Programmer for transient, orally ingested capsule	Х	-
A9269 Programable, transient, orally ingested capsule, for use with external programmer, per month	Х	-
A9270 Non-covered item or service	Х	-
A9272 Disp wound suct, drsg/access	Х	-
A9273 Hot/cold h2obot/cap/col/wrap	Х	-
A9274 External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Х	-
A9275 Home glucose disposable monitor, includes test strips	Х	-
A9276 Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one un	Х	-
A9277 Transmitter; external, for use with interstitial continuous glucose monitoring system	Х	-
A9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	X	-
A9279 Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no	Х	-
A9280 Alert or alarm device, not otherwise classified	Х	_
A9281 Reaching/grabbing device, any type, any length, each	X	-
A9282 Wig, any type, each	X	_
A9283 Foot pressure off loading/supportive device, any type, each	X	-
A9286 Any hygienic item, device	X	-
A9291 Pres digital behav thera fda	X	-
A9292 Prescription digital visual therapy, software-only, fda cleared, per course of treatment	X	-
A9293 Fertility cycl tracking soft	X	_

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claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ct information regarding im	munizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.		
9300 Exercise equipment	X	-
9574 Air poly intrauterine foam	X	-
9586 Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	X	<u>-</u>
9590 lodine i-131 iobenguane 1mci		X
9699 Supply of radiopharmaceutical therapeutic imaging agent, not otherwiseclassified	-	X
9900 Supply/accessory/service	-	X
9999 Miscellaneous dme supply or accessory, not otherwise specified	-	X
4100 Food thickener, administered orally, per ounce	X	-
9999 Parenteral supp not othrws c	-	X
1760 Closure device, vascular (implantable/ insertable)	-	X
1789 Prothesis, breast (implantable)	-	X
1813 Prothesis, penile, inflatable	-	Χ
1818 Integrated keratoprosthesis	-	Χ
1825 Gen, neuro, carot sinus baro	-	X
1832 Auto cell process sys	X	-
1834 Pressure sensor system, im	-	Х
1840 Lens, intraocular (telescopic)	-	X
1886 Catheter, extravascular tissue ablation, any modality (insertable)	-	Х
2613 Lung bx plug w/deliv sys	-	X
2616 Brachytherapy seed, yttrium-90	-	Х
2622 Prothesis, penile, non-inflatable	-	Х
2624 Wireless pressure sensor	-	Х
7504 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	-	Χ
7505 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
		^
7507 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,	_	X
kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance		Λ
7508 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,		Х
	- I	۸
kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	<del></del>	V
9725 Placement of endorectal intracavitary applicator for high intensity brachytherapy	-	X
Microwave bronch, 3d, ebus	-	X
9762 Cardiac mri seg dys strain	<del></del>	X
9763 Cardiac mri seg dys stress	-	X
9784 Endo sleeve gastro w/tube	X	-

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	Endo outlet restrict w/tube	Х	
	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and		
23100	report, obtained with ultrasound examination	X	-
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	Х	
		^	
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)	x	-
0120	Periodic oral examination	Х	-
	Limited oral evaluation - problem-focused	Х	-
	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Х	-
	Comprehensive oral evaluation	Х	-
00160	Detailed and extensive oral evaluation - problem-focused, by report	Х	-
	Re-evaluation - limited problem focused (established patient; not post-operative visit)	Х	-
	Re-evaluation- post operative office visit	Х	-
0180	Comprehensive periodontal evaluation - new or established patient	Х	-
00190	A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	Х	-
0191	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or	Х	_
20040	injury, and the potential need for referral for diagno	V	
	Intraoral- complete series of radiographic images	X	-
	Intraoral- periapical first radiographic image	X	-
	Intraoral- periapical each additional radiographic image	Х	<u>-</u>
	Intraoral- occlusal radiographic image	-	X
	Extra-oral 2d projection radiographic image created using a stationary radiation source, and detector	X	-
	Extra-oral posterior dental radiographic image	X	-
	Bitewing- single radiographic image	X	-
	Bitewings- two radiographic images	X	-
	Bitewings- three radiographic images	X	<u>-</u>
	Bitewings- four radiographic images	-	X
	Vertical bitewings- 7 to 8 radiographic images	X	-
	Sialography	X	-
	Temporomandibular joint arthrogram, including injection	X	-
	Other temporomandibular joint radiographic images, by report	X	-
	Tomographic survey	X	-
	Panoramic radiographic image	X	-
)0340	2d cephalometric radiographic image-acquisition, measurement and analysis	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
200350 2d oral/facial photographic image obtained intra-orally or extra-orally	X	-
200351 3d photographic image	Х	-
200364 Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	X	-
20365 Cone beam ct capture and interpretation with field of view of one dental arch-mandible	Х	-
Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	Х	-
00367 Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	Х	-
00368 Cone beam ct capture and interpretation for tmj series including two or more exposures	Х	-
00369 Maxillofacial mri capture and interpretation	Х	-
00370 Maxillofacial ultrasound capture and interpretation	X	-
00371 Sialoendoscopy capture and interpretation	X	-
00372 Intraoral tomosynthesis - comprehensive seris of rediographic images	Х	-
00373 Intraoral tomosynthesis - bitewing radiographic image	Х	-
00374 Intraoral tomosynthesis - periapical radiographic image	Х	-
00380 Cone beam ct image capture with limited field of view- less than one whole jaw	Х	-
00381 Cone beam ct image capture with field of view of one full dental arch-mandilbe	Х	-
00382 Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	Х	-
00383 Cone beam ct image capture with field of view of both jaws, with or without cranium	Х	-
00384 Cone beam ct image capture for tmj series including two or more exposures	Х	-
00385 Maxillofacial mri image capture	Х	-
00386 Maxillofacial ultrasound image capture	Х	-
00387 Intraoral tomosynthesis - comprehensive seris of rediographic images - image capture only	Х	-
00388 Intraoral tomosynthesis - bitewing radiographic image - image capture only	Х	_
00389 Intraoral tomosynthesis - periapical radiographic image- image capture only	Х	-
00391 Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Х	_
00393 Treatment simulation using 3d image volume	Х	-
00394 Digital subtraction of two or more images or image volumes of the same modality	Х	-
00395 Fusion of two or more 3d image volumes of one or more modalities	Х	-
00396 3D printing of a 3D dental surface scan to obtain a physical model.	Х	-
00411 Hba1c in-office point of service testing	Х	-
00412 Blood glucose level test-in-office using a glucose meter	Х	-
00414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of		
written report	X	-
00415 Bacteriologic studies for determination of pathologic agents	Х	-
00416 Viral culture	Х	-
00417 Collection and preparation of saliva sample for laboratory diagnostic testing	X	-
00418 Analysis of saliva sample	Х	-
00419 Assessment of salivary flow by measurement	Х	-
00422 Collection and preparation of genetic sample material for laboratory analysis and report	X	-

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect pecialty medications and should be directed to the Pharmacy link option within the website.	information regarding	g immunizations, injectable drugs, o
D0423 Genetic test for susceptibility to diseases- specimen analysis	Х	_
D0425   Caries susceptibility tests	X	
D0431 Diag tst detect mucos abnorm	X	
00460 Pulp vitality tests	X	
00470 Diagnostic casts	X	_
00472 Accession of tissue gross examination prep/transmission of written report	X	-
00473 Accession of tissue gross and microscopic examination prep/trans of report	X	-
20474 Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	X	-
00475 Decalcification procedure	X	_
00476 Spec stains for microorganis	X	-
00477 Spec stains not for microorg	X	_
00478 Immunohistochemical stains	X	-
00479 Tissue in-situ hybridization	X	-
00480 Processing and interpretation of cytologic smears incl the prep/trans of written report	X	-
00481 Electron microscopy	X	_
0482 Direct immunofluorescence	X	_
00483 Indirect immunofluorescence	X	-
00484 Consult slides prep elsewher	Х	-
00485 Consult inc prep of slides	Х	-
00486 Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of		
written report	X	-
00502 Other oral pathology procedures, by report	Х	-
Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel,		
dentin, and cementum	X	-
00601 Caries risk assessment and documentation, with a finding of low risk	Х	-
0602 Caries risk assessment and documentation, with a finding of moderate risk	Х	-
0603 Caries risk assessment and documentation, with a finding of high risk	Х	-
00636 Cone beam - three-dimensional image reconstruction using existing data, includes multiple images	X	-
00701 Panoramic radiographic image – image capture only	X	-
00702 2-d cephalometric radiographic image – image capture only	Х	-
00703 2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	X	-
00704 3-d photographic image – image capture only	Х	-
00705 Extra-oral posterior dental radiographic image – image capture only	Х	
00706 Intraoral – occlusal radiographic image – image capture only	Х	-
00707 Intraoral – periapical radiographic image – image capture only	Х	-
00708 Intraoral – bitewing radiographic image – image capture only	Х	-
00709 Intraoral – complete series of radiographic images – image capture only	Х	-
00801 3d dental surface scan -direct	Х	-
00802 3d dental surface scan - indirect	Х	-

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20803 3d facial surface scan - direct	X	-
200804   3d facial surface scan - indirect		-
200999 Unspecified diagnostic procedure, by report	X	-
21110 Prophylaxis-adult	X	-
01120 Prophylaxis-child	X	-
21206 Topical application of fluoride varnish	X	-
21208 Topical application of fluoride- excluding varnish	X	-
21301 3D printing of a 3D dental surface scan to obtain a physical model.	X	-
21310 Nutritional counseling for the control of dental disease	X	-
21320 Tobacco counseling for the control and prevention of oral disease	Х	-
21321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-	X	-
risk substance use		
Oral hygiene instruction	X	-
21351 Sealant-per tooth	X	-
Prev resin rest, perm tooth	X	-
1353 Sealant repair- per tooth	X	-
11354 Interim caries arresting medicament application-per tooth	X	-
1355 Caries preventive medicament application – per tooth	X	-
D1510 Space maintainer-fixed unilateral	X	-
1516 Space maintainer-fixed-bilateral, maxillary	X	-
1517 Space maintainer-fixed-bilateral, mandibular	X	-
1520 Space maintainer-removable unilateral	X	-
1526 Space maintainer -removable-bilateral, maxillary	X	-
1527 Space maintainer -removable-bilateral, mandibular	X	-
P1551 Re-cement or re-bond bilateral space maintainer-maxillary	X	•
P1552 Re-cement or re-bond bilateral space maintainer-mandibular	X	•
21553 Re-cement or re-bond unilateral space maintainer-per quadrant	X	•
P1556 Removal of fixed unilateral space maintainer- per quadrant	X	•
1557 Removal of fixed bilateral space maintainer- maxillary	X	•
1558 Removal of fixed bilateral space maintainer- mandibular	X	•
1575 Distal shoe space maintainer-fixed-unilateral	Х	-
1781 Vaccine administration - human papillomavisrus - dose 1	Х	-
1782 Vaccine administration - human papillomavisrus - dose 2	Х	-
11783 Vaccine administration - human papillomavisrus - dose 3	Х	-
01999 Unspecified preventive procedure, by report	Х	-
2140 Amalgam-one surface, permanent	Х	-
2150 Amalgam-two surfaces, permanent	Х	-
2160 Amalgam-three surfaces, permanent	Х	-
2161 Amalgam-fouror more surfaces, permanent	Х	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
2330 Resin-one surface, anterior	X	-
2331 Resin-two surfaces, anterior	X	-
2332 Resin-three surfaces, anterior	X	-
2335 Resin-fouror more surfacesor involving incisal angle (anterior)	X	-
2390 Resin-based composite crown, anterior	X	-
2391 Resin-based composite - one surface, posterior	X	-
2392 Resin-based composite - two surfaces, posterior	X	-
2393 Resin-based composite - three surfaces, posterior	X	-
2394 Resin-based composite - four or more surfaces, posterior	X	-
2410 Gold foil-one surface	X	-
2420 Gold foil-two surfaces	X	-
2430 Gold foil-three surfaces	X	-
2510 Inlay-metallic-one surface	X	-
2520 Inlay-metallic-two surfaces	X	-
2530 Inlay-metallic-three surfaces	X	-
2542 Onlay - metallic - two surfaces	X	-
2543 Onlay - metallic - three surfaces	X	-
2544 Onlay - metallic - four or more surfaces	Х	-
2610 Inlay-porcelain/ceramic-one surface	X	-
2620 Inlay-porcelain/ceramic-two surfaces	Х	-
2630 Inlay-porcelain/ceramic-three surfaces	Х	-
2642 Onlay - porcelain/ceramic - two surfaces	X	-
2643 Onlay - porcelain/ceramic - three surfaces	X	-
2644 Onlay - porcelain/ceramic - four or more surfaces	X	_
2650 Inlay-composite/resin-one surface (laboratory processed)	X	_
2651 Inlay-composite/resin-two surfaces (laboratory processed)	X	-
2652 Inlay-composite/resin-three surfaces (laboratory processed)	X	-
2662 Onlay - composite/resin - two surfaces (laboratory processed)	X	-
2663 Onlay - composite/resin - three surfaces (laboratory processed)	X	_
2664 Onlay - composite/resin - four or more surfaces (laboratory processed)	X	_
2710 Crown resin (laboratory)	X	_
2712 Crown 3/4 resin-based compos	X	_
2720 Crown-resin with high noble metal	X	-
2721 Crown-resin with predominantly base metal	X	
2721 Crown-resin with predominantly base metal	X	
2740 Crown-porcelain/ceramic	X	
2750 Crown-porcelain/ceramic	X	-
2750 Crown-procelain fused to high hobie metal  2751 Crown-procelain fused to predominantly base metal	X	<u>-</u>
2751 Crown-procelain rused to predominantly base metal	X	<u>-</u>

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D2753 Crown-porcelain fused to titanium and titanium alloys	X	-
D2780 Crown - 3/4 cast high noble metal	X	-
D2781 Crown - 3/4 cast predominately base metal	X	-
D2782 Crown - 3/4 cast noble metal	X	-
D2783 Crown - 3/4 porcelain/ceramic	X	-
D2790 Crown-full cast high noble metal	X	-
D2791 Crown-full cast predominantly base metal	X	-
D2792 Crown-full cast noble metal	X	-
D2794 Crown-titanium	X	-
D2799 Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	X	-
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Х	-
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	Х	-
D2920 Re-cement or re-bond crown	X	-
D2921 Reattachment of tooth fragment, incisal edge or cusp	X	-
D2928 Prefabricated porcelain/ceramic crown – permanent tooth	Х	-
02929 Prefabricated porcelain/ceramic crown- primary tooth	Х	_
D2930 Prefabricated stainless steel crown-primary tooth	Х	-
D2931 Prefabricated stainless steel crown-permanent tooth	Х	-
D2932 Prefabricated resin crown	Х	-
D2933 Prefabricated stainless steel crown with resin window	Х	-
D2934 Prefab steel crown primary	Х	-
D2940 Protective restoration	Х	-
D2941 Interim therapeutic restoration- primary dentition	Х	_
D2949 Restorative foundation for an indirect restoration	X	_
D2950 Core buildup, including any pins when required	X	_
D2951 Pin retention-per tooth, in addition to restoration	Х	-
02952 Cast post and core in addition to crown	X	-
02953 Each additional cast post - same tooth	X	-
D2954 Prefabricated post and core in addition to crown	X	-
02955 Post removal	X	-
D2956 removal of an indirect restoration on a natural tooth	X	-
22957 Each additional prefabricated post - same tooth	X	-
22960 Labial veneer (laminate)-chairside	X	-
22961 Labial veneer (resin laminate)-laboratory	X	-
D2962 Labial veneer (porcelain laminate)-laboratory	X	<u> </u>
D2971 Add proc construct new crown	X	
D2975 Coping	X	
D2976 A band, typically cemented around a molar tooth after a multi-surface restoration is placed, to add support and	^	-
resistance to fracture until a patient is ready for the full cuspal coverage restoration.	X	-

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	edications and should be directed to the Pharmacy link option within the website.	<u> </u>	
	Crown repair necessitated by restorative material failure	X	-
	Inlay repair necessitated by restorative material failure	X	-
	Onlay repair necessitated by restorative material failure	X	-
	Veneer repair necessitated by restorative material failure	X	-
	Excavation of a tooth resulting in the determination of non-restorability	Х	-
2990	Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion	Х	-
2991	Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.	Х	-
2999	Unspecified restorative procedure, by report	Х	-
	Pulp cap-direct (excluding final restoration)	Х	-
3120	Pulp cap-indirect (excluding final restoration)	Х	-
3220	Therapeutic pulpotomy (excluding final restoration)	Х	-
	Gross pulpal debridement primary and permanent teeth	Х	-
3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Х	-
3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud	Х	-
	Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	Х	-
	Anterior (excluding final restoration)	Х	-
	Endodontic therapy, premolar tooth (excluding final restoration)	Х	-
	Endodontic therapy, molar tooth (excluding final restoration)	Х	-
	Treatment of root canal obstruction; non-surgical access	Х	-
	Incomplete endodontic therapy; inoperable or fractured tooth	Х	-
	Internal root repair of perforation defects	Х	-
3346	Retreatment-anterior, by report	Х	-
	Retreatment of previous root canal therapy-premolar	Х	-
	Retreatment-molar, by report	Х	-
	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Х	-
	Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	disinfection, etc.)	X	-
3353	Apexification/recalcification-final visit (includes completed root can	Х	-
	Pulpal regeneration- initial visit	Х	-
	Pulpal regeneration- interim medication replacement	Х	-
	Pulpal regeneration- completion of treatment	Х	-
	Apicoectomy-anterior	Х	-
	Apicoectomy-premolar (first root)	X	-
	Apicoectomy - molar (first root)	X	-
	Apicoectomy - (each additional root)	X	-
	Bone graft in conjunction with periradicular surgery- per tooth, single site	X	-
	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	X	-

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D3430 Retrograde filling-per root	X	
D3431 Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	X	-
D3431 Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	X	<u>-</u>
D3450 Root amputation-per root	X	<u> </u>
D3460 Endodontic endosseous implant	X	
D3470 Intentional replantation (including necessary splinting)	$\frac{\lambda}{X}$	
D3470 Intertional replantation (including necessary spiriting)  D3471 Surgical repair of root resorption - anterior	X	
D3471 Surgical repair of root resorption – premolar	X	<u> </u>
D3472   Surgical repair of root resorption – premotal  D3473   Surgical repair of root resorption – molar	X	
D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	X	-
D3501   Surgical exposure of root surface without apicoectomy or repair of root resorption – amendar	X	<u>-</u>
D3502   Surgical exposure of root surface without apicoectomy or repair of root resorption – premotal  D3503   Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	X	-
D3910 Surgical procedure for isolation of tooth with rubber dam	X	<u> </u>
D3910   Surgical procedure for isolation of tooth with rubber dam  D3911   Intraorifice barrier		<u>-</u>
	X	-
D3920 Hemisection (including any root removal), not including root canal the	X	-
D3921 Decoronation or submergence of an erupted tooth	X	-
D3950 Canal preparation and fitting of preformed dowelor post		-
D3999 Unspecified endodontic procedure, by report	X	-
D4210 Gingivectomyor gingivoplasty-per quadrant	X	-
D4211 Gingivectomyor gingivoplasty-per tooth		-
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	X	-
D4230 Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	X	-
D4231 Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	X	-
D4240 Gingival flap procedure, including root planing-per quadrant	X	-
D4241 Gingival flap procedure, including root planing - one to three teeth, perquadrant	X	-
D4245 Apically positioned flap	X	-
D4249 Crown lengthening-hard and soft tissue, by report	X	-
O4260 Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth	X	-
bounded spaces per quadrant		
O4261 Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth	X	-
bounded spaces per quadrant		
D4263 Bone replacement graft - retained natural tooth - first site in quadrant	X	-
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant	X	-
D4265 Biologic materials to aid in soft and osseous tissue regeneration	X	-
04266 Guided tissue regeneration - resorbable barrier, per site, per tooth	X	-
D4267 Guided tissue regeneration - non-resorbable barrier, per site, per too	X	-
D4268 Surgical revision procedure per tooth	X	-
D4270 Pedicle soft tissue graft procedure	X	<u>-</u>

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tis by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect it to the Pharmacy link option within the website.  It issue graft procedure (including donor and recipient surgical sites) first tooth, implant, or in graft cedure, single tooth (when not performed in conjunction with surgical procedures in the same ctive tissue graft (including recipient site and donor material) first tooth, implant, or edentulous surgical end double pedicle graft occdure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth occdure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site  tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous lous tooth position in same graf	X X X X X	immunizations, injectable drugs, or
tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or in graft cedure, single tooth (when not performed in conjunction with surgical procedures in the same ctive tissue graft (including recipient site and donor material) first tooth, implant, or edentulous surgical and double pedicle graft occedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth occedure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	X X X X	- - - - -
cedure, single tooth (when not performed in conjunction with surgical procedures in the same ctive tissue graft (including recipient site and donor material) first tooth, implant, or edentulous surgical and double pedicle graft occdure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth occdure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	X X X X	- - - - -
cedure, single tooth (when not performed in conjunction with surgical procedures in the same ctive tissue graft (including recipient site and donor material) first tooth, implant, or edentulous ssue and double pedicle graft occdure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth occdure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	X X X X	- - - - -
ctive tissue graft (including recipient site and donor material) first tooth, implant, or edentulous ssue and double pedicle graft ocedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth ocedure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	X X X	- - - -
ssue and double pedicle graft ocedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth ocedure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	X X X	- - - -
ssue and double pedicle graft ocedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth ocedure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	X X X	- - - -
ocedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth ocedure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	X X X	- - - -
ocedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth ocedure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	X X	<u>-</u> - -
ocedure (including recipient and donor surgical sites), each additional contiguous tooth, implant ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	Х	<u>-</u>
ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	Х	-
ition in same graft site tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>-</u>
tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous		-
tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous		
	' X	-
ctive tissue graft procedure (including recipient surgical site and donor material)- each	, , <u>, , , , , , , , , , , , , , , , , </u>	
oth, implant or edentulous tooth position	X	-
able barrier	Х	-
racoronal	X	
tracoronal	X	-
atural teeth or prosthetic crowns	X	-
		-
	-	Х
· · · · · · · · · · · · · · · · · · ·		
annorabla agonia via a controlloa folcaco verilolo inte alcoacoa elevicatar tiocae, per tecin	X	-
e procedures (following active therapy)	X	-
procedure, by report		
a - resin hase (including retentive/clashing materiles, rest, and teeth)		<u> </u>
		<del>-</del>
		<u>-</u>
7 2 7		
i base with resin saddles (including any conven	X	-
1	atural teeth or prosthetic crowns  root planing-per quadrant  root planing- one to three teeth, per quadrant  generalized moderate or severe gingival inflammation- full mouth, after oral evaluation  to enable comprehensive oral evaluation and diagnosis on a subsequent visit  timicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth  the procedures (following active therapy)  change (by someone other than treating dentist)  quadrant  procedure, by report  e - resin base (including retentive/clasping materilas, rest, and teeth)  the resin base (including retentive/clasping materilas, rest, and teeth)  I base with resin saddles (including any conven  I base with resin saddles (including any conven  trial denture- resin base (including any conventional clasps, rests and teeth)	atural teeth or prosthetic crowns  root planing-per quadrant  root planing - one to three teeth, per quadrant  generalized moderate or severe gingival inflammation- full mouth, after oral evaluation  to enable comprehensive oral evaluation and diagnosis on a subsequent visit  timicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth  x  the procedures (following active therapy)  change (by someone other than treating dentist)  x  procedure, by report  x  x  x  x  x  x  x  x  x  x  x  x  x

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	nedications and should be directed to the Pharmacy link option within the website.		
	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps,	X	-
	rests and teeth		
)5224	Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional	Х	-
	clasps, rests and teeth		
	Maxillary part denture flex	X	-
	Mandibular part denture flex	Х	-
)5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Х	-
	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	X	-
	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary	X	-
	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular	Χ	-
5284	Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant	X	-
5286	Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant	Х	-
5410	Adjust complete denture-upper	Х	-
05411	Adjust complete denture-lower	X	-
5421	Adjust partial denture-upper	Х	-
	Adjust partial denture-lower	Х	-
	Repair broken complete denture base, mandibular	Х	-
	Repair broken complete denture base, maxillary	Х	-
	Replace missingor broken teeth-complete denture (each tooth)	Х	-
	Repair resin partial denture base, mandibular	Х	-
	Repair resin partial denture base, maxillary	Х	-
	Repair cast partial framework, mandibular	X	-
	Repair cast partial framework, maxillary	X	-
	Repair or replace broken retentive/clasping materials per tooth	X	-
	Replace broken teeth-per tooth	X	-
	Add tooth to existing partial denture	X	_
	Add clasp to existing partial denture- per tooth	X	
	Replace all teeth and acrylic on cast metal framework (maxillary)	X	
	Replace all teeth and acrylic on cast metal framework (maximary)	X	
	Rebase complete upper denture	X	
	Rebase complete lower denture	X	-
	Rebase upper partial denture	X	-
	Rebase lower partial denture	X	<u>-</u>
	Rebase hybrid prosthesis	X	-
	Reline upper complete denture (chairside)	X	-
	Reline lower complete denture (chairside)	X	-
	Reline upper partial denture (chairside)	X	-
15741	Reline lower partial denture (chairside)	X	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
5750 Reline upper complete denture (laboratory)	X	-
5751 Reline lower complete denture (laboratory)	X	-
5760 Reline upper partial denture (laboratory)	X	-
5761 Reline lower partial denture (laboratory)	X	-
5765 Soft liner for complete or partial removable denture - indirect	X	-
5810 Interim complete denture (upper)	X	-
5811 Interim complete denture (lower)	X	-
5820 Interim partial denture (upper)	X	-
5821 Interim partial denture (lower)	X	-
5850 Tissue conditioning, upper-per denture unit	X	-
5851 Tissue conditioning, lower-per denture unit	X	-
5862 Precision attachment, by report	X	-
5863 Overdenture- complete maxillary	X	-
5864 Overdenture- partial maxillary	X	-
5865 Overdenture- complete mandibular	X	-
5866 Overdenture- partial mandibular	Х	-
5867 Replacement of replaceable part of semi-precision/attachment (m/f component)	Х	-
5875 Modification of removable prosthesis following implant surgery	-	X
5876 Add metal substructure to acrylic full denture (per arch)	X	-
5899 Unspecified removable prosthodontic procedure, by report	X	-
5911 Facial moulage (sectional)	X	-
5912 Facial moulage (complete)	X	_
5913 Nasal prosthesis	X	_
5914 Auricular prosthesis	X	_
5915 Orbital prosthesis	X	-
5916 Ocular prosthesis	X	-
5919 Facial prosthesis	X	-
5922 Nasal septal prosthesis	X	-
5923 Ocular prosthesis, interim	X	-
5924 Cranial prosthesis	X	-
5925 Facial augmentation implant prosthesis	X	_
5926 Nasal prosthesis, replacement	X	_
5927 Auricular prosthesis, replacement	X	-
5928 Orbital prosthesis, replacement	X	<u> </u>
5929 Facial prostriesis, replacement	X	<u> </u>
5931 Obturator prosthesis, surgical	X	<u> </u>
5932 Obturator prosthesis, definitive	X	-
5933 Obturator prosthesis, definitive	X	<u>-</u>
5934 Mandibular resection prosthesis with guide flange	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D5935 Mandibular resection prosthesis without guide flange	X	-
D5936 Obturator/prosthesis, interim	X	-
D5937 Trismus appliance (not for tm treatment)	X	-
D5951 Feeding aid	X	-
D5952 Speech aid prosthesis, pediatric	X	-
D5953 Speech aid prosthesis, adult	X	-
D5954 Palatal augmentation prosthesis	X	-
D5955 Palatal lift prosthesis, definitive	X	-
D5958 Palatal lift prosthesis, interim	X	-
D5959 Palatal lift prosthesis, modification	X	-
D5960 Speech aid prosthesis, modification	X	-
D5982 Surgical stent	X	-
D5983 Radiation carrier	X	-
D5984 Radiation shield	X	-
D5985 Radiation cone locator	X	-
D5986 Fluoride gel carrier	X	-
D5987 Commissure splint	X	-
D5988 Surgical splint	X	-
D5991 Vesiculobullous disease medicament carrier	X	-
D5992 Adjust max prost appliance	X	-
D5993 Main/clean max prosthesis	X	-
D5995 Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	X	-
D5996 Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	X	-
D5999 Unspecified maxillofacial prosthesis, by report	Х	-
06010 Surgical placement of implant body: endosteal implant. see also 21248	X	-
D6011 Second stage implant surgery	X	-
06012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant	X	-
06013 Surgical placement of mini implant	X	-
D6040 Subperiosteal implant	X	-
D6050 Transosseous implant	X	-
D6051 Includes placement and removal. a healing cap is not an interim abutment	X	_
D6055 Implant connecting bar	X	-
D6056 Prefabricated abutment- includes modification and placement	X	-
D6057 Custom fabricated abutment- includes placement	X	-
D6058 Abutment supported porcelain/ceramic crown	X	-
D6059 Abutment supported porcelain fused to metal crown (high noble metal)	X	-
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)	X	-
D6061 Abutment supported porcelain fused to metal crown (noble metal)	X	-
D6062 Abutment supported cast metal crown (high noble metal)	X	_

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D6063 Abutment supported cast metal crown (predominantly base metal)	Х	
D6064 Abutment supported cast metal crown (predominantly base metal)	X	
D6065 Implant supported cast metal crown (noble metal)	X	
06066 Implant supported porcelain/ceramic crown (titanium/alloy high noble metal)	X	
D6067 Implant supported metal crown (titanium/alloy high noble metal)	X	
16068 Abutment supported retainer for porcelain/ceramic fpd	X	
06069 Abutment supported retainer for porcelain/cerainic pd  delight for porcelain fused to metal fpd (high noble metal)	X	_
06070 Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	X	
6071 Abutment supported retainer for porcelain fused to metal fpd (noble metal)	X	
6072 Abutment supported retainer for cast metal fpd (high noble metal)	X	
6073 Abutment supported retainer for cast metal fpd (predominately base metal)	X	<u>-</u>
16074 Abutment supported retainer for cast metal fpd (predominately base metal)	X	
6075 Implant supported retainer for ceramic fpd	X	
6076 Implant supported retainer for ceramic ipu 6076 Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	X	
6077 Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	X	-
6080 Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and		-
abutments	X	-
6081 Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the		
	X	-
implant surfaces, without flap entry and closure	V	
6082 Implant supported crown-porcelain fused to predominantly base alloys	X	-
16083 Implant supported crown-porcelain fused to noble alloys		-
6084 Implant supported crown-porcelain fused to titanium and titanium alloys	X	-
Provisional implant crown	X	-
6086 Implant supported crown-predominantly base alloys	X	-
6087 Implant supported crown-noble alloys	X	-
6088 Implant supported crown-titanium and titanium alloys	X	-
6089 Accessing and retorquing loose implant screw - per screw	X	-
6090 Repair implant, by report	Х	-
Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported	X	-
prosthesi	V	
Re-cement or re-bond implant/abutment supported crown	X	-
Re-cement or re-bond implant/abutment supported fixed partial denture	X	-
Abut support crown titanium	X	-
Repair implant abutment, by report. see also code 21299	X	-
6096 Remove broken implant retaining screw	X	-
Abutment supported crown-porcelain fused to titanium and titanium alloys	X	-
6098 Implant supported retainer-porcelain fused to predominantly base alloys	X	-
16099 Implant supported retainer for fpd-porcelain fused to noble alloys	X	-
06100   Implant removal, by report	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed	X	_
implant surfaces, including flap entry and closure	^	
D6102 Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes	X	_
surface cleaning of the exposed implant surfaces		
D6103 Bone graft for repair of peri-implant defect- does not include flap entry and closure.	X	-
D6104 Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately	Х	-
D6105 Removal of implant body not requiring bone removal nor flap elevation	Х	-
D6106 Guided tissue regeneration - resorbable barrier, per implant	Х	-
D6107 Guided tissue regeneration - non-resorbable barrier, per implant	Х	-
D6110 Implant/abutment supported removable denture for edentulous arch-maxillary	Х	-
D6111 Implant/ abutment supported removable denture for edentulous arch- mandibular	Х	-
D6112 Implant/ abutment supported removable denture for partially edentulous arch- maxillary	Х	-
D6113 Implant/ abutment supported removable denture for partially edentulous arch- mandibular	Х	-
D6114 Implant/ abutment supported fixed denture for edentulous arch- maxillary	Х	-
06115 Implant/ abutment supported fixed denture for edentulous arch- mandibular	Х	-
D6116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	Х	-
D6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	Х	-
D6118 Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular	Х	-
D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	Х	-
D6120 Implant supported retainer -porcelain fused to titanium and titanium alloys	Х	-
D6121 Implant supported retainer for metal fpd -predominantly base alloys	Х	-
D6122 Implant supported retainer for metal fpd -noble alloys	Х	-
D6123 Implant supported retainer for metal fpd -titanium and titanium alloys	Х	-
D6180 implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of	.,	
prosthesis and abutments	X	-
06190 Radio/surgical implant index	Х	-
06191 Semi-precision abutment – placement	Х	-
06192 Semi-precision attachment – placement	Х	-
06193 replacement of an implant screw	Х	-
D6194 Abut support retainer titani	Х	-
D6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys	Х	-
D6197 Replacement of restorative material used to close an access opening of a screw-retained implant supported		
prosthesis, per implant	X	-
06198 Remove interim implant component	Х	-
06199 Unspecified implant procedure, by report	X	-
06205 Pontic-indirect resin based	X	-
D6210 Pontic-cast high noble metal	X	-
D6211 Pontic-cast predominantly base metal	X	-

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ecialty medications and should be directed to the Pharmacy link option within the website.	1 v 1	
06212 Pontic-cast noble metal	X	-
06214 Pontic titanium	X	-
06240 Pontic-porcelain fused to high noble metal	X	-
06241 Pontic-porcelain fused to predominantly base metal	X	-
06242 Pontic-porcelain fused to noble metal	X	-
06243 Pontic-porcelain fused to titanium and titanium alloys	X	-
06245 Pontic - porcelain/ceramic	X	-
Pontic-resin with high noble metal	X	-
Pontic-resin with predominantly base metal	X	-
Pontic-resin with noble metal	X	-
Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression	X	-
P6545 Retainer-cast metal for acid etched fixed prosthesis	X	-
06548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	X	-
Resin retainer- for resin bonded fixed prosthesis	X	-
06600 Retainer inlay-porcelain/ceramic, two surfaces	X	-
06601 Retainer inlay - porcelain/ceramic, three or more surfaces	X	-
06602 Retainer inlay - cast high noble metal, two surfaces	X	-
Retainer inlay - cast high noble metal, three or more surfaces	X	-
06604 Retainer inlay - cast predominantly base metal, two surfaces	X	-
06605 Retainer inlay - cast predominantly base metal, three or more surfaces	X	-
06606 Retainer inlay - cast noble metal, two surfaces	X	-
Retainer inlay - cast noble metal, three or more surfaces	X	-
06608 Retainer onlay - porcelain/ceramic, two surfaces	X	-
06609 Retainer onlay - porcelain/ceramic, three or more surfaces	X	-
06610 Retainer onlay - cast high noble metal, two surfaces	X	-
06611 Retainer onlay - cast high noble metal, three or more surfaces	X	_
Retainer onlay - cast predominantly base metal, two surfaces	X	-
Retainer onlay - cast predominantly base metal, three or more surfaces	X	-
Retainer onlay - cast noble metal, two surfaces	X	-
06615 Retainer onlay - cast noble metal, three or more surfaces	X	-
06624 Retainer inlay titanium	X	-
06634 Retainer onlay titanium	X	-
06710 Retainer crown-indirect resin based composite	X	_
06720 Retainer crown-resin with high noble metal	X	_
06721 Retainer crown-resin with predominantly base metal	X	_
06722 Retainer crown-resin with noble metal	X	
06740 Retainer crown - porcelain/ceramic	X	
106750 Retainer crown-porcelain/ceramic	X	<u> </u>
106750 Retainer crown-porcelain fused to high hobie metal	X	<del>-</del>

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specialty medications and should be directed to the Pharmacy link option within the website.		
D6752 Retainer crown-porcelain fused to noble metal	X	-
D6753 Retainer crown-porcelain fused to titanium and titanium alloys	X	-
D6780 Retainer crown-3/4 cast high noble metal	X	-
D6781 Retainer crown - 3/4 cast predominately based metal	X	-
D6782 Retainer crown - 3/4 cast noble metal	X	-
D6783 Retainer crown - 3/4 porcelain/ceramic	X	-
D6784 Retainer crown 3/4-titanium and titanium alloys	X	-
D6790 Retainer crown-full cast high noble metal	X	-
D6791 Retainer crown-full cast predominantly base metal	Х	-
D6792 Retainer crown-full cast noble metal	X	-
D6793 Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	X	-
D6794 Retainer crown titanium	X	-
D6920 Connector bar	X	-
D6930 Re-cement or re-bond fixed partial denture	X	-
D6940 Stress breaker	X	-
D6950 Precision attachment	X	-
D6980 Fixed partial denture repair, necessitated by restorative material failure	X	-
D6985 Pediatric partial denture, fixed	Х	-
D6999 Unspecified fixed prosthodontic procedure, by report	Х	-
07111 Extraction, coronal remnants - primary tooth	Х	-
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Х	_
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of		
mucoperiopsteal flap if indicated.	X	-
D7220 Removal of impacted tooth-soft tissue	Х	-
07230 Removal of impacted tooth-partially bony	X	_
07240 Removal of impacted tooth-completely bony	X	-
77241 Removal of impacted tooth-completely bony, with unusual surgical compl	X	_
77250 Removal of residual tooth roots (cutting procedure)	X	_
D7251 Coronectomy	X	_
D7257 partial extraction for immediate implant placement	X	
07259 nerve dissection	X	
07260 Oral antral fistula closure	X	
07261 Primary closure of a sinus perforation	X	<u>-</u>
07270 Tooth re-implantation and/or stabilization of accidentally evulsedor d	X	<u> </u>
D7270   Tooth transplantation		<u>-</u>
	X	-
D7280 Exposure of an unerupted tooth	X	-
D7282 Mobilization of erupted or malpositioned tooth to aid eruption	X	-
D7283 Place device impacted tooth	X	-
D7284 Excisional biopsy of minor salivary glands	X	-

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D7285 Incisional biopsy of oral tissue-hard (bone, tooth)	X	<u> </u>
D7286 Incisional biopsy of oral tissue-soft	X	-
D7287 Cytology sample collection	X	<del>-</del>
D7288 Brush biopsy	X	-
D7290 Surgical repositioning of teeth	Х	-
D7291 Transseptal fiberotomy	Х	-
D7292 Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	X	-
D7293 Placement of temporary anchorage device requiring flap; includes device removal	X	-
D7294 Placement of temporary anchorage device without flap; includes device removal	X	-
D7295 Bone harvest,auto graft proc	X	-
D7296 Corticotomy ¿ one to three teeth or tooth spaces, per quadrant	X	-
D7297 Corticotomy ¿ four or more teeth or tooth spaces, per quadrant	X	-
D7298 Removal of temporary anchorage device (screw retained plate), requiring flap	X	-
D7299 Removal of temporary anchorage device, requiring flap	X	-
D7300 Removal of temporary anchorage device without flap	X	-
D7310 Alveoloplasty in conjunction with extractions - per quadrant	X	-
D7311 Alveoloplasty w/extract 1-3	X	-
D7320 Alveoloplasty not in conjunction with extractions - per quadrant	Х	-
D7321 Alveoloplasty not w/extracts	Х	-
D7340 Vestibuloplasty-ridge extension (second epithelialization)	X	-
D7350 Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	X	-
D7410 Radical excision-lesion diameter up to 1.25 cm	X	-
D7411 Excision of benign lesion greater than 1.25 cm	Х	-
D7412 Excision of benign lesion, complicated	X	-
D7413 Excision of malignant lesion up to 1.25 cm	X	-
D7414 Excision of malignant lesion greater than 1.25 cm	Х	-
D7415 Excision of malignant lesion, complicated	X	-
D7440 Excision of malignant tumor-lesion diameter up to 1.25 cm	X	-
D7441 Excision of malignant tumor-lesion diameter greater than 1.25 cm	X	-
D7450 Removal of odontogenic cystor tumor-lesion diameter up t0 1.25 cm	X	-
D7451 Removal of odontogenic cystor tumor-lesion diameter greater than 1.25	Х	-
D7460 Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	Х	-
D7461 Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	Х	-
D7465 Destruction of lesion(s) by physicalor chemical methods, by report	Х	-
D7471 Removal of exostosis - per site	X	-
D7472 Removal of torus palatinus	X	-
D7473 Removal of torus mandibularis	X	-
D7485 Reduction of osseous tuberosity	X	-
D7490 Radical resection of mandible with bone graft	X	-

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

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specialty medications and should be directed to the Pharmacy link option within the website.		
D7871 Non-arthroscopic lysis and lavage	X	-
D7872 Arthroscopy-diagnosis, withor without biopsy	X	-
D7873 Arthroscopy: lavage and lysis of adhesions	Х	-
D7874 Arthroscopy: disc repositioning and stabilizationo	Х	-
D7875 Arthroscopy: synovectomy	Х	<u> </u>
D7876 Arthroscopy: discectomy	X	<u> </u>
D7877 Arthroscopy: debridement	X	-
D7880 Occlusal orthotic appliance	X	<del>-</del>
D7881 Oclussal orthotic device adjustment	X	-
D7899 Unspecified tmd therapy, by report	X	-
D7910 Suture of recent small wounds up to 5 cm	X	-
D7911 Complicated suture-up to 5 cm	Х	-
D7912 Complicated suture-greater than 5 cm	Х	-
D7920 Skin grafts (identify defect covered, location, and type of graft)	Х	-
D7921 Collection and application of autologous blood concentrate product	Х	-
D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Х	-
D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	Х	-
D7940 Osteoplasty-for orthognathic deformities	Х	-
D7941 Osteotomy-ramus, closed	Х	-
D7943 Osteotomy-ramus, open with bone graft	Х	-
D7944 Osteotomy-segmentedor subapical-per sextantor quadrant	Х	-
D7945 Osteotomy-body of mandible	Х	-
D7946 Lefort i (maxilla-total)	X	-
D7947 Lefort i (maxilla-segmented)	X	-
D7948 Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl	X	_
D7949 Lefort iior lefort iii-with bone graft	X	-
D7950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	X	-
D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach	X	-
D7952 The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor		
of the sinus and grafting as necessary. this include	X	-
D7953 Bone replacement graft	Х	_
D7955 Repair of maxillofacial soft and hard tissue defects	X	
D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site	X	
D7950 Guided tissue regeneration, edentulous area - resorbable barrier, per site  D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	X	<u> </u>
D7937   Guided tissue regeneration, edentitious area - non-resorbable barrier, per site  D7961   Buccal / labial frenectomy (frenulectomy)	X	<u> </u>
D7961   Buccai / labial frenectomy (frenulectomy)  D7962   Lingual frenectomy (frenulectomy)	X	-
D7962   Lingual Terlectorny (Terlulectorny) D7963   Frenuloplasty	X	-
		-
D7970 Excision of hyperplastic tissue-per arch	X	-
D7971 Excision of pericoronal gingiva	X	-

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D7972 Surgical reduction of fibrous tuberosity	X	-
D7979 Non surgical sialolithotomy	X	-
D7980 Surgical sialolithotomy	X	-
D7981 Excision of salivary gland	X	-
D7982 Sialodochoplasty	X	-
D7983 Closure of salivary fistula	X	-
D7990 Emergency tracheotomy	X	-
D7991 Coronoidectomy	X	-
D7993 Surgical placement of craniofacial implant – extra oral	X	-
D7994 Surgical placement: zygomatic implant	X	-
D7995 Synthetic graft - mandible or facial bones, by report	X	-
07996 Implant - mandible for augmentation purposes	X	-
D7997 Appliance removal (not by dentist who placed appliance) incl removal of archbar	X	-
D7998 Intraoral placement of a fixation device not in conjunction with a fracture	X	-
D7999 Unspecified oral surgery procedure, by report	X	-
D8010 Limited orthodontic treatment of the primary dentition	X	-
D8020 Limited orthodontic treatment of the transitional dentition	X	-
D8030 Limited orthodontic treatment of the adolescent dentition	X	-
D8040 Limited orthodontic treatment of the adult dentition	X	-
D8050 Interceptive orthodontic treatment of the primary dentition	X	-
08060 Interceptive orthodontic treatment of the transitional dentition	X	-
08070 Comprehensive orthodontic treatment of the transitional dentition	X	-
08080 Comprehensive orthodontic treatment of the adolescent dentition	X	-
08090 Comprehensive orthodontic treatment of the adult dentition	X	-
08091 comprehensive orthodontic treatment with orthognathic surgery	X	-
08210 Removable appliance therapy	X	_
08220 Fixed appliance therapy	X	_
08660 Pre-orthodintic treatment examination to monitor growth and development	X	_
D8670 Periodic orthodontic treatment visit (as part of contract)	X	_
D8671 periodic orthodontic treatment visit associated with orthognathic surgery	X	
08680 Orthodontic retention (removal of appliances, construction and placem	X	
08681 Removable orthodontic retainer adjustment	X	
08690 Orthodontic treatment (alternative billing to a contract fee)	X	
08695 Removal of fixed orthodontic appliances for reasons other than completion of treatment	X	
D8696 Repair of orthodontic appliance-maxillary	X	<u> </u>
D8697 Repair of orthodontic appliance-maxiliary	X	<u> </u>
D8698 Re-cement or re-bond fixed retainer-maxillary	X	-
08699 Re-cement or re-bond fixed retainer-maxiliary		<u> </u>
	X	-
08701 Repair of fixed retainer, includes reattachment-maxillary	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
D8702 Repair of fixed retainer, includes reattachment-mandibular	X	-
D8703 Replacement of lost or broken retainer-maxillary	X	-
D8704 Replacement of lost or broken retainer-mandibular	X	-
D8999 Unspecified orthodontic procedure, by report	X	-
D9110 Palliative (emergency) treatment of dental pain-minor procedures	X	-
D9120 Fixed partial denture sectioning	X	-
D9130 Temporomandibular joint dysfunction-non-invasive physical therapies	X	-
D9210 Local anesthesia n0t in conjunction with operativeor surgical procedu	X	-
09211 Regional block anesthesia	X	-
D9212 Trigeminal division block anesthesia	X	-
09215 Lcl ansthsa w oprtv or srgcl prcdrs	X	-
09219 Evaluation for moderate sedation, deep sedation or general anesthesia	X	=
Deep sedation/general anesthesia ¿ first 15 minutes	X	=
09223 Deep sedation/general anesthesia-each subsequent 15 minute increment	X	-
09230 Inhltn ntrs oxd/anlgsa, anxlyss	X	-
09239 Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes	X	-
09243 Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	Х	-
09248 Non-intravenous conscious sedation	Х	-
09310 Consultation (diagnostic service provided by dentistor physician other	Х	-
09311 Consultation with a medical health care professional	Х	-
09410 House call	Х	-
09420 Hsptl or asc call	X	_
09430 Office visit for observation (during regularly scheduled hours) no oth	X	-
09440 Office visit-after regularly scheduled hours	X	-
09450 Case presentation, detailed and extensive treatment planning	X	-
9610 Therapeutic drug injection, by report	X	_
99612 Therapeutic parenteral drugs, two or more administrations, different medications	X	
19613 Infiltration of sustained release therapeutic drug-single or multiple sites	X	
09630 Drugs or medicaments dispensed in the office for home use	X	
09910 Application of desensitizing medicaments	X	<u> </u>
09911 Application of desensitizing resin for cervical and/or root surface per tooth	X	<u> </u>
19911   Application of desensitizing resin for cervical and/or root surface per tooth	X	-
09913 administration of neuromodulators	X	<u>-</u>
09914 administration of dermal fillers	X	-
D9920 Behavior management, by report	X	-
D9930 Treatment of complications (postsurgical) - unusual circumstances, by	X	-
D9932 Cleaning and inspection of removable complete denture, maxillary	X	-
O9933 Cleaning and inspection of removable complete denture, mandibular	X	-
D9934 Cleaning and inspection of removable partial denture, maxillary	X	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Cleaning and inspection of removable partial denture, mandibular	X	-
	Fabrication of a custom removable clear plastic temporary aesthetic appliance	X	-
	Placement of a custom removable clear plastic temporary aesthetic appliance	X	-
	Fabrication of athletic mouthguards	Х	-
	Repair/reline occlusal guard	X	-
	Occlusal guard adjustment	X	-
	Occlusal guard-hard appliance, full arch	Χ	-
	Occlusal guard-soft appliance, full arch	Χ	-
09946	Occlusal guard-hard appliance, partial arch	X	-
09947	Custom sleep apnea appliance fabrication and placement	Х	=
09948	Adjustment of custom sleep apnea appliance	X	-
09949	Repair of custom sleep apnea appliance	Χ	-
	Occlusion analysis-mounted case	Х	-
09951	Occlusal adjustment-limited	X	-
	Occlusal adjustment-complete	Х	-
	Reline custom sleep apnea appliance (indirect)	Х	-
	Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and	.,	
	occlusal changes.	X	-
9955	Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient's	.,	
	response to treatment, integrity of the device, and management of side effects.	Х	-
9956	Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as		
	allowed by applicable laws. Also, to help the dentist in defining the optimal position of the mandible.	Х	_
	gane near by expenses to harrow here, to help the defined in demand gane optimal poems. For the mandales	7.	
09957	Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-		
	related breathing disorders.	X	-
9959	unspecified sleep apnea services procedure, by report	Х	
	Duplicate/copy patient's records	X	_
	Enamel microabrasion	X	_
	Odontoplasty 1-2 teeth; includes removal of enamel projections	X	
	External bleaching- per arch- perfmored in offic	X	
	External bleaching - per tooth	X	<u> </u>
	Internal bleaching - per tooth	X	
		X	-
	External bleaching for home application, per arch; includes materials and fabrication of custom trays  Sales tax	X	<u>-</u> -
	Missed appointment	X	-
	Cancelled appointment	X	-
	Certified translation or sign-certified translation or sign-language services per visit	X	-
	Dental case management- addressing appointment compliance barriers	X	-
9992ر	Dental case management- care coordination	Χ	-

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<u> </u>		
Dental case management- motivational interviewing	X	<del>-</del>
Dental case management- patient education to improve oral health literacy		-
D9995 Teledentistry ¿ synchronous; real-time encounter	X	-
December 2019 Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	X	-
19997 Dental case management-patients with special health care needs	X	-
19999 Unspecified adjunctive procedure, by report	X	-
O117 Crutch, underarm, articulating, spring assisted, each	X	-
E0144 Enclosed walker w rear seat	X	-
0152 Walker, battery power wheels	X	-
O172 Seat lift mechanism placed over or on top of toilet, any type	X	_
0181 Press pad alternating w/ pum	-	X
0182 Pressure pad alternating pum	-	X
0183 Press underlay alter w/pump	-	X
0191 Protector heel or elbow	X	•
0193 Powered air flotation bed	-	Х
0194 Air fluidized bed	-	Х
70203 Therapeutic lightbox, minimum 10,000 lux, table top model	Х	-
0217 Water circ heat pad w pump	Х	-
0218 Water circ cold pad w pump	Х	-
0221 Infrared heating pad system	Х	-
Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wou	Х	-
Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	Х	-
0239 Hydrocollator unit portable	Х	-
0240 Bath/shower chair, with or without wheels, any size	X	-
0241 Bath tub wall rail	X	-
0242 Bath tub rail floor	X	_
0243 Toilet rail	X	_
0244 Toilet seat raised	X	_
0245 Tub stool or bench	X	_
0246 Transfer tub rail attachment	X	_
0247 Transfer bench for tub or toilet with or without commode opening	X	
0247 Transfer bench to	X	-
0250 Hosp bed fixed ht w/ mattres	-	X
	-	X
10251 Hosp bed fixd ht w/o mattres	-	X
0255 Hospital bed var ht w/ mattr	-	
0256 Hospital bed var ht w/o matt	-	X
0260 Hosp bed semi-electr w/ matt	-	X

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ecialty medications and should be directed to the Pharmacy link option within the website.	1	V
60261 Hosp bed semi-electr w/o mat	-	X
0265 Hosp bed total electr w/ mat	-	X
0266 Hosp bed total elec w/o matt	-	X
0270 Hospital bed institutional t	X	-
0273 Bed board	X	-
Over-bed table	Х	-
Powered pres-redu air mattrs	-	X
0280 Bed cradle	-	X
60290 Hosp bed fx ht w/o rails w/m	-	X
0291 Hosp bed fx ht w/o rail w/o	-	Χ
0292 Hosp bed var ht w/o rail w/o	-	Χ
0293 Hosp bed var ht w/o rail w/	-	Χ
60294 Hosp bed semi-elect w/ mattr	-	Χ
0295 Hosp bed semi-elect w/o matt	-	Χ
0296 Hosp bed total elect w/ matt	-	Χ
O297 Hosp bed total elect w/o mat	-	Χ
0300 Pediatric crib, hospital grade, fully enclosed	-	Х
Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	-	X
10302 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	Χ
10304 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	-	Χ
0305 Rails bed side half length	-	X
0310 Rails bed side full length	-	X
E0315 Bed accessory brd/tbl/supprt	_	X
Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches	s -	X
Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai	-	Х
Control unit bowel system	Х	-
0352 Disposable pack w/bowel syst	X	-
0370 Air elevator for heel	Х	-
0371 Nonpower mattress overlay	-	Χ
0372 Powered air mattress overlay	-	Χ
0373 Nonpowered pressure mattress	- 1	X
0445 Oximeter device for measuring blood oxygen levels non-invasively	Х	-
0446 Topical ox deliver sys, nos	X	-
E0457 Schest shell	X	-
E0459 Chest wrap	X	-
0462 Rocking bed w/ or w/o side r	-	X
10465 Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	_	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	-	X
	Home vent multi-function	-	X
	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	X
	Respiratory assist device, bi-level pressure capability, without backup rate	-	X**
	Respiratory assist device, bi-level pressure capability, with back-up rate	-	X**
	Respiratory assist device, bi-level pressure capability, with backup rate	-	X**
0481	Intrapulmonary percussive ventilation system and related accessories	Χ	-
0482	Cough stimulating device, alternating positive and negative airway pressure	-	Χ
0483	High frequency chest wall oscillation air-pulse generator system, (includeshoses and vest), each	-	Χ
0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes	Х	-
0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu	-	Х
0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Х	-
0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Х	-
0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Х	-
0561	Humidifier, non-heated, used with positive airway pressure device	_	X**
	Humidifier, heated, used with positive airway pressure device	_	X**
	Cont airway pressure device	_	X**
	Patient lift electric	-	X
	Multipositional patient support system, with integrated lift, patientaccessible controls	_	X
	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels		^
0037	Combination sit to stand frame/table system, any size including pediatric, with seat incleature, with or without wheels	X	-
0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Х	-
0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Х	-
0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	X	-
	Pneum compressor segmental	-	Х
	Pneum compres w/cal pressure	_	X
	Pneumatic appliance half arm	_	X
	Segmental pneumatic appliance for use with pneumatic compressor, trunk	_	X
	Segmental pneumatic appliance for use with pneumatic compressor, chest	_	X
	Seg pneumatic appl full leg	_	X
	Seg pneumatic appl full arm	_	X
IINNX	DEU DUEUURUG RUU UU RUU	-	Λ

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ecialty medications and should be directed to the Pharmacy link option within the website.		
O670 Segmental pneumatic appliance for use with pneumatic compressor, half	-	X
0671 Pressure pneum appl full leg	-	X
0672 Pressure pneum appl full arm	-	X
0673 Pressure pneum appl half leg	-	X
0675 Pneumatic compression device, high pressure, rapid inflation/deflation cycle	X	-
10676 Intermittent limb compression device (includes all accessories), not otherwise specified	Χ	-
Non-pneumatic sequential compression garment, trunk	-	Χ
0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eyeprotection, 6 foot panel	-	Χ
0700 Safety equipment, device or accessory, any type	Х	-
0710 Restraints any type	Х	-
0711 Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	Х	-
0715 Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-
0716 Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-
0721 Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Х	-
0732 Cranial electrotherapy stimulation (ces) system, any type	Х	-
7737 Transcutaneous tibial nerve stimulator, controlled by phone application	Х	_
0738 Upper extremity rehab	X	_
0739 Rehab sys active assist rt	X	_
0743 External lower extremity nerve stimulator for restless legs syndrome, each	X	_
0746 Electromyograph biofeedback	X	_
0747 Elec osteogen stim not spine	_	Х
0748 Elec osteogen stim spinal	_	X
0749 Elec osteogen stim implanted	_	X
0755 Electronic salivary reflex s	Х	
0760 Osteogen ultrasound stimltor	-	Х
O761 Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device	Х	
0762 Transcutaneous electrical joint stimulation device system, includes all accessories	X	_
762 Franscatarious cicetical joint stimulation device system, includes an accessories  764 Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used		
for	-	Х
O767 Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer	x	_
treatment, includes all accessories		
Non-programble infusion pump	-	X
Programmable infusion pump	-	X
D784 Ext amb infusn pump insulin	-	X
Programment impl pump cathet	-	X
0786 Implantable pump replacement	-	Χ
0830 Ambulatory traction device	Х	-
0840 Tract frame attach headboard	Х	-

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0850 Traction stand free standing	T x T	
0856 Cervical traction device, cervical collar with inflatable air bladder	X	
0920 Fracture frame attached to b	-	X
0936 Continuous passive motion exercise device for use other than knee	X	
0970 Wheelchair no. 2 footplates	X	
0983 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	- ^	X
0984 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	+ - +	X
0985 Wheelchair accessory, seat lift mechanism	<del>                                     </del>	X
10988 Manual wheelchair accessory, seat in medianism	+	X
1003 Wheelchair accessory, power seating system, recline only, without shear	<del>                                     </del>	X
1004 Wheelchair accessory, power seating system, recline only, with mechanical shear	+ - +	X
005 Wheelchair accessory, power seating system, recline only, with power shear	+	X
1006 Wheelchair accessory, power seating system, recline only, with power shear reduction	<del>                                     </del>	X
1009 Wheelchair accessory, addition to power seating system, mechanically linked leg	+ +	X
Modification to pediatric wheelchair, width adjustment package (not to bedispensed with initial chair)	+ - +	X
O17   Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair,each	+ - +	^ X
018 Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair,each	<del>                                     </del>	^ X
1035 Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	<del>                                     </del>	^
1055 Infulti-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	-	X
Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci	-	X
1085 Hemi-wheelchair fixed arms	X	-
1086 Hemi-wheelchair detachable a	Х	-
1089 Wheelchair lightwt fixed arm	Х	_
130 Whichr stand fxd arm ft rest	Х	_
140 Wheelchair standard detach a	Х	-
220 Whlchr special size/constrc	- 1	Х
230 Power operated vehicle	- 1	Х
239 Ped power wheelchair nos	-	Χ
250 Wheelchair lightwt fixed arm	Х	-
1260 Wheelchair lightwt foot rest	Х	-
285 Wheelchair heavy duty fixed	Х	-
290 Wheelchair hvy duty detach a	X	-
300 Whirlpool portable	X	-
301 Whirlpool tub, walk-in, portable	X	-
310 Whirlpool non-portable	-	Х
399 Durable medical equipment mi	<del>                                     </del>	X
1699 Dialysis equipment unspecifi	-	X
1802 Dynamic adjustable forearm pronation/supination device, includes soft interfacematerial	<del>                                     </del>	X

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cialty medications and should be directed to the Pharmacy link option within the website.	T	
Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	-	X
Static str shldr dev rom adj	-	X
1905 Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	X	-
2102 Adjunctive continuous glucose monitor or receiver	-	X
Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	X
2120 Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	-	X
Pwr seat elev sys for crt	=	X
2301 Power wheelchair accessory, power standing system	X	-
Power wheelchair accessory, hand control interface, multiple mechanical switches	-	X
Power wheelchair accessory, chin cup for chin control interface	-	Χ
Power wheelchair accessory, sip and puff interface, nonproportional	-	X
Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	Х
2330 Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	Х
Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	Х
Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	Х
Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Х
Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	-	X
Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	X
Power wheelchair accessory, electronic interface to operate speech generating device	_	X
Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	_	X
Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	_	X
Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	_	X
Power wheelchair accessory, tabe for phedmatic drive wheel tire (removable), any type, any size, replacement		
eac	-	X
Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	_	X
Negative pressure wound therapy electrical pump, stationary or portable	_	X
2502 Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	_	X
2504 Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	_	X
2504 Speech generating device, digitized speech, using pre-recorded messages, ever 40 min.	_	X
2508 Speech generating device, synthesized speech, requiring message formulation by spelling		X
2510 Speech generating device, synthesized speech, requiring multiple methods	_	X
2510 Speech generating device, synthesized speech, permitting multiple methods 2511 Speech generating software program, for personal computer or personal digital assistant		X
2511 Accessory for speech generating device, mounting system	-	X
	X	
2513 Accessory for speech generating device, electromyographic sensor	^	- V
2599 Accessory for speech generating device, not otherwise classified	- V	X
2610 Powered w/c cushion	X	-
S000 Speech volume modulation system, any type, including all components and accessories	X	-
Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components an accessories, prescription only	d X	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
8000 Posterior gait trainer	X	-
8001 Upright gait trainer	X	-
8002 Anterior gait trainer	X	-
0028 Doc med rsn no scr tob	X	-
0029 No tob scr/cess int	X	-
0030 Pt scr tob & cess int	X	-
0031 Pall serv during meas	X	-
0032 2+ antipsy schiz	X	-
0033 2+ benzo seiz	X	-
0034 Pall serv during meas	X	-
0035 Pt ed pos 23	X	-
0036 Pt/ptn decln assess	X	-
0037 Pt not able to participate	X	-
0038 Clin pt no ref	X	-
0039 Pt no ref, rn spec	X	-
0040 Pt phys/occ therapy	X	-
0041 Pt/ptn decln referral	X	-
0042 Ref to therapy	X	-
0043 Pt mech pros ht valv	X	-
0044 Pt mitral stenosis	X	-
0045 Mrs 90 days post stk	Х	-
0046 No mrs 90 days post stk	Х	-
0047 Ped blunt hd traum	X	-
0048 Pall serv during meas	Х	-
0049 Main hemo in-cntr	X	-
0050 Pt w/ Imted life expec	X	-
0051 Pt hospice mnth	X	-
0052 Pt peri dialysis dur mo	X	-
0053 Adv rheum pt care mvp	X	_
0054 Strk cr prev pos outcme mvp	X	-
0055 Adv care heart dx mvp	X	-
0056 Opt chronic dx mang mvp	X	-
0057 Best pct pt safety em mvp	X	-
0058 Imprv care le jnt repr mvp	X	-
0059 Pt sfty pos exp w aneth mvp	X	-
0060 Allergy/immunology ss	X	_
0061 Anesthesiology ss	X	_
0062 Audiology ss	X	
0063 Cardiology ss	X	

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pecialty medications and should be directed to the Pharmacy link option within the website.		
G0064 Cert nurse midwife ss	X	-
G0065 Chiropractic ss	X	-
G0066 Clinical social work ss	X	-
G0067 Dentistry ss	X	-
G0068 Adm of infusion drug in home	-	X
Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	X
Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	Х
60076 Care manag h vst new pt 20 m	Х	_
0077 Care manag h vst new pt 30 m	X	<u> </u>
0078 Care manag h vst new pt 66 m	X	_
0079 Care manag h vst new pt 40 m	X	_
0080 Care manag h vst new pt 75 m	X	
0081 Care man h v ext pt 20 mi	X	
0082 Care man h v ext pt 30 m	X	
0083 Care man h v ext pt 45 m	X	<u> </u>
0084 Care man h v ext pt 45 m	X	<u> </u>
0085 Care man h v ext pt 75 m	X	
0086 Care man home care plan 30 m	X	
0087 Care man home care plan 60 m	X	
0088 Adm iv drug 1st home visit	-	X
0089 Adm subq drug 1st home visit	-	X
0090 Adm iv chemo 1st home visit	-	X
0122 Colon ca scrn; barium enema	X	^
0129 Partial hosp prog service	-	X*
0129 Frantial hosp prog service 0151 Hhcp-serv of pt,ea 15 min		X
0151   Hincp-serv of ot,ea 15 min	-	X
	-	X
0153 Hhcp-svs of s/l path,ea 15mn	-	X
0155 Services of clinical social worker in home health or hospice settings, each 15 minutes	-	
O157 Hhc pt assistant ea 15		
0158 Hhc ot assistant ea 15	-	X*
0159 Hhc pt maint ea 15 min	-	X
0160 Hhc occup therapy ea 15	-	X
0219 Pet img wholebody melanoma nonco	X	-
0235 Pet imaging, any site, not otherwise specified	Х	-
Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per	-	X

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G0249	Provision of test materials and equipment for home inr monitoring to patientwith mechanical heart valve(s) who meets med	-	Χ
G0252	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis ofbreast cancer and/or surgical planning for	Х	-
	Current perception threshold/sensory nerve conduction test, (snct) per limb,any nerve	X	-
G0276	Pild/placebo control clin tr	-	X
G0277	Hbot, full body chamber, 30m	-	X
G0282	Electrical stimulation, (unattended), to one or more areas, for wound careother than described in g0281	X	-
	Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy	-	X*
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	Х	-
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	Х	-
G0295	Electromagnetic stimulation, to one or more areas	Х	-
G0302	Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	Х	-
G0303	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	Х	-
	Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	Χ	-
	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services	Χ	-
	Immunize counsel 5-15 min	Х	-
G0311	Immunize counsel 16-30 mins	Χ	-
G0312	Immunize couns < 21yr 5-15 m	Χ	-
G0313	Immunize couns < 21yr 6-30 m	Χ	-
G0314	Counsel immune <21 16-30 m	Χ	-
G0315	Counsel immune <21 5-15 m	Х	-
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	-	Х
G0339	Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first	-	Х
G0340	Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo	-	Х
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	Х	-
	Molecular pathology procedure; physician interpretation and report	-	Χ
	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15	-	Х
G0490	Home visit rn, Ipn by rhc/fq	Х	-
	Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model	X	-
	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	X	

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G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model	X	-
	Management of a new patient with dementia, low complexity, for use in cmmi model	Х	-
	Management of a new patient with dementia, moderate to high complexity, for use in cmmi model	Х	-
	Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model	Х	-
	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	Х	-
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model	Х	-
	Management of established patient with dementia, low complexity, for use in cmmi model	Х	-
G0528	Management of established patient with dementia, moderate to high complexity, for use in cmmi model	Х	-
	In-home respite care, 4-hour unit, for use in cmmi model	Х	-
G0530	Adult day center, 8-hour unit, for use in cmmi model	Х	-
G0531	Facility-based respite, 24-hour unit, for use in cmmi model	Х	-
G0532	Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of		
	the services by a medicare-enrolled opioid treatment program);( list separately in addition to each primary code)	Х	-
	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	-	Х
	Pt mnth 1 mcp prov	Х	-
	Pt hemo > 3mo	X	-
	Pt hemo < 3mo	X	-
	Take home supply 8mg per 0.1	X	-
	Post d/c h vst new pt 20 m	X	-
	Post-d/c h vst new pt 30 m	X	-
	Post-d/c h vst new pt 45 m	Χ	-
32004	Post-d/c h vst new pt 60 m	X	-
32005	Post-d/c h vst new pt 75 m	Χ	-
	Post-d/c h vst ext pt 20 m	X	-
	Post-d/c h vst ext pt 30 m	X	-
	Post-d/c h vst ext pt 45 m	X	-
	Post-d/c h vst ext pt 60 m	X	-
	Post-d/c h vst ext pt 75 m	X	-
	Post-d/c care plan overs 30m	X	-
32015	Post-d/c care plan overs 60m	Х	-
	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes)	Х	-
G2081	Pt 66+ snp or ltc pos > 90d	Х	-
G2082	Visit esketamine 56m or less	-	Х

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ecialty medications and should be directed to the Pharmacy link option within the website.	<del>,</del> ,	
S2083 Visit esketamine, > 56m	-	X
22090 Pt 66+ frailty and med dem	X	-
Pt 66+ frailty and adv ill	X	-
S2092 Ace arb arni	X	-
G2093 Med doc rsn no ace arn arni	X	-
S2094 Pt rsn no ace arn arni	X	-
G2095 Sys rsn no ace arn arni	Х	-
G2096 No rsn ace arb arni	Х	-
G2097 Child dx uri 3d of other dx	X	-
S2098 Pt 66+ frailty and med dem	X	-
S2099 Pt 66+ frailty and adv ill	X	-
S2100 Pt 66+ frailty and med dem	X	-
S2101 Pt 66+ frailty and adv ill	X	-
62105 Pt 66+ It ints > 90	X	-
62106 Pt 66+ It ints > 90	X	-
62107 Pt 66+ frailty and adv ill	X	-
62108 Pt 66+ It ints > 90	X	-
62109 Pt 66+ frailty and med dem	Х	-
62110 Pt 66+ frailty and adv ill	Х	-
62112 Pred<=5 mg ra glu <6m	Х	-
62113 Pred>5 mg >6m, no chg da	Х	-
62115 Pt 66+ frailty and med dem	Х	-
62116 Pt 66+ frailty and adv ill	Х	-
62118 Pt 81+ frailty	Х	-
62121 Psy dep anx ap and icd asse	Х	-
S2122 Psy/dep/anx/apandicd noasse	X	-
G2125 Pt 81+ frailty	X	-
62126 Pt 66+ frailty adv ill	X	-
62127 Pt 66+ frailty med dem	Х	-
S2128 No aspirin med rsn	X	-
G2129 No bp outpt	X	-
22136 Bk pain vas 6-20wk = 3	X	-
G2137 Bk pain vas 6-20wk > 3	X	_
32138 Bk pain vas 9-15mo = 3	X	_
32139 Bk pain vas 9-20mo > 3	X	-
32140 Leg pain vas 6-20wk = 3	X	-
22141 Leg pain vas 6-20wk > 3	X	_
32147   Leg pain vas 0-20wk > 3 32142   Fs odi 9-15mo postop<= 22	X	
62143 Fs odi 9-15mo > 22	X	

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laimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflected to the Pharmacy link option within the website.  2144 Fs odi 6-20wk postop > 22 2145 Fsodi 6-20wk >22 or chg 30pt 2146 Leg pain vas 9-15mo <= 3 2147 Leg pain vas 9-15mo > 3 2148 Mpm used 2149 No mpm med rsn 2150 No mpm 2150 Dx degen neuro	X X X X X X X X X X X X X X X X X X X	immunizations, injectable drugs, o
2144 Fs odi 6-20wk postop > 22 2145 Fsodi 6-20wk >22 or chg 30pt 2146 Leg pain vas 9-15mo <= 3 2147 Leg pain vas 9-15mo > 3 2148 Mpm used 2149 No mpm med rsn 2150 No mpm 2151 Dx degen neuro	X X X X X X	- - - -
2145 Fsodi 6-20wk >22 or chg 30pt 2146 Leg pain vas 9-15mo <= 3 2147 Leg pain vas 9-15mo > 3 2148 Mpm used 2149 No mpm med rsn 2150 No mpm 2151 Dx degen neuro	X X X X X X	- - - -
2146 Leg pain vas 9-15mo <= 3 2147 Leg pain vas 9-15mo > 3 2148 Mpm used 2149 No mpm med rsn 2150 No mpm 2151 Dx degen neuro	X X X X X	- - -
2147 Leg pain vas 9-15mo > 3 2148 Mpm used 2149 No mpm med rsn 2150 No mpm 2151 Dx degen neuro	X X X X	- - -
2148 Mpm used 2149 No mpm med rsn 2150 No mpm 2151 Dx degen neuro	X X X	-
No mpm med rsn 2149 No mpm 2150 No mpm 2151 Dx degen neuro	X X X	-
No mpm 2151 Dx degen neuro	X	
2151 Dx degen neuro	Х	-
MEQ ID	V	-
Res change sc =0		-
Res change sc < 0	X	-
2168 Svs by pt in home health	-	Χ*
2169 Svs by ot in home health	-	Χ*
2172 All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment	Х	
services furnished for the demonstration project	^	-
2173 Uri w comorb 12m oth dx	Х	-
2174 Uri new rx antibiotic 30d	Х	-
2175 Pt comorb dx 12m of epi	Х	-
2176 Outpt ed obs w inpt admit	Х	-
2177 Bronch w rx antibx 30d	Х	-
Pt not elig low neuro ex	Х	-
2179 Med doc rsn no low ex	Х	-
2180 Inelig footwr eval	X	-
2181 Bmi not doc medrsn ptref	X	-
2182 Pt 1st biolog antirheum	X	-
2183 Doc pt unable comm	X	
2184 No caregiver	X	-
2185 Caregiver dem trained	X	_
2186 Pt ref app rsrcs	X	-
2187 Clin ind img hd trauma	X	_
2188 Pt 50 yrs w/clin ind hd	X	_
2189 Img hd abnml neuro exam	X	
2190 Ind img hd rad neck	X	
2191 Ind img hd pos hd ache	X	
2192  >55 yrs temp hd ache	X	<u> </u>
2193 <6yr new onset hd ache	X	<u>-</u>
2194 New hdache ped pt dis	X	
2194 New ndache ped pt dis 2195 Occip hdache child	X	<u>-</u>
		<u> </u>
2196 Screen unhithy etoh use 2197 Screen hithy etoh use	X	-

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cialty medications and should be directed to the Pharmacy link option within the website.		
2198 Med rsn no unlithy etoh	X	-
2199 Not scrn etoh no rsn		-
2200 Unhlthy etoh rcvd couns	X	-
2201 Med rsn no brief couns	X	-
No rsn no brief couns	X	-
2203 Med rsn no etoh couns	X	-
2204 Pt 50-85 w/ scope	X	-
2205 Preg drng adjv trtmt	X	-
2206 Adjv trtmt chemo her2	X	-
2207 Rsn no trtmt chem her2	X	-
2208 No trtmt chemo and her2	X	-
2209 Refused to participate	X	-
2210 No neck fs prom no rsn	X	-
4000 Dermatology ss	X	-
4001 Diagnostic rad ss	X	-
4002 Ep cardio ss	X	-
4003 Emergency med ss	X	-
4004 Endocrinology ss	X	-
4005 Family medicine ss	X	-
4006 Gastroenterology ss	X	-
4007 General surgery ss	X	-
4008 Geriatrics ss	X	-
4009 Hospitalists ss	X	-
4010 Infectious disease ss	Х	-
4011 Internal medicine ss	X	-
4012 Interventional rad ss	X	_
4013 Mentl/behav health ss	X	-
4014 Nephrology ss	X	-
4015 Neurology ss	X	-
4016 Neurosurgical ss	X	-
4017 Nutrition/dietician ss	X	-
4018 Ob/gyn ss	X	-
4019 Oncology/hema ss	X	-
4020 Ophthalmology ss	X	_
4021 Orthopedic surgery ss	X	-
4022 Otolaryngology ss	X	
4023 Pathology ss	X	<u> </u>
4024 Pediatric ss	X	<u>-</u>
4025 Physical medicine ss	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
G4026 Phys/occ therapy ss	X	-
G4027 Plastic surgery ss	X	-
G4028 Podiatry ss	X	-
G4029 Preventive medicine ss	X	-
G4030 Pulmonology ss	X	-
G4031 Radiation oncology ss	X	-
G4032 Rheumatology ss	X	-
G4033 Skilled nursing facility ss	X	-
G4034 Speech language path ss	X	-
G4035 Thoracic surgery ss	X	-
G4036 Urgent care ss	Х	-
G4037 Urology ss	X	-
G4038 Vascular surgery ss	X	-
G8395 Left ventricular ejection fraction (Ivef) >= 40% or documentation as normal or mildly depressed left ventricular syst	roli X	-
G8396 Left ventricular ejection fraction (Ivef) not performed or documented	Х	-
G8397 Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edem and level	na X	-
G8399 Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or pharmacologic thera (othe	py X	-
G8400 Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not ordered or pharmacolog	ic X	-
G8404 Lower extremity neurological exam performed and documented	X	-
G8405 Lower extremity neurological exam not performed	X	-
G8410 Footwear evaluation performed and documented	X	-
G8415 Footwear evaluation was not performed	X	-
G8416 Clinician documented that patient was not an eligible candidate for footwear evaluation measure	X	-
G8417 Bmi >= 30 was calculated and a follow-up plan was documented in the medical record	X	_
G8418 Bmi < 22 was calculated and a follow-up plan was documented in the medical record	X	
G8419 Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	X	
G8420 Bmi < 30 and >= 22 was calculated and documented	X	
G8421 Bmi not calculated	X	
G8427 Doc cur meds by prov	X	
G8428 Cur meds not document	X	<u> </u>
G8430 Documentation that patient is not eligible for medication assessment	X	<u>-</u>
G8430   Documentation that patient is not eligible for medication assessment  G8431   Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documente		-
G0431 P05tive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documente	X X	-
G8432 No documentation of clinical depression screening using an age appropriate standardized tool	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ir edications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs,
38433	Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate	Х	-
8450	Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as mod	Х	-
8451	Clinician documented patient with left ventricular ejection fraction (Ivef) <40% or documentation as moderately or sever	Х	-
8452	Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (Ivef) <40% or documentation as	Х	-
38465	High risk of recurrence of prostate cancer	Х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed	Х	-
38474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d	Х	-
98475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not s	Х	-
8476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg	Х	-
8477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg	Х	-
8478	Blood pressure measurement not performed or documented, reason not specified	Х	-
	Patient receiving angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	_
8510	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	X	-
8511	Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified	Х	-
8535	No documentation of an elder maltreatment screen, patient not eligible	Х	-
8536	No documentation of an elder maltreatment screen, reason not specified	X	-
8539	Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies	Х	-
8540	Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool	Х	-
8541	No documentation of a current functional outcome assessment using a standardized tool, reason not specified	Х	-
98542	Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required	Х	-
98543	Documentation of a current functional outcome assessment using a standardized tool; no documentation of a care plan, reas	Х	-
8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluatio	Х	-
38560	Patient has a history of active drainage from the ear within the previous 90 days	Х	-
	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Patient does not have a history of active drainage from the ear within the previous 90 days	Х	-
38563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-
38564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-
8565	Verification and documentation of sudden or rapidly progressive hearing loss	Х	-
	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur	Х	-
38567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	Х	-
	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic e	Х	-
8569	Prolonged intubation (>24 hrs) required	Х	-
	Prolonged intubation (>24 hrs) not required	X	-
	Developed postoperative renal failure or required dialysis	Х	-
	No postoperative renal failure/dialysis not required	Х	-
	Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Х	-
28578	Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or		
30370	other cardiac reason	X	-
28508	Aspirin or another antithrombotic therapy used	Х	_
	Aspirin or another antithrombotic therapy not used, reason not otherwise specified	X	-
	Iv t-pa initiated within three hours (<= 180 minutes) of time last known well	X	
	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician	X	<del>-</del>
38602	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified	Х	_
	Pharm ther osteo rx	X	-
	No pharm ther osteo rx	X	-
	Fun stat score knee >= 0	X	-
	Fun stat score knee < 0	X	-
	Rafs crs ki no scor no surv	X	-
	Fun stat score hip >= 0	X	_
	Fun stat score hip < 0	X	-
	Rafs crs hi no scor no surv	X	-
	Fun stat score le >= 0	X	-
	Fun stat score le < 0	X	-
	Fun stat score le not done	X	-
	Fun stat score Is >= 0	X	-
	Fun stat score Is < 0	X	-
	Fun stat score is pt no elg	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
B8662 Rafs crs lbi no scor no surv	X	-
S8663 Fun stat score shdl >=0	X	-
S8664 Fun stat score shdl < 0	X	-
88666 Rafs crs si no scor no surv	X	-
S8667 Fun stat score ue >=0	X	-
S8668 Fun stat score ue < 0	X	-
88670 Rafs crs ewh no scor no surv	X	-
S8694 Left ventricular ejection fraction (lvef) < 40%	X	-
8708 Patient not prescribed or dispensed antibiotic	X	-
88709 Patient prescribed or dispensed antibiotic for documented medical reason(s)	X	-
8710 Patient prescribed or dispensed antibiotic	X	-
8711 Prescribed or dispensed antibiotic	X	-
8712 Antibiotic not prescribed or dispensed	X	-
Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathologic report	ogy X	-
8722 Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology repo	ort X	-
Specimen site is other than anatomic location of primary tumor	Х	-
Pt category, pn category and histologic grade were not documented in the pathology report, reason not otherwise specified	Х	-
88733 Documentation of a positive elder maltreatment screen and documented follow-up plan	X	-
8734 Elder maltreatment screen documented as negative, no follow-up required	X	-
8735 Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified	X	-
Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundi any other sign suggesting systemic spread) or absence of syp		-
8752 Most recent systolic blood pressure < 140 mmhg	X	-
8753 Most recent systolic blood pressure >= 140 mmhg	X	-
8754 Most recent diastolic blood pressure < 90 mmhg	Х	-
8755 Most recent diastolic blood pressure >= 90 mmhg	X	-
8756 No documentation of blood pressure measurement, reason not otherwise specified	X	-
8783 Blood pressure screening performed as recommended by the defined screening interval	Х	-
8785 Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	X	-
8797 Specimen site other than anatomic location of esophagus	Х	-
8798 Specimen site other than anatomic location of prostate	X	-
8806 Performance of transabdominal or transvaginal ultrasound	X	-
8807 Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician	X	-
8808 Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified	X	-
S8815 Statin therapy not prescribed for documented reasons	Х	-

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pecialty medications and should be directed to the Pharmacy link option within the website.	1 ,	
Statin medication prescribed at discharge	X	-
Sasta Statin therapy not prescribed at discharge, reason not specified	X	-
Patient discharge to home no later than postoperative day #7	Х	-
Patient not discharged to home by postoperative day #7	X	-
B8826 Patient discharge to home no later than postoperative day #2 following evar	X	-
B8833 Patient not discharge to home by postoperative day #2 following evar	X	-
B8834 Patient discharged to home no later than postoperative day #2 following cea	X	-
G8838 Patient not discharged to home by postoperative day #2	X	-
S8839 Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	Х	-
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	-
S8841 Sleep apnea symptoms not assessed, reason not otherwise specified	Х	-
68842 Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	Х	-
Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis	Х	-
Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified	Х	-
88845 Positive airway pressure therapy prescribed	Х	-
Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)		-
S8849 Documentation of reason(s) for not prescribing positive airway pressure therapy	X	
Positive airway pressure therapy not prescribed, reason not otherwise specified	X	
Objective measurement of adherence to positive airway pressure therapy, documented	X	-
8852 Positive airway pressure therapy prescribed	X	
68854 Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy	X	-
Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified	X	<del>-</del>
8856 Referral to a physician for an otologic evaluation performed	X	
8857 Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a		-
	X	-
physician for acute or chronic dizziness)	<del>                                     </del>	
Referral to a physician for an otologic evaluation not performed, reason not specified	X	-
Research Parameters not assessed for risk of bone loss, reason not otherwise specified	X	-
18864 Pneumococcal vaccine administered or previously received	Х	-
Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	Х	-
Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	Х	-
8867 Pneumococcal vaccine not administered or previously received, reason not otherwise specified	Х	-
8869 Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy	X	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	X	_
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively	Х	-
38877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not otherwise specified	Х	-
38878	Sentinel lymph node biopsy procedure performed	X	
	Documentation of reason(s) sentinel lymph node biopsy not performed	X	
	Stage of breast cancer is greater than t1n0m0 or t2n0m0	X	
	Sentinel lymph node biopsy procedure not performed	X	-
	Biopsy results reviewed, communicated, tracked and documented	X	<u>-</u>
		X	-
	Clinician documented reason that patient's biopsy results were not reviewed		-
	Biopsy results not reviewed, communicated, tracked or documented	Х	-
38907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event;	Х	-
38908	Patient documented to have received a burn prior to discharge	X	-
38909	Patient documented not to have received a burn prior to discharge	Х	-
	Patient documented to have experienced a fall within asc	X	-
	Patient documented not to have experienced a fall within ambulatory surgical center	X	-
	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Х	-
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong	Х	-
20014	implant event	X	
	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc  Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc	X	<u>-</u>
G8916	Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic initiated on time	X	
38917	Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic not initiated on time	+	
		X	-
	Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis	Х	-
38923	Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function	Х	-
38924	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)	Х	-
38934	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function	Х	-
G8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	Х	<u>-</u>

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38936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or	V	
	angiotensin receptor blocker (arb) therapy	X	-
	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy,	V	
	reason not given	Χ	-
	Elder maltreatment screen documented, patient not eligible for follow-up	Х	-
	Documented functional outcomes assessment and care plan within the previous 30 days	Х	-
	Ajcc melanoma cancer stage 0 through iic melanoma	Х	-
	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	Χ	-
	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	Х	-
	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not		
	given	Х	-
	Most recent assessment of adequacy of volume management	Х	-
	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	Х	-
	Assessment of adequacy of volume management not documented, reason not given	Х	-
	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days		
	preceding this surgery	X	-
	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	-
	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci wihin 2 years	Х	-
	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had		
	pci wthin 2 years (e.g., symptomatic patient, patient grea	X	-
	Warfarin or another oral anticoagulant that is fda approved prescribed	Х	_
	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not		
	prescribed (e.g., allergy, risk of bleeding, transient o	X	-
	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	-
	No risk factors or one moderate risk factor for thromboembolism	Х	-
	Mccd, initial rate	X	-
	Mccd,maintenance rate	X	_
	Mccd, risk adj hi, initial	X	-
	Mccd, risk adj lo, initial	X	_
	Mccd, risk adj, maintenance	X	-
	Mccd, home monitoring	X	-
	Mccd, sch team conf	X	_
	Mccd, by coor-care ovrsght	X	
	Coordinated care fee, risk adjusted maintenance, level 3	X	_
	Coordinated care fee, risk adjusted maintenance, level 4	X	-
	Coordinated care fee, risk adjusted maintenance, level 5	X	

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odes	Description	Not Covered	Preauthorization Required
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	edications and should be directed to the Pharmacy link option within the website.	V	
	Other specified case mgmt	X	-
	Esrd demo basic bundle level i	X	-
	Esrd demo expanded bundle including venous access and related services	X	-
	Demo-smoking cessation coun	X	-
	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence	Χ	-
9051	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	Х	-
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	Х	-
9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	X	-
	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	Х	-
	Oncology; primary focus of visit; other, unspecified service not otherwise listed	Х	-
	Oncology; practice guidelines; management adheres to guidelines	Х	-
	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	Х	-
9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin	Х	-
39059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment	Х	-
39060	Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness	Х	-
	Oncology; practice guidelines; patients condition not addressed by available guidelines	Х	-
	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	Х	-
	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1	Х	-
9064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii	Х	-
9065	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii	Х	-
9066	Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic	Х	-
	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation	Х	_
	Oncology; disease status; limited to small cell and combined small cell/non small cell	X	-
	Oncoloyg; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell	X	-
9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small	Х	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-
	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-
	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-
9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma	Х	-
9083	Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	Х	-
9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9092	Oncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty	Х	-
9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i edications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, or
G9105	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	Х	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma	X	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis	X	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown	X	-
	Oncoloyg; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
G9113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	Х	-
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	Х	_
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv	Х	-
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	Х	-
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	Х	-
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-
	Oncology; disease statu; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib	X	-
39128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	Х	-
	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	X	-
30130	Oncoloyg; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	Х	
	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	X	-
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., ris	Х	-
<b>3</b> 9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	Х	-
39134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	Х	-
39135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	Х	-
39136	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	Х	-

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.	1	
Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a	X	-
medicar		
Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not	X	-
determin	1	
Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl	X	-
posit  General posit	+ +	
159 140 Equal to or greater than 4 hours, weather or other conditions must prevent transfer or the case fails into a category or	X	-
Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	Χ
G9147 Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of	l x	
measurements for: respiratory quotient; and/or, urine	^	-
S9148 National committee for quality assurance - level 1 medical home	X	-
99149 National committee for quality assurance - level 2 medical home	X	-
9150 National committee for quality assurance - level 3 medical home	Х	-
S9151 Mapcp demonstration - state provided services	X	-
9152 Mapcp demonstration - community health teams	X	-
9153 Mapcp demonstration - physician incentive pool	Х	-
9157 Transesophageal doppler used for cardiac monitoring	Х	-
99187 Bpci home visit	Х	=
9188 Beta not given no reason	Х	-
9189 Beta pres or already taking	Х	-
99190 Medical reason for no beta	Х	-
9191 Pt reason for no beta	Х	-
System reason for no beta	X	-
9196 Med reason for no ceph	Х	-
99197 Order for ceph	Х	-
9198 No order for ceph no reason	X	-
9212 Doc of dsm-iv init eval	X	-
9213 No doc of dsm-iv	X	-
9223 Pjp proph ordered cd4 low	X	-
9225 Norsn no foot exam	X	-
9226 3 comp foot exam completed	X	-
9227 Docrsn no care plan	Х	-
9228 Gc chl syp documented	Х	-
9229 Ptrsn no gc chl syp test	Х	-
9230 Norsn for gc chl syp test	Х	-
9231 Doc esrd dia trans preg	Х	-
9242 Doc viral load >=200	Х	-
9243 Doc viral load <200	Х	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Ad	ditionally, these coding lists do not reflect information regarding	immunizations, injectable drugs, or
ecialty medications and should be directed to the Pharmacy link option within the website.		
9246 No med visit in 24mo	X	-
9247 1 med visit in 24mo	X	-
9250 Doc of pain comfort 48hr	X	-
9251 Doc no pain comfort 48hr	X	-
9254 Doc pt dischg >2d	X	<u>-</u>
9255 Doc pt dischg <=2d	X	-
9273 Sys<140 and dia<90	X	-
9274 Bp out of nrml limits	X	-
9275 Doc of non tobacco user	X	-
9276 Doc of tobacco user	X	-
9277 Doc daily aspirin or contra	X	-
9278 Doc no daily aspirin	X	-
9279 Pne scrn done doc vac done	X	-
9280 Pne not given norsn	X	-
9281 Pne scrn done doc not ind	X	-
9282 Doc medrsn no histo type	X	-
9283 Hist type doc on report	X	-
9284 No hist type doc on report	Х	-
9285 Site not small cell lung ca	X	-
9286 Doc antibio order w in 7d	X	-
9287 No doc antibio order w in 7d	Х	-
9288 Doc medrsn no hist type rpt	Х	-
9289 Doc type nsm lung ca	X	-
9290 No doc type nsm lung ca	X	-
9291 Not nsm lung ca	X	-
9292 Medrsn no pt category	X	_
9293 No pt category on report	X	-
9294 Pt cat and thck on report	X	-
9295 Non cutaneous loc	X	_
9296 Doc share dec prior proc	X	-
9297 No doc share dec prior proc	X	-
19298 Eval risk vte card 30d prior	X	-
9299 No eval riskk vte card prior	X	-
9305 No interv reg for leak	X	_
9306 Intervired for leak	X	_
9307 No ret for surg w in 30d	X	
9308 Unplnd ret to surg w in 30d	X	
9309 No unplnd hosp readm in 30d	X	<u>-</u>
9310 Unplnd hosp readm in 30d	X	<u> </u>

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des Description	Not Covered	Preauthorization Required
claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally the services are updated quarterly.	onally, these coding lists do not reflect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.	T v	
9311 No surg site infection	X	-
9312 Surgical site infection	X	-
9313 Docrsn not first line amox	X	-
9314 Norsn not first line amox	X	-
9315 Doc first line amox	X	-
9316 Doc comm risk calc	X	-
9317 No doc comm risk calc	X	-
9318 Image std nomenclature	X	-
9319 Image not std nomenclature	X	-
9321 Doc count of ct in 12mo	X	<u> </u>
9322 No doc count of ct in 12mo	X	-
9341 Srch for ct w in 12 mos	X	-
9342 No srch for ct in 12mo norsn	X	-
9344 Sysrsn no dicom srch	X	-
9345 Follow up pulm nod	X	-
9347 No follow up pulm nod norsn	X	-
9351 Doc >1 sinus ct w 90d dx	X	-
9352 Not >1 sinus ct w 90d dx	X	-
9353 Medrsn >1 sinus ct w 90d dx	X	-
9354 Norsn >1 sinus ct w 90d dx	X	-
9355 No early ind/delivery	Х	-
9356 Early ind/delivery	X	-
9357 Pp eval/edu perf	Х	-
9358 Pp eval/edu not perf	Х	-
9359 Neg mgd pos tb notact	Х	-
9360 No doc of neg or man pos tb	X	-
9361 Medical indication for elective delivery or early induction	X	-
9364 Sinus caus bac inx	X	-
9367 2high risk med ord	X	-
9368 2high risk no ord	X	-
9380 Off assis eol iss	X	-
9382 No off assis eol	X	-
9383 Recd scrn hcv infec	X	-
9384 Doc med reas no offer eol	X	-
9385 Doc pt reas not rec hcv srn	X	-
9386 Scrn hcv infec not recd	X	-
9393 Ini phq9 >9 remiss <5	X	
9394 Dx bipol, death, nhres, hosp	X	<u> </u>
9395 Ini phq9 >9 no remiss >=5	X	<u>-</u>

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Codes Description	Not Covered	Preauthorization Required
isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	these coding lists do not reflect information regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.	1 2	
G9396 Ini phq9 >9 not assess	X	-
G9408 Card tamp w/in 30d	X	-
G9409 No card tamp e/in 30d	X	-
G9410 Admit w/in 180d req remov	X	-
G9411 No admit w/in 180d req remov	X	-
G9412 Admit w/in 180d req surg rev	X	-
G9413 No admit req surg rev	X	-
G9414 1dose menig vac btwn 11 & 13	X	-
G9415 No 1dose meni vac btwn 11&13	X	-
G9416 Tdap or td or 1tet/dipth	X	-
G9417 No tdap or td or 1tet/dipth	X	-
G9418 Lungcx bx rpt docs class	X	-
G9419 Med reas no rpt histo type	X	-
G9420 Spec site no lung	X	-
G9421 Lung cx bx rpt no doc class	X	-
G9422 Rpt doc class histo type	X	-
G9423 Med reas rpt no histo type	X	-
G9424 Site no lung or lung cx	X	-
G9425 Spec rpt no doc class histo	X	-
G9426 Impr med time edarr pain med	X	-
G9427 No impro med time pain med	X	-
G9428 Rpt pt cat and pt1	X	-
G9429 Doc med reas no pt cat	X	-
G9430 Spec site no cutaneous	X	-
G9431 No pt cat and pt1	X	-
G9432 Asth controlled	X	-
G9434 Asth not controlled	X	-
G9451 1x scrn hcv infect	X	-
G9452 Doc med reas no scrn hcv	X	-
G9453 Pt reas no hcv infect	X	_
G9454 No hcv infect srn	X	-
G9455 Abd imag w/us, ct or mri	X	-
G9456 Doc med pt reas no hcc scrn	X	_
G9457 No abd imag w/o reason	X	-
G9468 No recd cortico>=10mg/d >60d	X	-
G9470 No rec cortico>60d 1rx 600mg	X	-
G9471 W/in 2yr dxa not order	X	-
39471 Will 2y dxa for order  39473 Services performed by chaplain in the hospice setting, each 15 minutes	X	<u> </u>
39474 Services performed by chaptain in the hospice setting, each 15 minutes	X	<u> </u>

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G9475 Services performed by other counselor in the hospice setting, each 15 minutes	Х	_
39476 Services performed by other counselor in the hospice setting, each 15 minutes	X	_
39476 Services performed by volunteer in the hospice setting, each 15 minutes  39477 Services performed by care coordinator in the hospice setting, each 15 minutes	X	<u>-</u>
39477 Services performed by care coordinator in the hospice setting, each 15 minutes  Services performed by other qualified therapist in the hospice setting, each 15 minutes	X	<u>-</u>
G9479 Services performed by qualified pharmacist in the hospice setting, each 15 minutes	X	
99480 Admission to medicare care choice model program (mccm)	X	
99481 Remote e/m new pt 10mins	X	
99482 Remote e/m new pt 10mins	X	
99483 Remote e/m new pt 30mins	X	
69484 Remote e/m new pt 45mins	X	<u>-</u>
99485 Remote e/m new pt 60mins	X	<u>-</u>
	X	-
69486 Remote e/m est. pt 10mins	X	<u>-</u>
S9487 Remote e/m est. pt 15mins Remote e/m est. pt 25mins	X	-
		-
89489 Remote e/m est. pt 40mins	X	-
99490 Joint replac mod home visit	X	-
S9497   Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery		-
99498 Antibiotic regimen prescribed	Х	-
Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using	X	-
fluoroscopy, documented		
Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for	X	-
procedure using fluoroscopy, reason not given		
9502 Med reas no perf foot exam	X	-
9504 Doc reas no hbv status	X	-
Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	X	-
Biologic immune response modifier prescribed	X	-
9507 Doc reas on statin or contra	X	-
Documentation that the patient is not on a statin medication	X	-
Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	X	-
S9510 Remis12m not phq-9 score <5	X	-
9511 Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	Х	-
9512 Individual had a pdc of 0.8 or greater	X	-
9513 Individual did not have a pdc of 0.8 or greater	X	-
Patient required a return to the operating room within 90 days of surgery	Х	-
Patient did not require a return to the operating room within 90 days of surgery	Х	-
S9516 Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	X	-
G9517 Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason	Х	_
not given		
99518 Documentation of active injection drug use	X	-

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	te that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, c
G9519 Final re	ef +/- 1.0 w/in 90d	Х	-
9520 Refract	t not +/- 1.0 w/in 90d	Х	-
G9521 Total nu	number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	Х	-
	number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 s or patient not screened, reason not given	Х	-
9529 Patient	t with minor blunt head trauma had an appropriate indication(s) for a head ct	Х	-
	t presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for a by an emergency care provider	Х	-
9531 Pt doc		Х	-
	t with minor blunt head trauma did not have an appropriate indication(s) for a head ct	Х	-
G9537 Docum	nentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical ther clinician ordered the study)	Х	-
	for potential removal at time of placement	Х	-
	t alive 3 months post procedure	Х	-
	emoved within 3 months of placement	Х	-
	nented re-assessment for the appropriateness of filter removal within 3 months of placement	Х	-
39543 Docum	nentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness removal within 3 months of placement	Х	-
	remov w/in 3mos plcm	Х	-
39547 Cys ren		X	-
	rec image study	X	-
	ed rsn for f/u imag	X	-
9550 Imag re		X	-
39551 Imag no		X	-
	ntal thyroid nodule < 1.0 cm noted in report	X	-
	nyroid disease diagnosis	X	-
	eports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	X	-
	ed reas no follow imag	Х	-
	eports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	Х	-
G9557 Final re	eports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted	Х	-
9580 Door to	puncture time of less than 2 hours	Х	-
	p puncture time of greater than 2 hours, no reason given	X	-
	ric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	X	-
39594 Patient	t presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for a by an emergency care provider	X	-
39595 Doc shi		Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Hd inj >24h/gcs >15/no res	Х	-
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	Х	-
39598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-
9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-
9603	Patient survey score improved from baseline following treatment	Х	-
9604	Patient survey results not available	Х	-
9605	Patient survey score did not improve from baseline following treatment	Χ	-
39606	Intraoperative cystoscopy performed to evaluate for lower tract injury	Х	-
39607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	Х	-
9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	Х	-
9609	Documentation of an order for anti-platelet agents or p2y12 antagonists	Х	-
	Doc md rsn no antipla/p2y12	Χ	-
9611	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	Х	-
	Photodocumentation of one or more cecal landmarks to establish a complete examination	Х	-
39613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	Χ	-
9614	No photodocumentation of cecal landmarks to establish a complete examination	Х	-
39618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	Х	-
39620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	Х	-
39621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	Х	-
9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Х	-
9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	Х	-
9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	Х	-
9625	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-
	Pt not elig	Х	-
	Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-
	Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-
	Pt not elig	Х	-
	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-
	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	Х	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
9632 Pt not elig	X	-
Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
9637 Doc >1 dose reduc tech	X	-
9638 No doc >1 dose reduc tech	X	-
9642 Current cigarette smokers	X	-
9643 Elective surgery	X	-
9644 Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	X	-
9645 Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	X	-
9646 Patients with 90 day mrs score of 0 to 2	Х	-
99648 Patients with 90 day mrs score greater than 2	X	-
9649 Psori tool doc w/benchmk	X	-
9651 Psori tool doc/no bnchmk met	X	-
9654 Monitored anesthesia care (mac)	X	-
9655 A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	X	-
9656 Patient transferred directly from anesthetizing location to pacu	Х	-
9658 A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	Х	-
69659 >85y no hx colo ca/rsn scope	Х	-
9660 Doc med rsn scope pt >85y	X	-
9661 >85y scope othr rsn	X	-
9662 Previously diagnosed or have an active diagnosis of clinical ascvd	Х	-
9663 Fast/dir ldl <= 190 mg/dl	X	-
9664 Patients who are currently statin therapy users or received an order (prescription) for statin therapy	X	-
9665 Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	X	-
The highest fasting or direct Idl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	Х	-
9674 Patients with clinical ascvd diagnosis	Х	-
9675 Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	Х	-
9676 40-75y w/type 1/2 w/ldl-c rs	Х	-
9679 Acute care pneumonia	Х	-
9680 Acute care congestive heart	Х	-
9681 Acute care chronic obstruct	Х	-
9682 Acute care skin infection	X	-
9683 Acute care fluid or electrol	X	-
9684 Acute care urinary tract inf	X	-
9685 Acute nursing facility care	X	-
19687 Hospice anytime msmt per	X	-
9688 Pt w/hosp anytime msmt per	X	-
9689 Inpt elect carotid intervent	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.	l v I	
9690 Pt rec hospice dur msmt per	X	-
9691 Pt hosp dur msmt period	X	-
9692 Hosp recd by pt dur msmt per	X	-
9693 Pt use hosp during msmt per	X	-
9694 Hosp srv used pt in msmt per	X	-
9695 Long act inhal bronchdil pre	X	-
9696 Med rsn no presc bronchdil	X	-
9697 Pt rsn no presc bronchdil	X	-
9698 Sys rsn no presc bronchdil	X	-
9699 Long inhal bronchdil no pres	X	-
9700 Pt is w/hosp during msmt per	X	-
9702 Pt use hosp during msmt per	X	-
9703 Child anbx 30 prior dx phary	X	-
9704 Ajcc br ca stg i: t1 mic/t1a	X	-
9705 Ajcc br ca stg ib	X	-
9706 Low recur prost ca	X	-
9708 Bilat mast/hx bi /unilat mas	X	-
9709 Hosp srv used pt in msmt per	X	-
9710 Pt prov hosp srv msmt per	X	-
9711 Pt hx tot col or colon ca	X	-
9712 Doc med rsn presc anbx	Х	-
9713 Pt use hosp during msmt per	Х	-
9714 Pt is w/hosp during msmt per	Х	-
9715 Pt w/hosp anytime msmt per	Х	-
9716 Bmi not norm, no follow, doc	Х	-
9717 Doc dx depr/dx bipol, no scr	Х	-
9718 Hospice anytime msmt per	Х	-
9719 Pt not ambul/immob/wc	Х	-
9720 Hospice anytime msmt per	Х	-
9721 Pt not ambul/immob/wc	Х	-
9722 Doc hx renal fail or cr+ >4	X	-
9723 Hosp recd by pt dur msmt per	X	-
9724 Pt w/doc use anticoag mst yr	X	-
9725 Pt w/hosp anytime msmt per	X	_
9726 Refused to participate	X	-
9727 Pt unable cmplt knee fs prom	X	-
9728 Refused to participate	X	
9729 Pt unbl cmplt hip fs prom	X	<u> </u>
9730 Refused to participate	X	<del>-</del>

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specialty medications and should be directed to the Pharmacy link option within the website.		
G9731 Pt unbl cmplt ft/ank fs prom	X	-
G9732 Refused to participate	X	-
G9733 Pt unbl cmplt lb fs prom	X	-
G9734 Refused to participate	X	-
G9735 Pt unbl cmplt shid fs prom	X	-
G9736 Refused to participate	X	-
G9737 Pt unbl cmplt ewh fs prom	X	-
G9740 Hosp srv to pt dur msmt per	X	-
G9741 Pt w/hosp anytime msmt per	X	-
G9744 Pt not elig, dx htn	X	-
G9745 Doc rsn no scr high bp	X	-
G9746 Mit sten, valve or trans af	X	-
G9752 Urgent surgery	X	-
G9753 Doc no dicom, ct other fac	X	-
G9754 Incid pulm nodule	X	-
G9755 Doc med rsn for imaging	Х	-
G9756 Surg proc w/silicone oil	Х	-
G9757 Surg proc w/silicone oil	Х	-
G9758 Hospice or term phase	Х	-
G9761 Pt w/hosp anytime msmt per	Х	-
G9762 Pt had hpv b/t 9-13 yr	Х	-
G9763 Pt no hpv b/t 9-13 yr	X	-
G9764 Pt tx oral syst/bio med psor	X	-
G9765 Pt decl chan/conind or <6m	X	-
G9766 Cva stroke dx tx transf fac	Х	-
G9767 Hosp new dx cva consid evst	Х	-
G9768 Pt w/hosp anytime msmt per	X	-
G9769 Bn den 2yr/got ost med/ther	Х	-
G9770 Perip nerve block	Х	-
G9771 Anes end, 1 temp >35.5(95.9)	Х	-
G9772 Doc med rsn no temp >= 35.5	Х	-
G9773 No temp >35.5(95.9), anes	X	-
G9774 Pt had hyst	X	-
G9775 Recd 2 anti-emet pre/intraop	X	-
G9776 Doc med rsn no proph antiem	X	-
G9777 Pt no antiemet pre/intraop	X	-
G9778 Pts dx w/pregn	X	-
G9779 Pts breastfeeding	X	-
G9780 Pts dx w/rhabdomyolysis	X	_

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ecialty medications and should be directed to the Pharmacy link option within the website.	Τ	
99781 Doc rsn no statin	X	•
G9782 Hx dx fam/pure hypercholes	X	-
99784 Path/derm 2nd opin bx	X	-
9785 Path report sent	X	-
9786 Path report not sent	X	-
G9787 Pt alive lst day msmt yr	X	-
9788 Most rct bp = 140/90</td <td>X</td> <td>-</td>	X	-
G9789 Record bp ip, er, urg/self	X	-
99790   Most rct bp >/= 140/90	X	-
S9791 Most rct tob stat free	X	-
S9792 Most rct tob stat not free	X	ı
99793 Pt on daily asa/antiplat	X	ı
99794 Doc med rsn no asa/antiplat	X	ı
99795 Pt no daily asa/antiplat	X	ı
99796 Pt not currently on statin	X	-
99797 Pt currently on statin	X	-
99805 Pt w/hosp anytime msmt per	X	-
99806 Pt recd cerv cyto/hpv	X	-
99807 Pt no recd cerv cyto/hpv	X	-
99808 Pt no asthm cont med mst per	X	-
9809 Pt w/hosp anytime msmt per	X	-
99810 Pdc 75% w/asth cont med	X	-
S9811 No pdc 75% w/asth cont med	X	-
99812 Pt died during inpt/30d aft	X	-
9813 Pt not died w/in 30d of proc	X	-
S9818 Doc sex activity	X	-
9819 Pt w/hosp anytime msmt per	X	-
69820 Doc chlam scr test w/follow	X	-
S9821 No doc chlam scr ts w/follow	Х	-
69822 Endo abl proc yr prev ind dt	Х	-
G9823 Endo smpl/hyst bx res doc	X	-
G9824 Endo smpl/hyst bx res no doc	X	-
99830 Her-2 pos	X	-
G9831 Ajcc stg brt ca dx ii or iii	X	_
99832 Brt ca dx i, no t1/t1a/t1b	X	_
G9838 Pt met dis at dx	X	-
G9839 Anti-egfr mon anti ther	X	-
G9840 Kras tst bfr beg anti moab	X	-
G9841 No kras tst bfr beg ant moab	X	_

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflected to the Pharmacy link option within the website.	ect information regarding	immunizations, injectable drugs,
9842 Pt met dis at dx	X	
	X	-
9843 Kras gene mut	X	-
9844 Pt no recd anti-egfr ther		-
9845 Pt recd anti-egfr ther	X	-
9846 Pt died from cancer	X	-
9847 Pt recd chemo last 14d life	X	-
9848 Pt no chemo last 14d life	X	-
9852 Pt died from cancer	X	-
9853   Icu stay last 30d life	X	-
9854 No icu stay last 30d life	X	-
9858 Pt enroll hospice	X	-
9859 Pt died from cancer	X	-
9860 Pt less 3d hospice	X	-
9861 Pt more than 3d hospice	X	-
9862 Doc rsn no 10 yr follow	X	-
9868 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use	X	_
under the next generation aco model, less than 10 minutes	Λ	
9869 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use	X	_
under the next generation aco model, 10-20 minutes	^	<u>-</u>
9870 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use	X	
under the next generation aco model, 20 or more minutes	^	
9873 1 em core session	X	-
9874 4 em core sessions	X	-
9875 9 em core sessions	X	-
9876 2 em core ms mo 7-9 no wl	Х	-
9877 2 em core ms mo 10-12 no wl	X	-
9878 2 em core ms mo 7-9 wl	X	-
9879 2 em core ms mo 10-12 wl	X	-
9880 Em 5 percent wl	X	-
9881 Em 9 percent wl	X	-
9882 2 em ongoing ms mo 13-15 wl	X	_
9883 2 em ongoing ms mo 16-18 wl	Х	-
9884 2 em ongoing ms mo 19-21 wl	X	-
9885 2 em ongoing ms mo 22-24 wl	Х	-
9890 Em bridge payment	Х	-
9891 Em session reporting	Х	-
9894 Adr dep thrpy prescribed	Х	-
9895 Doc med rsn no adr dep thrpy	X	-
9896 Doc pt rsn no adr dep thrpy	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
G9897 Pt nt prsc adr dep thrpy rng	X	-
G9898 Pt 66+ snp or ltc pos	X	-
G9899 Scrn mam perf rslts doc	X	-
G9900 Scrn mam perf rslts not doc	X	-
G9901 Pt 66+ snp or ltc pos	X	<u> </u>
G9902 Pt scrn tbco and id as user	X	-
G9903 Pt scrn tbco id as non user	X	-
G9904 Doc med rsn no tbco scrn	Х	-
G9905 No pt tbco scrn rng	X	-
G9906 Pt recv tbco cess interv	X	-
G9907 Doc med rsn no tbco interv	X	-
G9908 No pt tbco cess interv rng	X	-
G9909 Doc med rsn no tbco interv	X	-
G9910 Pt 66+ snp or ltc pos	X	-
G9911 Node neg pre/post syst ther	X	-
G9912 Hbv status assesed and int	X	-
G9913 No hbv status assesd and int	X	-
99914 Pt receiving anti-tnf agent	X	-
S9915 No documntd hby results rcd	X	-
99916 Funct status past 12 months	X	-
S9917 Adv dem crgvr limited	X	-
99918 No funct stat perf, rsn nos	X	-
S9922 Sfty cncrns scrn nd mit recs	X	-
Safty cncrns scrn and neg	X	-
39925 No scrn prov rsn nos	X	-
S9926 Sfty cncrns scrn but no recs	Х	-
99927 Doc no warf /fda pt trial	Х	-
S9928 No warf or fda drug presc	X	-
99929 Trs/rev af	Х	-
G9930 Com care	Х	-
G9931 No chad or chad scr 0 or 1	Х	-
9932 Doc pt rsn no tb scrn recrds	Х	-
G9938 Pt 66+ snp or ltc pos	X	-
G9939 Same path/derm perf biopsy	X	-
G9940 Doc reas no statin therapy	X	-
G9942 Adtl spine proc on same date	X	-
G9943 Bk pn nt msr vas scl pre/pst	X	-
G9945 Pt w/cancer scoliosis	X	-
G9946 Bk pain no vas	X	_

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9948 Adtl spine proc on same date	X	
19949 Leg pain no vas	X	_
19954 Pt >2 rsk fac post-op vomit	X	_
19955 InhInt anesth only for induc	X	_
19956 Combo thrpy of >= 2 prophly	X	_
9957 Doc med rsn no combo thrpy	X	_
9958 No combo prohpyl thrp for pt	X	_
19959 Systemic antimicro not presc	X	_
9960 Med rsn sys antimi nt rx	X	_
9961 Systemic antimicro presc	X	_
9962 Embolization doc separatly	X	-
9963 Embolization not doc separat	X	_
9964 Pt recv >=1 well-chld visit	X	_
9965 No well-chld vist recv by pt	X	-
19968 Pt refrd 2 pvdr/spclst in pp	X	_
19969 Pvdr rfrd pt rprt rcvd	X	_
9970 Pvdr rfrd pt no rprt rcvd	X	_
9976 Doc pat rsn no mac exm perf	X	_
19977 Dil mac exam no perf rsn nos	X	_
9978 Remote e/m new pt 10 mins	X	_
9979 Remote e/m new pt 20 mins	X	_
9980 Remote e/m new pt 30 mins	X	_
19981 Remote e/m new pt 45 mins	X	_
19982 Remote e/m new pt 60 mins	X	_
19983 Remote e/m est. pt 10 mins	X	_
9984 Remote e/m est. pt 15 mins	X	_
19985 Remote e/m est. pt 25 mins	X	_
19986 Remote e/m est. pt 40 mins	X	_
19987 Bpci advanced in home visit	X	_
19988 Pall serv during meas	X	_
19989 Med rsn no pneum vax	X	_
19992 Pall serv during meas	X	-
19993 Pall serv during meas	X	_
19994 Pall serv during meas	X	_
19995 Pall serv during meas	X	_
19996 Doc pt pal or hospice	X	_
19997 Doc pt preg dur msrmt pd	X	_
19998 Doc med rsn <3 colon	X	_
19999 Doc sys rsn <3 colon	X	_

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H0001 Alcohol and/or drug assess	X	
H0002 Alcohol and/or drug screenin	X	_
H0003 Alcohol and/or drug screenin	X	-
10004 Alcohol and/or drug services	X	_
10005 Alcohol and/or drug services	X	_
10006 Alcohol and/or drug services	X	-
10007 Alcohol and/or drug services	X	-
10008 Alcohol and/or drug services	X	-
10009 Alcohol and/or drug services	X	-
10010 Alcohol and/or drug services	X	-
0011 Alcohol and/or drug services	X	_
0012 Alcohol and/or drug services	X	-
0013 Alcohol and/or drug services	X	-
0014 Alcohol and/or drug services	X	-
0015 Alcohol and/or drug services	X	-
0016 Alcohol and/or drug services	X	_
0017 Alcohol and/or drug services	X	-
0018 Alcohol and/or drug services	Х	-
0019 Alcohol and/or drug services	X	-
0020 Alcohol and/or drug services	X	-
0021 Alcohol and/or drug training	X	-
0022 Alcohol and/or drug interven	X	-
0023 Alcohol and/or drug outreach	X	-
0024 Alcohol and/or drug preventi	X	-
0025 Alcohol and/or drug preventi	X	-
0026 Alcohol and/or drug preventi	X	-
0027 Alcohol and/or drug preventi	X	-
0028 Alcohol and/or drug preventi	X	-
0029 Alcohol and/or drug preventi	X	-
0030 Alcohol and/or drug hotline	X	-
0031 Mental health assessment, by non-physician	X	-
0032 Mental health service plan development by non-physician	X	-
0033 Oral medication administration, direct observation	X	-
0034 Medication training and support, per 15 minutes	X	-
Mental health partial hospitalization, treatment, less than 24 hours	X	-
0036 Community psychiatric supportive treatment, face-to-face, per 15 minutes	X	-
0037 Community psychiatric supportive treatment program, per diem	X	-
0038 Self-help/peer services, per 15 minutes	X	-
0039 Assertive community treatment, face-to-face, per 15 minutes	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
H0040 Assertive community treatment program, per diem	X	-
H0041 Foster care, child, non-therapeutic, per diem	Х	<u> </u>
H0042 Foster care, child, non-therapeutic, per month	X	-
H0043 Supported housing, per diem	X	-
H0044 Supported housing, per month	Х	-
H0045 Respite care services, not in the home, per diem	X	-
H0046 Mental health services, not otherwise specified	X	-
H0047 Alcohol and/or other drug abuse services, not otherwise specified	X	-
H0048 Alcohol and/or other drug testing: collection and handling only, specimensother than blood	X	-
H0049 Alcohol/drug screening	X	-
H0050 Alcohol/drug service 15 min	X	-
H0051 Traditional healing service	X	-
H0052 Missing and murdered indigenous persons (mmip) mental health and clinical care	X	-
H0053 Historical trauma (ht) mental health and clinical care for indigenous persons	X	-
H1000 Prenatal care, at-risk assessment	X	-
H1001 Prenatal care, at-risk enhanced service; antepartum management	X	-
H1002 Prenatal care, at-risk enhanced service; care coordination	X	-
H1003 Prenatal care, at-risk enhanced service; education	X	-
H1004 Prenatal care, at-risk enhanced service; follow-up home visit.	X	-
H1005 Prenatal care, at-risk enhanced service package (includes h1001-h1004)	X	-
H1010 Non-medical family planning education, per session	X	-
H1011 Family assessment by licensed behavioral health professional for state definedpurposes	X	-
12000 Comprehensive multidisciplinary evaluation	X	-
H2001 Rehabilitation program, per 1/2 day	X	-
H2010 Comprehensive medication services, per 15 minutes	X	-
H2011 Crisis intervention service, per 15 minutes	X	-
H2012 Behavioral health day treatment, per hour	X	-
H2013 Psychiatric health facility service, per diem	X	-
12014 Skills training and development, per 15 minutes	X	-
H2015 Comprehensive community support services, per 15 minutes	X	-
H2016 Comprehensive community support services, per diem	Х	-
H2017 Psychosocial rehabilitation services, per 15 minutes	X	-
H2018 Psychosocial rehabilitation services, per diem	X	-
H2019 Therapeutic behavioral services, per 15 minutes	X	-
H2020 Therapeutic behavioral services, per diem	X	_
H2021 Community-based wrap-around services, per 15 minutes	X	-
H2022 Community-based wrap-around services, per diem	X	_
H2023 Supported employment, per 15 minutes	X	
H2024 Supported employment, per 15 minutes	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.	T v 1	
12025 Ongoing support to maintain employment, per 15 minutes	X	-
12026 Ongoing support to maintain employment, per diem	X	-
2027   Psychoeducational service, per 15 minutes	X	-
2028   Sexual offender treatment service, per 15 minutes	X	-
I2029 Sexual offender treatment service, per diem	X	-
2030 Mental health clubhouse services, per 15 minutes	X	-
2031   Mental health clubhouse services, per diem	X	-
2032 Activity therapy, per 15 minutes	X	-
I2033 Multisystemic therapy for juveniles, per 15 minutes	Х	-
I2034 Alcohol and/or drug abuse halfway house services, per diem	X	-
I2035 Alcohol and/or other drug treatment program, per hour	X	-
I2036 Alcohol and/or other drug treatment program, per diem	X	-
I2037 Developmental delay prevention activities, dependent child of client, per 15 minutes	X	-
I2038 Skill train and dev/diem	X	-
I2040 Coordinated specialty care, team-based, for first episode psychosis, per month	Χ	-
2041 Coordinated specialty care, team-based, for first episode psychosis, per encounter	Х	-
0005 Ultralightweight wheelchair	-	X
0010 Stnd wt frame power whichr	-	X
0011 Stnd wt pwr whichr w control	-	X
0012 Ltwt portbl power whichr	-	X
0108 W/c component-accessory nos	-	Х
0553 Ther cgm supply allowance	-	X
0554 Ther cgm receiver/monitor	-	X
0606 Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	-	Х
Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Х	-
0800 Pov group 1 std up to 300 lbs	-	Х
0801 Pov group 1 hd 301-450 lbs	-	Χ
0802 Pov group 1 vhd 451-600 lbs	-	Χ
(0806 Pov group 2 std up to 300lbs	-	Χ
0807 Pov group 2 hd 301-450 lbs	-	X
0808 Pov group 2 vhd 451-600 lbs	-	Х
0812 Power operated vehicle noc	-	Х
0813 Pwc gp 1 std port seat/back	-	X
0814 Pwc gp 1 std port cap chair	-	X
0815 Pwc gp 1 std seat/back	_	X
0816 Pwc gp 1 std cap chair	_	X
0820 Pwc gp 2 std port seat/back	_	X
0821 Pwc gp 2 std port searback		X

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	edications and should be directed to the Pharmacy link option within the website.	1	V
	Pwc gp 2 std seat/back	-	X
	Pwc gp 2 std cap chair	-	X
	Pwc gp 2 hd seat/back	-	X
	Pwc gp 2 hd cap chair	-	X
	Pwc gp2 vhd seat/back	-	X
	Pwc gp 2 vhd cap chair	-	X
	Pwc gp 2 xtra hd seat/back	-	X
	Pwc gp 2 xtra hd cap chair	-	Χ
	Pwc gp2 std seat elevate s/b	-	Χ
	Pwc gp2 std seat elevate cap	-	Χ
(0835	Pwc gp2 std sing pow opt s/b	-	Χ
(0836	Pwc gp2 std sing pow opt cap	-	Χ
(0837	Pwc gp 2 hd sing pow opt s/b	-	Χ
(0838	Pwc gp 2 hd sing pow opt cap	-	Χ
(0839	Pwc gp2 vhd sing pow opt s/b	-	Х
(0840	Pwc gp2 xhd sing pow opt s/b	-	Х
(0841	Pwc gp2 std mult pow opt s/b	-	Χ
	Pwc gp2 std mult pow opt cap	-	X
	Pwc gp2 hd mult pow opt s/b	-	Χ
	Pwc gp 3 std seat/back	-	Χ
	Pwc gp 3 std cap chair	-	Χ
	Pwc gp 3 hd seat/back	-	Χ
	Pwc gp 3 hd cap chair	-	Х
	Pwc gp 3 vhd seat/back	-	Х
	Pwc gp 3 vhd cap chair	-	Х
	Pwc gp 3 xhd seat/back	-	Х
	Pwc gp 3 xhd cap chair	-	Х
	Pwc gp3 std sing pow opt s/b	-	Х
	Pwc gp3 std sing pow opt cap	-	X
	Pwc gp3 hd sing pow opt s/b	_	X
	Pwc gp3 hd sing pow opt cap	_	X
	Pwc gp3 vhd sing pow opt s/b	_	X
	Pwc gp3 std mult pow opt s/b		X
	Pwc gp3 hd mult pow opt s/b	<del> </del>	X
	Pwc gp3 vhd mult pow opt s/b	_	X
	Pwc gp3 xhd mult pow opt s/b Pwc gp3 xhd mult pow opt s/b	+	X
	Pwc gp 4 std seat/back	<del>-</del>	X
	Pwc gp 4 std searback Pwc gp 4 std cap chair		X
	Pwc gp 4 std cap chair Pwc gp 4 hd seat/back		X

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	dications and should be directed to the Pharmacy link option within the website.	1	V
	Pwc gp 4 vhd seat/back	-	X
	Pwc gp4 std sing pow opt s/b	-	X
	Pwc gp4 std sing pow opt cap	-	X
	Pwc gp4 hd sing pow opt s/b	-	X
	Pwc gp4 vhd sing pow opt s/b	-	X
	Pwc gp4 std mult pow opt s/b	-	X
	Pwc gp4 std mult pow opt cap	-	X
	Pwc gp4 hd mult pow s/b	-	Χ
	Pwc gp5 ped sing pow opt s/b	-	Χ
	Pwc gp5 ped mult pow opt s/b	-	X
	Power wheelchair noc	-	X
	Sstm dme other than wheelchr	-	X
	Electronic posa treatment	Χ	-
1002	Ces system w/supplies access	X	-
1003 \	Vhirlpool tub walkin portabl	Χ	-
1004 L	o freg us diathermy device	Χ	-
1005 [	Disp col sto bag breast milk	Х	-
	Bil hkaf pc s/d micro sensor	-	Х
	Speech volume modulation sys	Х	-
	external upper limb tremor stimulator of the peripheral nerves of the wrist	-	Х
	Non-invasive vagus nerve stimulator	-	Х
	Endoskel posit rotat unit	-	X
	Non pneum comp control cal	_	X
	Non pneum compress full arm	_	X
	Mech allergen parti barrier	Х	-
	Oral dev without fix mech	-	X
	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the		Λ
	ongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	X	-
	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	-
	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator,		
		Χ	-
	eplacement only		V
	Non-pneumatic compression controller without calibrated gradient pressure	-	X
	Non-pneumatic sequential compression garment, full leg	-	X
	Non-pneumatic sequential compression garment, half leg	-	X
	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or sleared	Х	
1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Х	-

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	redications and should be directed to the Pharmacy link option within the website.	T V T	
	Docking station for oral dev	Х	-
_0480	Tlso, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, poster	-	X
_0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior exte	-	Х
0484	Tlso, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, poster	-	X
_0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior exte	-	Х
0700	Ctlso a-p-l control molded	-	Х
	Ctlso a-p-I control w/ inter	-	Х
	Halo cervical into jckt vest	-	Х
	Halo cervical into body jack	-	X
	Halo cerv into milwaukee typ	-	Χ
	Addition to halo procedure, magnetic resonance image compatible systems, rings abd pins, any material	-	Χ
	Protective body sock each	Х	-
.0999	Add to spinal orthosis nos	-	X
.1000	Ctlso milwauke initial model	-	Χ
1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	-	X
1200	Furnsh initial orthosis only	-	Χ
	Body jacket mold to patient	-	Χ
	Post-operative body jacket	-	Χ
	Spinal orthosis nos	-	Χ
	Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	-	Х
.1690	Combination bilateral ho	-	Х
	Ko w/adj jt rot cntrl molded	-	Х
	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type,	-	Х
2006	Kaf sng/dbl swg/stn mcpr cus	-	Х
	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation contro	-	X
2036	Kafo plas doub free knee mol	-	Х
	Kafo plas sing free knee mol	-	Х
	Kafo w/o joint multi-axis an	-	Х
	Kafo fem fx cast molded to p	-	Х
	Plastic mold recipro hip & c	-	Х
	Metal frame recipro hip & ca	-	Х

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	edications and should be directed to the Pharmacy link option within the website.		
	Tibial length sock fx or equ	Х	-
	Femoral Igth sock fx or equa	X	-
	Lower extremity orthosis nos	-	X
	Orthopedic ftwear ladies oxf	X	-
	Orthoped ladies shoes dpth i	X	-
3217	Ladies shoes hightop depth i	X	-
3219	Orthopedic mens shoes oxford	X	-
3221	Orthopedic mens shoes dpth i	X	-
3222	Mens shoes hightop depth inl	X	-
3224	Woman's shoe oxford brace	-	Χ
3620	Trans shoe solid stirrup exi	-	Χ
3640	Shoe dennis browne splint bo	-	X
3649	Orthopedic shoe modifica nos	-	X
3901	Hinge ext/flex wrist finger	-	X
3904	Whfo electric custom fitted	-	X
3960	Sewho airplan desig abdu pos	-	X
3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr	-	Х
.3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without	-	Х
3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuck	-	Х
3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, include	-	X
3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, cust	-	X
3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	X
3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, t	-	Х
3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	Х
3999	Upper limb orthosis nos	-	Х
	Mold socket ank hgt w/ toe f	-	X
	Tibial tubercle hgt w/ toe f	-	Х
	Ank symes mold sckt sach ft	_	X
	Symes met fr leath socket ar	_	X
	Molded socket shin sach foot	_	X
	Plast socket its/thgh lacer	_	X

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pecialty medications and should be directed to the Pharmacy link option within the website.		
_5150 Mold sckt ext knee shin sach	-	X
_5160 Mold socket bent knee shin s	-	X
.5200 Kne sing axis fric shin sach	-	X
.5210 No knee/ankle joints w/ ft b	-	X
5220 No knee joint with artic ali	-	X
.5230 Fem focal defic constant fri	-	X
.5250 Hip canad sing axi cons fric	-	X
.5270 Tilt table locking hip sing	-	Χ
.5280 Hemipelvect canad sing axis	-	Χ
.5301 Below knee, molded socket, shin, sach foot, endoskeletal system	-	Χ
.5312 Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	-	X
5321 Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	-	Х
5331 Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	Х
Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	Х
5500 Init bk ptb plaster direct	-	Х
5505 Init ak ischal plstr direct	-	X
5510 Prep bk ptb plaster molded	_	X
5520 Perp bk ptb thermopls direct	-	X
5530 Prep bk ptb thermopls molded	-	X
5535 Prep bk ptb open end socket	_	X
5540 Prep bk ptb laminated socket	_	X
5560 Prep ak ischial plast molded	_	X
5570 Prep ak ischial direct form		X
5580 Prep ak ischial thermo mold	_	X
5585 Prep ak ischial open end		X
5590 Prep ak ischial laminated	_	X
5595 Hip disartic sach thermopls	_	X
5600 Hip disart sach laminat mold	_	X
5610 Above knee hydracadence	<del> </del>	X
.5611 Ak 4 bar link w/fric swing		X
5613 Ak 4 bar ling w/hydraul swig	-	^ X
5614 4-bar link above knee w/swng		X
.5616 Ak univ multiplex sys frict		
	-	X
L5639 Below knee wood socket	-	X
.5643 Hip flex inner socket ext fr	-	X
.5649   Isch containmt/narrow m-l so	-	X
Ak flex inner socket ext fra	-	X

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ecialty medications and should be directed to the Pharmacy link option within the website.		V
.5673 Addition to lower extremity, below knee/above knee, custom fabricated	-	X
.5679 Addition to lower extremity, below knee/above knee, custom fabricated	-	X
.5681 Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X
.5683 Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X
.5700 Replace socket below knee	-	X
.5701 Replace socket above knee	-	Х
.5702 Replace socket hip	-	X
Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	-	X
.5707 Custm shape cover hip disart	-	Х
5724 Knee-shin exo fluid swing ph	-	X
.5726 Knee-shin ext jnts fld swg e	-	X
.5728 Knee-shin fluid swg & stance	-	X
.5780 Knee-shin pneum/hydra pneum	-	X
Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system	-	X
5782 Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system,	-	X
heavy dut		V
5783 Add low ext mec limb vol sys	-	X
5795 Exoskel hip ultra-light mate	-	X
5814 Endo knee-shin hydral swg ph	-	X
5816 Endo knee-shin polyc mch sta	-	X
.5818 Endo knee-shin frct swg & st	-	X
5822 Endo knee-shin pneum swg frc	-	X
5824 Endo knee-shin fluid swing p	-	Х
5826 Miniature knee joint	-	X
.5828 Endo knee-shin fluid swg/sta	-	X
5830 Endo knee-shin pneum/swg pha	-	X
5840 Multi-axial knee/shin system	-	Χ
5841 Addition endoskletl knee-shi	-	X
5845 Knee-shin sys stance flexion	-	X
5848 Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	X
5856 Elec knee-shin swing/stance	-	X
5857 Elec knee-shin swing only	-	X
Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	-	Х
Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension	-	Х
assist control, includes any type motor(s)		X

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ecialty medications and should be directed to the Pharmacy link option within the website.		V
5960 Endo hip ultra-light materia	-	X
5961 Endo poly hip, pneu/hyd/rot	-	X
5964 Above knee flex cover system	-	X
5966 Hip flexible cover system	-	X
5968 Multiaxial ankle w dorsiflex	-	X
Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes	-	X
5979 Multi-axial ankle/ft prosth	-	Χ
5980 Flex foot system	-	Х
5981 Flex-walk sys low ext prosth	-	Х
5984 Endoskeletal axial rotation	-	Х
5987 Shank ft w vert load pylon	-	Х
5988 Vertical shock reducing pylo	-	Х
5990 Addition to lower extremity prosthesis, user adjustable heel height	-	Х
5991 Addition to lower extremity prostheses, osseointegrated external prosthetic connector	-	X
5999 Lowr extremity prosthes nos	-	Х
6026 Part hand myo exclu term dev	-	X
6050 Wrst mld sck flx hng tri pad	-	X
6055 Wrst mold sock w/exp interfa	-	X
6100 Elb mold sock flex hinge pad	-	X
6110 Elbow mold sock suspension t	-	X
6120 Elbow mold doub splt soc ste	_	X
6130 Elbow stump activated lock h	_	X
6200 Elbow mold outsid lock hinge	_	X
6205 Elbow molded w/ expand inter	_	X
6250 Elbow inter loc elbow forarm	_	X
6300 Shider disart int lock elbow	_	X
6310 Shoulder passive restor comp	_	X
6320 Shoulder passive restor cap	_	X
6350 Thoracic intern lock elbow	_	X
6360 Thoracic passive restor comp	_	X
6370 Thoracic passive restor cap	_	X
6400 Below elbow prosth tiss shap	_	X
6450 Elb disart prosth tiss shap		X
6500 Above elbow prosth tiss shap	_	X
6550 Shidr disar prosth tiss shap		X
6570 Scap thorac prostri tiss shap	-	X
6580 Wrist/elbow bowden cable mol		X
6582 Wrist/elbow bowden cbl dir f	-	^ X

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	Elbow fair lead cable molded	-	X
	Elbow fair lead cable dir fo	-	X
	Shdr fair lead cable molded	-	X
	Shdr fair lead cable direct	-	X
	Addition to upper extremity prosthesis, external powered, additional switch, any type	-	X
	Upper extremity addition, flexion/extension and rotation wrist unit	-	X
	Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered elbow	-	X
-6646	Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us	-	X
6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	-	Χ
	Heavy duty control cable	-	X
	Lockingelbow forearm cntrbal	-	Х
	Elbow socket ins use w/lock	-	Х
	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	-	Х
	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	X
	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	_	X
	Terminal device model #5xa	_	X
6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined	-	X
.6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined	-	Х
.6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	-	Х
6881	Automatic grasp feature, additional to upper limb prosthetic terminal device.	_	Х
	Microprocessor control feature, addition to upper limb prosthesis terminal device	_	X
	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	-	X
6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	-	Х
6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex	-	Х
6890	Production glove	-	Х
	Wrist disarticul switch ctrl	-	Х
	Wrist disart myoelectronic c	_	X
	Below elbow switch control	_	X
	Below elbow myoelectronic ct	_	X
	Elbow disarticulation switch	_	X
	Elbow disart myoelectronic c	_	X
	Above elbow switch control	_	X

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_6955 Above elbow myoelectronic ct	-	X
_6960 Shldr disartic switch contro	-	X
_6965 Shldr disartic myoelectronic	-	X
_6970 Interscapular-thor switch ct	-	X
6975 Interscap-thor myoelectronic	-	X
_7007 Electric hand, switch or myoelectric controlled, adult	-	X
.7008 Electric hand, switch or myoelectric, controlled, pediatric	-	X
.7009 Electric hook, switch or myoelectric controlled, adult	-	X
.7040 Prehensile actuator hosmer s	-	X
.7045 Electron hook child michigan	-	X
.7170 Electronic elbow hosmer swit	-	X
.7180 Electronic elbow utah myoele	-	Χ
.7181 Electronic elbo simultaneous	-	Χ
.7185 Electron elbow adolescent sw	-	Χ
.7186 Electron elbow child switch	-	Χ
.7190 Elbow adolescent myoelectron	-	X
.7191 Elbow child myoelectronic ct	-	Х
.7259 Electronic wrist rotator any	-	Х
.7499 Upper extremity prosthes nos	-	Х
.7600 Prosthetic donning sleeve, any material, each	X	-
.7900 Vacuum erection system	X	-
.7902 Tension ring, for vacuum erection device, any type, replacement only, each	X	-
.8010 Mastectomy sleeve	X	-
.8031 Breast prosthesis, silicone or equal, with integral adhesive	X	-
.8033 Nipple prosthesis custom, ea	X	-
8035 Custom breast prosthesis	X	_
8040 Nasal prosthesis		Х
.8041 Midfacial prosthesis	_	X
8042 Orbital prosthesis	_	X
8043 Upper facial prosthesis		X
.8044   Hemi-facial prosthesis	_	X
8045 Auricular prosthesis		X
8046 Partial facial prosthesis	-	X
.8047 Nasal septal prosthesis		X
.8048 Unspec maxillofacial prosth		^ X
		X
.8049 Repair maxillofacial prosth		
8410 Sheath above knee		X
8465 Shrinker upper limb		X
8499 Unlisted misc prosthetic ser	-	X

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	I	V
8511 Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only	-	X
8512 Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis	-	X
8515 Gel cap app device for trach	-	X
8600 Implant breast silicone/eq	-	X X
8605 Tissue expander implant	-	X
8609 Artificial cornea	-	
8614 Cochlear device/system	-	X
8615 Coch implant headset replace	-	X X
8616 Coch implant microphone repl	-	
8617 Coch implant trans coil repl	-	X
8618 Coch implant tran cable repl	-	X
8619 Cochlear implant, external speech processor and controller, integrated system, replacement	-	X
Repl zinc air battery	-	X
Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	-	Х
Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	-	Х
Cochlear implant, external speech processor, component, replacement	-	X
Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	-	X
Metacarpophalangeal implant	-	X
Metacarpal phalangeal joint replacement, two or more pieces, metal	-	Χ
Metatarsal joint implant	-	X
3658 Interphalangeal joint implnt	-	X
Interphalangeal finger joint replacement, 2 or more pieces, metal	-	X
8670 Vascular graft, synthetic	-	X
Imp neurosti pls gn any type	-	X
1680 Implantable neurostimulator electrode (with any number of contact points), each	X	-
Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	-	Х
Implantable neurostimulator radiofrequency receiver	-	X
Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	-	X
Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladde	-	X
Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Х	-
Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	X	-
1687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	X	-
Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	X	-
External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified	-	Х
690 Auditory osseointegrated device, includes all internal and external components	-	X
Auditory osseointegrated device, external sound processor, replacement	-	Х

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<sup>\*\*</sup>Preauth after 3rd rental month when criteria not met.



odes Description	Not Covered	Preauthorization Require
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in ecialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
.8692 Auditory osseointedgrated device, external sound processor, used without osseiontegration, body worn, includes	.,	
headband	X	-
.8693 Aud osseo dev, abutment	-	Х
.8699 Prosthetic implant nos	-	Х
.8701 Pow ue rom dev ewh uprt cust	-	Х
.8702 Pow ue rom dev ewhf uprt cus	-	Х
8720 External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Х	-
.8721 Receptor sole for use with l8720, replacement, each	Х	-
9900 O&p supply/accessory/service	-	Χ
10001 Advancing cancer care mips value pathways	X	-
10002 Optimal care for kidney health mips value pathways	X	-
10004 Supportive care for neurodegenerative conditions mips value pathways	Χ	-
10005 Promoting wellness mips value pathways	X	-
10010 Enhancing oncology model (eom) monthly enhanced oncology services (meos) payment for eom enhanced services	Х	-
0075 Cellular therapy	Х	-
0076 Prolotherapy	Х	-
0100 Intragastric hypothermia	Х	-
10300 Iv chelationtherapy	Х	-
10301 Fabric wrapping of aneurysm	Х	-
11003 Tb screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease	V	
modifying anti-rheumatic drug therapy for ra	X	-
11004 Doc med rsn no srn tb	Х	-
1005 Tb screening not performed or results not interpreted, reason not given	X	-
1006 Disease activity not assessed, reason not given	Х	-
1007   >=50% of total number of a patient's outpatient ra encounters assessed	X	-
1008   <50% of total number of a patient's outpatient ra encounters assessed	Х	-
11009 Dc eoc doc med rec	Х	-
11010 Dc eoc doc med rec	Х	-
11011 Dc eoc doc med rec	Х	-
I1012 Dc eoc doc med rec	X	-
1013 Dc eoc doc med rec	X	-
11014 Dc epi care doc medrec	Х	-
11016 Female patients unable to bear children	Х	-
11017 Patient admitted to palliative care services	Х	-
11018 Pt dx hst cr pt sk lg cr scr	Х	-
11019 Adl pt mj dep ds rs 12 phq<5	Х	-
11020 Adl pt mj dep ds no rs 12 mo	Х	-

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Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, or
specialty medications and should be directed to the Pharmacy link option within the website.		
M1021 Patient had only urgent care visits during the performance period	X	-
M1027 Imaging of the head (ct or mri) was obtained	X	-
M1028 Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained	Х	-
M1029 Imaging of the head (ct or mri) was not obtained, reason not given	X	-
M1032 Adults currently taking pharmacotherapy for oud	X	-
M1034 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap	x	_
of more than seven days	^	
M1035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous	×	_
treatment	^	_
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	^	-
M1037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	X	-
M1038 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	Х	-
M1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure	Х	-
M1040 Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	Х	-
M1041 Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-
M1043 Fs no odi 9-15mo	Х	-
M1045 Fs oks 9-15mo = 37	Х	-
M1046 Fs oks 9-15mo = 37	Х	-
M1049 Fs wth scr no odi pre and p	Х	-
M1051 Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-
M1052 Lg pn not meas w/ vas 1yr po	Х	-
M1054 Patient had only urgent care visits during the performance period	Х	-
M1055 Aspirin or another antiplatelet therapy used	Х	-
M1056 Presc antico med in pp	Х	-
M1057 Aspirin or another antiplatelet therapy not used, reason not given	Х	-
M1058 Patient was a permanent nursing home resident at any time during the performance period	Х	-
M1059 Patient was in hospice or receiving palliative care at any time during the performance period	Х	-
M1060 Patient died prior to the end of the performance period	Х	-
M1067 Hospice services for patient provided any time during the measurement period	Х	-
M1068 Adults who are not ambulatory	X	-
M1069 Patient screened for future fall risk	X	<u>-</u>
M1070 Patient not screened for future fall risk, reason not given	X	-
M1071 Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	X	-
M1072 Rom rad therapy anal, pc	Х	_
M1073 Rom rad therapy anal, to	X	

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Codes Description	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. According to the services of the services.	dditionally, these coding lists do not reflect information regarding	immunizations, injectable drugs, or
specialty medications and should be directed to the Pharmacy link option within the website.		
M1074 Rom rad therapy bladder, pc	X	<del>-</del>
M1075 Rom rad therapy bladder, to	X	-
M1076 Rom rad ther bone mets, pc	X	-
M1077 Rom rad ther bone mets, to	X	-
M1078 Rom rad ther brain mets, pc	X	-
M1079 Rom rad ther brain mets, to	X	-
M1080 Rom rad therapy breast, pc	X	-
M1081 Rom rad therapy breast, tc	X	-
M1082 Rom rad therapy cervical, pc	X	-
M1083 Rom rad therapy cervical, tc	X	-
M1084 Rom rad therapy cns, pc	X	-
M1085 Rom rad therapy cns, tc	X	-
M1086 Rom rad ther colorectal, pc	X	-
M1087 Rom rad ther colorectal, tc	X	-
M1088 Rom rad ther head/neck, pc	X	-
M1089 Rom rad ther head/neck, tc	X	-
M1094 Rom rad therapy lung, pc	Х	-
M1095 Rom rad therapy lung, to	X	-
M1096 Rom rad therapy lymphoma, pc	X	-
M1097 Rom rad therapy lymphoma, tc	X	-
M1098 Rom rad therapy pancreas, pc	X	_
M1099 Rom rad therapy pancreas, pc	X	•
/1100 Rom rad therapy prostate, pc	X	-
M1101 Rom rad therapy prostate, tc	X	-
M1102 Rom rad therapy gi, pc	X	_
M1103 Rom rad therapy gi, to	X	-
M1104 Rom rad therapy uterus, pc	X	
M1105 Rom rad therapy uterus, to	X	
M1106 Start eoc doc med rec	X	
M1107 Docu dx degen neuro	X	
M1108 Oc ni pt 1-2 vis	X	-
//1109 Oc ni pt dc 1-2 vis	X	
#1110 Oc ni pt selfdc 1-2 vis	X	
	X	
M1111 Start eoc doc med rec		-
M1112 Docu dx degen neuro	X	-
M1113 Oc ni pt 1-2 vis	X	-
M1114 Oc ni pt dc 1-2 vis	X	-
M1115 Oc ni pt selfdc 1-2 vis	X	-
M1116 Start eoc doc med rec	X	-

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odes Description	Not Covered	Preauthorization Required
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle		
ecialty medications and should be directed to the Pharmacy link option within the website.		
11117 Docu dx degen neuro	X	-
11118 Oc ni pt 1-2 vis	X	-
11119 Oc ni pt dc 1-2 vis	X	-
11120 Oc ni pt selfdc 1-2 vis	X	-
11121 Start eoc doc med rec	X	-
11122 Docu dx degen neuro	Х	-
11123 Oc ni pt 1-2 vis	X	-
11124 Oc ni pt dc 1-2 vis	Х	-
11125 Oc ni pt selfdc 1-2 vis	Х	-
11126 Start eoc doc med rec	X	-
11127 Docu dx degen neuro	X	-
11128 Oc ni pt 1-2 vis	X	-
11129 Oc ni pt dc 1-2 vis	X	-
11130 Oc ni pt self dc 1-2 vis	X	-
11131 Docu dx degen neuro	Х	-
11132 Oc ni pt 1-2 vis	X	-
11133 Oc ni pt dc 1-2 vis	Х	-
11134 Oc ni pt self dc 1-2 vis	Х	-
11135 Start eoc doc med rec	Х	-
11141 Fs no oks	Х	-
11142 Emerge cases	Х	-
11143 Ni rehab med chiro	Х	-
11146 Ongoing care not ind	Х	-
11147 Care not poss med rsn	Х	-
11148 Pt self dschg	Х	-
11149 No neck fs prom incap	Х	-
11150 Left ventricular ejection fraction (Ivef) less than or equal to 40% or documentation of moderately or severely depressed	ed X	-
left ventricular systolic function		
11151 Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	X	-
11152 Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	X	-
11153 Patient with diagnosis of osteoporosis on date of encounter	X	-
11156 Patient received active chemotherapy any time during the measurement period	X	-
11157 Patient received bone marrow transplant any time during the measurement period	X	-
11158 Patient had history of immunocompromising conditions prior to or during the measurement period	X	-
11159 Hospice services provided to patient any time during the measurement period	X	-
11160 Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	X	-
Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-

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	Description	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in dications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th		
	birthday	X	-
	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	Х	_
	Patients with dementia any time during the patient's history through the end of the measurement period	X	_
	Patients who use hospice services any time during the measurement period	X	_
	Pathology report for tissue specimens produced from wide local excisions or re-excisions	X	_
	In hospice or using hospice services during the measurement period	X	_
M1168	Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	X	-
И1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	Х	-
<i>I</i> 1170	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-
/11171	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-
	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	Х	-
	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-
<i>I</i> 1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Х	-
<i>I</i> 1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	Х	-
	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Х	-
/11177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	Х	-
/11178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	Х	-
11179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	Х	-
	Patients on immune checkpoint inhibitor therapy	Х	<u> </u>
11181	Grade 2 or above diarrhea and/or grade 2 or above colitis	X	-
11182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	Х	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or		
111100	administered	Х	-
И1184	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,	Х	-
	other medical reasons/contraindication)		
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants		
	prescribed or administered was not performed, reason not given	Х	-
/11186	Patients who have an order for or are receiving hospice or palliative care	Х	-
	Patients with a diagnosis of end stage renal disease (esrd)	Х	-
	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	Х	-
	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-	V	
	creatinine ratio (uacr) performed	X	-
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate	V	
	(egfr) and urine albumin-creatinine ratio (uacr)	X	-
/11191	Hospice services provided to patient any time during the measurement period	Х	-
	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	Х	-
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by	V	
	immunohistochemistry, msi by dna-based testing status, or both	^	-
<i>I</i> 1194	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	X	-
	sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	X X X X X X X X X X X X X X X X X X X	
<i>I</i> 1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by	Y	
	immunohistochemistry, msi by dna-based testing status, or both, reason not given	^	
M1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than	X	_
	or equal to 4	^	
И1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-	X	-
	up visit score		
<i>I</i> 11198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score	Х	_
	or assessment was not completed during the follow-up encounter		
	Patients receiving rrt	X	-
	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	Х	-
И1201	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	Х	-
	hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)		

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Disclaimer Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i preparating within the website.  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)  M1203 Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given  M1204 Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4  M1205 Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score  M1206 Itch severity assessment score was not reduced by at least 2 points from thial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter  M1207 Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  M1208 Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  M1209 At least two orders for high-risk medications from the same drug class, (table 4), not ordered  M1210 A teast two orders for high-risk medications from the same drug class, (table 4), not ordered  M1211 Most recent hemoglobin a1c level > 9.0%  M1212 A teast two orders for high-risk medications from the same drug class, (table 4), not ordered  M1213 No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed  M1214 No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed  M1215 Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry performed with results documented during the encounter  M1216 Documentation of system reason(s) for not	Not Covered	Preauthorization Require
(e.g., patient declined, other patient reasons)  Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given  11204 Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4  11205 Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score up visit score or 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  11207 Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  11208 Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  11209 At least two orders for high-risk medications from the same drug class, (table 4), not ordered  11210 At least two orders for high-risk medications from the same drug class, (table 4), not ordered  11211 Houst recent hemoglobin a1c level > 9.0%  11212 Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)  11213 No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%  11214 Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed  11215 Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., spirometry performed with results documented during the encounter  11218 Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)  11220 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; with outlence of retinopathy  11221 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai)	information regarding in	mmunizations, injectable drugs,
11203   Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	Х	-
Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4  Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score up visit score up visit 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  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  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  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  Itch severity assessment score to the follow-up visit score or assessment was not completed during the follow-up encounter  Itch severity assessment score to the follow-up visit score or ass		
or equal to 4  1205 Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score  1206 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  1207 Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  1208 Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  1209 At least two orders for high-risk medications from the same drug class, (table 4), not ordered  1210 At least two orders for high-risk medications from the same drug class, (table 4), not ordered  1211 Most recent hemoglobin a1c level > 9.0%  1212 Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)  1213 No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%  1214 Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed  1215 Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)  1216 No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed with results documented during the encounter  1217 Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)  1218 Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)  1219 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy  1222 Glaucoma plan of care not documented, reason not otherwise specified  1223 Glaucoma plan	X	-
up visit score  ltch 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  Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  1208 Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  1210 At least two orders for high-risk medications from the same drug class, (table 4), not ordered  1211 Most recent hemoglobin a1c level > 9.0%  1212 Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)  1213 No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%  1214 Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed  1215 Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)  1216 No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed with results documented during the encounter  1217 Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)  1218 Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)  1219 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy  1222 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy  1223 G	X	-
tich 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  Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety  At least two orders for high-risk medications from the same drug class, (table 4), not ordered  At least two orders for high-risk medications from the same drug class, (table 4), not ordered  1210 At least two orders for high-risk medications from the same drug class, (table 4), not ordered  1211 Most recent hemoglobin a1c level > 9.0%  1212 Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)  No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%  1214 Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed  1215 Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)  1216 No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed with results documented during the encounter  1217 Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)  1218 Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)  1220 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; with evidence of retinopathy  1221 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of	Х	-
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1222 Glaucoma plan of care not documented, reason not otherwise specified 1223 Glaucoma plan of care documented 1224 Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	Х	-
Glaucoma plan of care documented Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	Х	
1224 Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	X	
	X	_
1225 Intraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level	X	
1226 lop measurement not documented, reason not otherwise specified	X	
1227 Evidence-based therapy was prescribed	X	
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	

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	ise note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in ations and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
	tient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred		
	hin 1 month of the reactive hcv antibody test to a clinician who treats hcv infection	Χ	-
	tient has a reactive hcv antibody test and does not have a follow up hcv viral test, or patient has a reactive hcv		
	tibody test and has a follow up hcv viral test that detects hcv viremia and is not referred to a clinician who treats hcv		
	ection within 1 month and does not have how treatment initiated within 3 months of the reactive how antibody test,	Χ	-
	ason not given		
	tient receives hcv antibody test with nonreactive result	X	-
	tient receives hcv antibody test with reactive result	X	-
M1233 Pa	tient does not receive hov antibody test or patient does receive hov antibody test but results not documented, reason	Х	
not	t given	^	-
/11234 Pa	tient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia	X	-
M1235 Do	cumentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period	Х	
			-
И1236 Ва	seline mrs > 2	X	-
	tient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and	Х	_
	erpersonal safety (e.g., patient declined or other patient reasons)		
	cumentation that administration of second recombinant zoster vaccine could not occur during the performance		
per	riod due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31)	X	-
M4220 Do	tions did not reason to the question of nations fall heard and understood by this provider and team	X	
	tient did not respond to the question of patient felt heard and understood by this provider and team tient did not respond to the question of patient felt this provider and team put my best interests first when making		-
	commendations about my care	X	-
	tient did not respond to the question of patient felt this provider and team saw me as a person, not just someone		
	h a medical problem	X	-
	tient did not respond to the question of patient felt this provider and team understood what is important to me in my		
life	·	X	-
	tient provided a response other than "completely true" for the question of patient felt heard and understood by this		
	ovider and team	X	-
	tient provided a response other than "completely true" for the question of patient felt this provider and team put my	.,	
	st interests first when making recommendations about my care	Χ	-
	tient provided a response other than "completely true" for the question of patient felt this provider and team saw me	.,	
	a person, not just someone with a medical problem	Χ	-
	tient provided a response other than "completely true" for the question of patient felt this provider and team		
	derstood what is important to me in my life	Χ	-
	tient responded "completely true" for the question of patient felt this provider and team put my best interests first	V	
wh	en making recommendations about my care	Χ	-
И1248 Ра	tient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just	V	
sor	meone with a medical problem	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in		•
	edications and should be directed to the Pharmacy link option within the website.	normation regarding	, minumizationo, mjootable arago, or
M1249	Patient responded "completely true" for the question of patient felt this provider and team understood what is important	V	
	to me in my life	Χ	-
M1250	Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team	Х	
		^	<del>-</del>
M1251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)	Х	<u>-</u>
M1252	Patients who did not complete at least one of the four patient experience hu survey items and return the hu survey		
WITZOZ	within 60 days of the ambulatory palliative care visit	Χ	-
M1253	Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory		
	palliative care provider in the last 60 days (disavowal)	Х	-
M1254	Patients who were deceased when the hu survey reached them	Х	-
	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	X	-
	prenatal services elsewhere)		
M1256	Prior history of known cvd	Х	-
	Cvd risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not		
	otherwise specified	Х	-
M1258	Cvd risk assessment performed, have a documented calculated risk score	Х	-
	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year	V	
	following initiation of dialysis	Х	<del>-</del>
M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor	V	
	transplant within the first year following initiation of dialysis	Х	<del>-</del>
M1261	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	Х	-
M1262	Patients who had a transplant prior to initiation of dialysis	X	-
M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	X	-
M1265	Cms medical evidence form 2728 for dialysis patients: initial form completed	Х	-
	Patients admitted to a skilled nursing facility (snf)	X	-
M1267	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-	Х	
	pancreas transplant waitlist as of the last day of each month during the measurement period	Χ	-
M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during	V	
	the measurement period	Χ	<del>-</del>
M1269	Receiving esrd mcp dialysis services by the provider on the last day of the reporting month	X	-
	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the		
	measurement period	Χ	-
M1271	Patients with dementia at any time prior to or during the month	Х	-
	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement		
	period	Χ	-
M1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms-		
	2728 form	Х	-

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	atients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that		
	onth	X	-
	atients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period		
	9 F	X	-
1276 Br	mi documented outside normal parameters, no follow-up plan documented, no reason given	Х	-
	plorectal cancer screening results documented and reviewed	X	•
11278 El	evated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	X	•
11279 El	evated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-
	omen who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence	Х	_
	a right and a left unilateral mastectomy		
	ood pressure reading not documented, reason not given	X	-
	atient screened for tobacco use and identified as a tobacco non-user	X	-
	atient screened for tobacco use and identified as a tobacco user	X	-
	atients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34,	Х	_
	I, or 56 for more than 90 consecutive days during the measurement period	^	_
	creening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented	Х	_
	nd reviewed, reason not otherwise specified	^	_
11286 Br	mi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical	Х	_
	ason		
	ni is documented below normal parameters and a follow-up plan is documented	X	-
	ocumented reason for not screening or recommending a follow-up for high blood pressure	X	-
	atient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in	X	_
	e six months prior to the measurement period (counseling and/or pharmacotherapy)		
	atient not eligible due to active diagnosis of hypertension	X	-
	atients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a		
dis	spensed medication for dementia during the measurement period or the year prior to the measurement period	X	-
1292 Pa	atients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and		
	ther one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or	V	
	onacute inpatient encounters on different dates of service with an advanced illness diagnosis during the	X	-
	easurement period or the year prior to the measurement period		
	mi is documented above normal parameters and a follow-up plan is documented	Х	-
	ormal blood pressure reading documented, follow-up not required	Х	-
	atients with a diagnosis or past history of total colectomy or colorectal cancer	Х	-
	mi is documented within normal parameters and no follow-up plan is required	Х	-
	mi not documented due to medical reason or patient refusal of height or weight measurement	Х	-
11298 Do	ocumentation of patient pregnancy anytime during the measurement period prior to and including the current	X	-
	ncounter  r a certain number of visits. Limits are dependent on plan and/or provider type	<u> </u>	

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isclaimer	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs, o
	edications and should be directed to the Pharmacy link option within the website.		
	Influenza immunization administered or previously received	Х	-
И1300	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	-
/11301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the	Х	
	six months prior to the measurement period (counseling and/or pharmacotherapy)	^	_
/11302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	Х	-
11303	Hospice services provided to patient any time during the measurement period	Х	-
	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-
11305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-
11306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Х	-
	Documentation stating the patient has received or is currently receiving palliative or hospice care	Х	-
	Influenza immunization was not administered, reason not given	Х	-
	Palliative care services provided to patient any time during the measurement period	X	-
	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the		
	six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	X	-
/11311	Anaphylaxis due to the vaccine on or before the date of the encounter	Х	-
11312	Patient not screened for tobacco use	Χ	-
11313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	Х	-
1121/	Bmi not documented and no reason is given	Х	
	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	X	<u> </u>
	Current tobacco non-user	X	<u> </u>
	Patients who are counseled on connection with a csp and explicitly opt out	X	
	Patients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60	^	-
11310	days after screening or documentation that there was no contact with a csp	X	-
11210	Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after		
11319	screening	Х	-
11320	Patients who screened positive for at least 1 of the 5 hrsns	Х	-
	Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a		
521	documented iop or no plan of care documented if the iop was >25 mm hg	X	-
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop)	Х	_
	with tonometry with documented iop =<25 mm hg for injected eye	^	-
/1132 <del>3</del>	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop)	Х	_
	with tonometry with documented iop >25 mm hg and a plan of care was documented	- •	

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Л1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free	Х	
	triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	^	-
/11325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time		
	for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and	V	
	had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment)	Х	-
	Patients with a diagnosis of hypotony	Χ	-
11327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	X	-
11328	Patients with a diagnosis of acute vitreous hemorrhage	Х	-
<b>/</b> 11329	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8 weeks after initial acute pvd encounter	Х	-
11330	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Х	-
<i>I</i> 1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	Х	-
11332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	Х	-
/11333	Acute vitreous hemorrhage	Х	-
	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter	Х	-
11335	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Х	-
11336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	Х	-
11337	Acute pvd	Х	-
	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	Х	-
11339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	Х	-
11340	Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period	Х	-
11341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	Х	-
11342	Patients who died during the performance period	Х	-
	Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam	Х	-
11344	Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score	Х	-
11345	Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score	Х	-
	Patients who did not have a net increase in pam score of at least 6 points within a 6 to 12 month period	X	_

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	Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing)	Х	-
	Patients who achieved a net increase in pam score of at least 6-points in a 6 to 12 month period (excellent)	Х	-
	Patients who did not have a net increase in pam score of at least 3 points within 6 to 12 month period	Х	-
	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	Χ	-
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with		
	the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	Х	-
M1352	Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	Χ	-
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their	Х	
	clinician (concurrent or within 24 hours) of the index clinical encounter	X	-
M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration		
	with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	Х	-
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Χ	-
M1356	Patients who died during the measurement period	Χ	-
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Х	-
M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days	.,	
	of index assessment	Χ	-
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	Χ	-
M1360	Suicidal ideation and/or behavior symptoms based on the c-ssrs	Χ	-
	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Χ	-
M1362	Patients who died during the measurement period	Χ	-
	Patients who did not have a follow-up assessment within 120 days of the index assessment	Χ	-
M1364	Calculated 10-year ascvd risk score of = 20 percent during the performance period	Х	-
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	Χ	-
	Focusing on women's health mips value pathway	Χ	-
	Quality care for the treatment of ear, nose, and throat disorders mips value pathway	Х	-
M1368	Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway	Х	-
	Quality care in mental health and substance use disorders mips value pathway	Х	-
	Rehabilitative support for musculoskeletal care mips value pathway	Х	-
	Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	Χ	-
	Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	Χ	-
	Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%	Х	-
	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	Х	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i ecialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs,
11375 An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least	Х	
90 days before or after an encounter with an ra diagnosis during the performance period	^	=
11376 An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least	Х	
90 days before or after an encounter with an ra diagnosis during the performance period	^	-
11377 Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and	X	
communicated with patient	^	-
11378 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	X	-
years, other medical reasons)		
11379 A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	Х	-
11380 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	X	-
"denominator note"		
Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of	V	
subarachnoid hemorrhage) within 5 days of the initial procedure	X	-
1382 Patient encounter during the performance period with place of service code 11	Х	-
1383 Acute pvd	Х	-
11384 Patients who died during the performance period	Х	-
11385 Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four	V	
months between baseline pam assessment and follow-up	X	-
11386 Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of	V	
0, i, or ii at the start of the performance period	X	-
11387 Patients who died during the performance period	Х	-
1388 Patients with documentation of an exam performed for recurrence of melanoma	Х	-
1389 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	X	-
least one method must be documented)		
11390 Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the	V	
performance period	X	-
11391 All patients who were diagnosed with recurrent melanoma during the current performance period	Х	-
11392 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	X	-
least one method must be documented)		
1393 Patients who were not diagnosed with recurrent melanoma during the current performance period	Х	-
11394 Stages i-iii breast cancer	Х	-
11395 Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-
11396 Patients on a therapeutic clinical trial	X	-
11397 Patients with recurrence/disease progression	X	-
11398 Patients with baseline and follow-up promis surveys documented in the medical record	X	_

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	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, o
-	cations and should be directed to the Pharmacy link option within the website.		
	atients who leave the practice during the follow-up period	X	-
	atients who died during the follow-up period	Х	-
	tages i-iii breast cancer	X	-
	atients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-
	atients with baseline and follow-up promis surveys documented in the medical record	X	-
	atients on a therapeutic clinical trial	X	-
	atients with recurrence/disease progression	X	-
/11406 P	atients who leave the practice during the follow-up period	X	-
/11407 P	atients who died during the follow-up period	X	-
	atients who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary eritoneal cancer	Х	-
	atients who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of iagnosis	Х	-
/11410 P	atients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of iagnosis	Х	-
	currently on first-line immune checkpoint inhibitors without chemotherapy	Х	-
M1412 P	atients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or ther targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1 earrangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement	Х	-
	atients who had a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune checkpoint whibitor therapy	Х	-
in	ocumentation of medical reason(s) for not performing the pd-I1 biomarker expression test prior to initiation of first-line nmune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would expandize the patient's health status; other medical reasons/contraindication)	Х	-
	atients who did not have a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune heckpoint inhibitor therapy	Х	-
11416 P	atient received hospice services any time during the performance period	Χ	-
11417 P	atients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	Х	-
	atients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current accination because of a medical contraindication documented by clinician	Х	-
11419 P	atients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current accination	Х	-
	omplete ophthalmologic care mips value pathway	Х	-
	ermatological care mips value pathway	X	_
	astroenterology care mips value pathway	X	_
	optimal care for patients with urologic conditions mips value pathway	X	-
	ulmonology care mips value pathway	X	

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11425 Surgical care mips value pathway	Х	
P9020 Platelet rich plasma, each unit	X	-
P9099 Blood component/product noc	-	X
20479 Power module combo vad, rep	-	^ X
	-	^ X
20480 Driver for use with pneumatic ventricular assist device, replacement only 20481 Microprocessor control unit for use with electric ventricular assist device, replacement only	-	^ X
	-	^
Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	-	X
Monitor/display module for use with electric ventricular assist device, replacement only	-	X
10484 Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Χ
20489 Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	Χ
20495 Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X
00496 Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х
00508 Miscellaneous supply or accessory for use with an implanted ventricular assist device	-	Χ
14047 Cast supplies, short leg splint, pediatric (0-10 years), plaster	-	X
14050 Cast supplies, for unlisted types and materials of casts	-	X
99001 Va chaplain assessment	Х	-
99002 Va chaplain counsel individu	Х	-
99003 Va chaplain counsel group	Х	-
99004 Va whole health partner serv	Х	-
O201 Partial hospitalization services, less than 24 hours, per diem	Х	-
O207 Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	Х	-
0208 Paramedic intercept, hospital-based als service (non-voluntary), non transport	Х	-
0209 Wheelchair van, mileage, per mile	Х	-
0215 Non-emergency transportation; mileage	Х	-
0220 Medical conference by physic	Х	-
Medical conference, 60 min	Х	-
0250 Comprehensive geriatric assessment and treatment planning performed by assessment team	Х	-
Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designa	Х	-
0257 End of life counseling	Х	-
History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro	Х	-
0265 Genetic counseling, under physician supervision, each 15 minutes	Х	-
0270 Physician management f patient home care standard monthly case rate per 30 days	Х	-
0271 Physician management of patient home care hospice monthly case rate per 30 days	Х	-
60272 Physician management of patient home care episodic care monthly case rate per 30 days	X	

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	edications and should be directed to the Pharmacy link option within the website.		
	Physician visit at members home outside of a capitation arrangement	X	-
	Nurse practioner visit at members home outside of a capitation arrangement	X	-
	Medical home program, comprehensive care coordination and planning, initial plan	Х	-
	Medical home program, comprehensive care coordination and planning, maintenance of plan	Х	-
	Colonoscopy consultation performed prior to a screening colonoscopy procedure	X	<del>-</del>
S0302	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva	X	-
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service.)	Х	-
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	Х	-
	Disease management program, initial assessment and initiation of program	Х	-
	Disease management program, followup assessment	Х	-
	Disease management program; per diem	Х	-
	Telephone calls by reg nurse to disease management program member	Х	-
	Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar	Х	-
S0341	Lifestyle modification program for management for coronary artery disease, including all supportive services; second or	Х	-
50342	Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua	Х	-
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails andpreventive maintenance in specific medical	X	-
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	Х	-
	Global fee for extracorporeal shock wave lithortripsy treatment of kidney stone(s)	X	-
	Disposable contact lens, per lens	X	-
	Single vision prescription lens (safety, athletic, or sunglass), per lens	X	-
	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-
	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-
	Non-prescription lens (safety, athletic, or sunglass), per lens	X	-
	Daily wear specialty contact lens, per lens	X	-
	Color contract lens, per lens	X	_
	Scleral lens, liquid bandage device, per lens	X	_
	Safety eyeglass frames	X	_
	Sunglasses frames	X	_
	Polycarbonate lens (list this code in addition to the basic code for the lens)	X	-
	Nonstandard lens (list this code in addition to the basic code for the lens)	X	-
	Integral lens service, miscellaneous services reported separately	X	<u> </u>
	Comprehensive contact lens evaluation	X	<u>-</u>
		X	-
20293	Dispensing new spectacle lenses for patient supplied frame  Phakic intraocular lens for correction of refractive error	X	-

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30601	Screening proctoscopy	Х	-
	Annual gynecological examina	Х	-
	Annual gynecological examina	Х	-
	Annual gynecological examination; clinical breast examination without pelvic examination	Х	-
	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	Х	-
	Routine ophthalmological exa	Х	-
	Routine ophthalmological exa	Х	-
60622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and managem	Х	-
0630	Removal of sutures	Х	-
	Laser in situ keratomileusis	Х	-
	Photorefractive keratectomy	Х	-
0812	Phototheraputic keratectomy (ptk)	Х	-
	Deluxe item, patient aware (list in addition to code for basic item)	Х	-
	Customized item (list in addition to code for basic item)	Х	-
	Iv tubing extension set	Х	-
	Non-pvc intravenous administ	Х	-
	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	Х	-
1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	Х	-
1034	Art pancreas system	Х	-
	Art pancreas inv disp sensor	Х	-
	Art pancreas ext transmitter	Х	-
	Art pancreas ext receiver	Х	-
	Cranial remodeling orthosis, rigid w/soft interface material	Х	-
	Stent, non-coronary, temporary, with delivery system (propel)	Х	-
	Transplantation of small int	Х	-
	Transplantation of multivisc	Х	-
	Harvesting of donor multivis	Х	-
	Lobar lung transplantation	Х	-
	Donor lobectomy (lung)	Х	-
	Simultaneous pancreas kidney transplantation	Х	-
	Breast reconstruction with gluteal artery perforator (gap) flap, including harvesting of the flap, microvascular transfe	Х	-
2067	Breast reconstruction of a single breast with "stacked" depp inferior epigastric perforator (diep) flap(s) and/or glutea	Х	-
2068	Breast reconstruction with deep inferior epigastric perforator (diep) flap, including microvascular anastomosis and clos	Х	-

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	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser	Х	-
	Laparoscopic esophagomyotomy (heller type)	X	_
	Laser-assisted uvulopalatoplasty (laup)	X	_
	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	X	_
	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	X	-
	Islet cell tissue transplant	X	-
	Adrenal tissue transplant	X	-
	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	X	-
2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Х	-
	Osteotomy, periacetabular, with internal fixation	X	-
	Arthroereisis, subtalar	X	-
	Metal-on-metal total hip resurfacing, including acetabular and femoral components	X	-
	Low density lipoprotein(IdI)	Х	-
	Cord blood harvesting	X	-
	Cord blood-derived stem-cell	Х	-
	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	Х	-
2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement,	Х	-
2202	Echosclerotherapy	Х	-
	Minimally invasive direct co	Х	-
	Minimally invasive direct co	Х	-
	Minimally invasive direct co	Х	-
	Minimally invasive direct co	Х	-
	Minimally invasive direct co	Х	-
	Myringotomy, laser-assisted	X	-
	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Х	-
	Implantation of auditory brain stem implant	X	-
	Induced abortion, 17 to 24 weeks, any surgical method	X	-
2265	Abortion for fetal indication, 25-28 weeks	Х	-
2266	Abortion for fetal indication, 29-31 weeks	Х	-
	Abortion for fetal induction, 32 weeks or greater	Х	-
2300	Arthroscopy, shoulder, surgi	Х	-
	Hip core decompression	Х	-
	Chemodenervation of abductor	Х	-
	Chemodenervation of adductor muscle(s) of vocal cord	Х	-
	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Decompress disc rf lumbar	X	-
	Diskectomy, anterior, with d	X	-
	Diskectomy, anterior, with d	Х	-
	Repair, congenital hernia in the fetus, procedure performed in utero	X	-
	Repair, urinary tract obstruction in the fetus, procedure performed in utero	X	-
	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	X	-
	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	X	-
	Repair, myelomeningocele in the fetus, procedure performed in utero	X	-
	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	X	-
	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	X	-
2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	X	-
\$2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	Х	-
3000	Diabetic indicator; retinal eye exam, dilated, bilateral	Х	-
	Performance measurement, evaluation of patient self assessment, depression	Х	-
	Stat laboratory request (situations other than s3601)	Х	-
	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	Х	-
	Newborn metabolic screening	X	-
	Eosinophil count, blood direct	Х	-
	Hiv-1 antibody testing of or	Х	-
	Saliva test, hormone level;	Х	-
	Saliva test, hormone level;	Х	-
	Antisperm antibodies test (immunobead)	X	-
	Gastrointestinal fat absorpt	X	-
	Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	Х	-
	Genetic testing for amyotrophic lateral sclerosis (als)	X	-
	Dna analysis for germline mutations of the ret proto-oncogene	X	-
	Genetic testing for retinoblastoma	X	-
	Genetic testing for von hippel-lindau disease	X	-
	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	X	-
	Genetic testing for alpha-thalassemia	X	-
	Genetic testing for hemoglobin e beta-thalassemia	X	-
	Genetic testing for niemann-pick disease	X	-
	Genetic testing for sickle cell anemia	X	_
	Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	X	-
	Genetic testing for myotonic muscular dystrophy	X	_
	Gene expression profiling panel for use in the management of breast cancer treatment	X	_
	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrom	X	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Х	-
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mu	Х	-
S3870	Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or mental	Х	-
33900	Surface electromyography (emg)	Х	-
	Ballistocardiogram	X	_
	Masters two step	X	-
	Interim labor facility global (labor occurring but not resulting in delivery)	X	-
	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	X	-
\$4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	X	-
	Complete cycle, zygote intrafallopian transfer (zift), case rate	Х	-
	Complete in vitro fertilization cycle, case rate	Х	-
	Frozen in vitro fertilization cycle, case rate	Х	-
	Incomplete cycle, treatment cancelled prior to stimulation, case rate	Х	_
	Frozen embryo transfer procedure cancelled before transfer, case rate	Х	_
	In vitro fertilization procedure cancelled before aspiration, case rate	X	-
	In vitro fertilization procedure cancellation after aspiration, case rate	X	-
	Assisted oocyte fertilization, case rate	X	_
	Donor egg cycle, incomplete, case rate	X	-
	Donor services for in vitro fertilization (sperm or embryo), case rate	X	-
	Procurement of donor sperm from sperm bank	X	-
	Storage of previously frozen embryos	X	-
	Microsurgical epididymal sperm aspiration (mesa)	X	_
	Sperm procurement and cryopreservation services; initial visit	X	_
	Sperm procurement and cryopreservation services; subsequent visit	X	_
	Stimulated intrauterine insemination (iui), case rate	X	_
	Cryopreserved embryo transfer, case rate	X	_
	Monitoring and storage of cryopreserved embryos, per 30 days	X	_
	Ovulation mgmt per cycle	X	_
	Insertion of levonorgestrel-releasing intrauterine system	X	_
	Penile contractur devic manu	X	
	Contraceptive intrauterine device (e.g., progestacert iud), including implants and supplies	X	
	Nicotine patches, legend	X	<u> </u>
	Nicotine patches, non-legend	X	<u>-</u>
	Contraceptive pills for birth control	X	-
	Smoking cessation gum	X	-
ひととせ	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	X	<del>-</del>

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cialty medications and should be directed to the Pharmacy link option within the website.	V	
5036 Home infusion therapy, repair of infusion device (e.g., pump repair)	X	-
5100 Day care services, adult, per 15 minutes	X	-
5101 Day care services, adult, per half day	X	-
5102 Day care services, adult, per diem	X	-
Day care services, center based, not incl in program fee, per diem	X	-
Home care training to home care client, per 15 minutes	X	-
Home care training to home care client, per 15 minutes per session	X	-
5110 Home care training, family, per 15 minutes	X	-
Home care training, family, per session	X	-
Home care training, non-family, per 15 minutes	X	-
Home care training, non-family, per session	X	-
5120 Chore services, per 15 minutes	X	-
5121 Home care training, family, per diem	X	-
5125 Attendant care services, per 15 minutes	X	-
5126 Attendant care services, per diem	X	-
5130 Homemaker service, nos, per 15 minutes	X	-
5131 Homemaker services, nos, per diem	X	-
5135 Companion care, adult, per 15 minutes	X	-
5136 Companion care, adult, per diem	X	-
5140 Foster care, adult, per diem	X	-
5141 Foster care, adult, per month	X	-
5145 Foster care, therapeutic, child, per diem	X	-
5146 Foster care, therapeutic, child, per month	X	-
5150 Unskilled respite care, not hospice, per 15 minutes	Х	-
5151 Unskilled respite care, not hospice, per diem	Х	-
5160 Emergency response system, installation and testing	X	-
5161 Emergency response system, service fee per month	X	-
5162 Emergency response system, purchase only	Х	-
5165 Home modifications, per service	X	-
5170 Home delivered meals, including preparation, per meal	X	-
5175 Laundry service, external, professional, per order	X	-
5180 Home health respiratory therapy, initial evaluation	X	-
5181 Home health respiratory therapy, nos, per diem	X	_
Medication reminder services, no face to face, per month	X	_
5190 Wellness assessment, performed by non-physician	X	_
5199 Personal care item, nos, each	X	
5550 Insulin, rapid onset, 5 units	X	<u> </u>
5551 Insulin, most rapid onset (lispro or aspart); 5 units	X	<u> </u>
5552 Insulin, most rapid onset (rispro or aspart), 5 units	X	-

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•	V	
S5553 Insulin, long acting; 5 units	X	-
S5560 Insulin delivery device, reusable pen; 1.5 ml size		-
S5561 Insulin delivery device, reusable pen; 3 ml size	X	-
S5565 Insulin cartridge for use in insulin delivery device other than pump; 150 units	X	-
S5566 Insulin cartridge for use in insulin delivery device other than pump; 300 units	X	-
S5570 Insulin delivery device, disposable pen (including insulin); 1.5 ml size	X	-
Insulin delivery device, disposable pen (including insulin); 3 ml size	X	-
S8030 Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	X	-
Magnetic source imaging	X	-
Magnetic resonance cholangiopancreatography (mrcp)	X	-
S8040 Topographic brain mapping	X	-
Magnetic resonance imaging (mri), low-field	X	-
Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used with the physician	Х	_
doing		
S8080 Scintimammography	Х	-
S8085 Fluorine-18 fluorodeoxygluco	X	-
S8092 Electron beam computed tomog	X	-
S8096 Portable peak flow meter	X	-
Asthma kit (including but not limited to portable peak expiratory flow meter, instructional vide, brochure, and/or space	X	-
88100 Holding chamber or spacer for use with an inhaler or nebulizer; without mask	X	-
S8101 Holding chamber or spacer for use with an inhaler or nebulizer; with mask	Х	-
S8110 Peak expiratory flow rate (p	Х	-
S8120 Oxygen contents, gaseous, 1 unit equals 1 cubic foot	Х	-
S8121 Oxygen contents, liquid, 1 unit equals 1 pound	Х	-
8130 Interferential current stimulator, 2 channel	Х	-
S8131 Interferential current stimulator, 4 channel	Х	-
S8185 Flutter device	Х	-
S8186 Swivel adaptor	Х	-
8189 Tracheotomy supply, not otherwise classified	Х	-
S8210 Mucus trap	Х	-
88265 Haberman feeder for cleft lip/palate	Х	-
88270 Enuresis alarm, using auditory buzzer and/or vibration device	X	-
8301 Infect control supplies nos	X	-
88415 Supplies for home delivery of infant	X	-
S8420 Gradient pressure aid (sleeve and glove combination), custom made	X	_
S8421 Gradient pressure aid (sleeve and glove combination), ready made	X	_
88422 Gradient pressure aid (sleeve), custom made, medium weight	X	-
88423 Gradient pressure aid (sleeve), custom made, heavy weight	X	_

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bisclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	t information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
S8424 Gradient pressure aid (sleeve), ready made	X	-
S8425 Gradient pressure aid (glove), custom made, medium weight	X	-
S8426 Gradient pressure aid (glove), custom made, heavy weight	X	-
S8427 Gradient pressure aid (glove), ready made	X	-
S8428 Gradient pressure aid (gauntlet), ready made	X	-
S8429 Gradient pressure exterior wrap	X	-
S8430 Padding for compression bandage, roll	X	-
S8431 Compression bandage, roll	X	-
S8450 Splint, prefabricated, digit (specify digit by use of modifier)	Х	-
S8451 Splint, prefabricated, wrist or ankle	Х	-
S8452 Splint, prefabricated, elbow	Х	-
S8460 Camisole, post-mastectomy	Х	-
S8490 Insulin syringes (100 syringes, any size)	Х	-
S8930 Auricular electrostim	Х	-
S8940 Equestrian/hippotherapy, per session	Х	-
S8948 Application of a modality (requiring constant provider attendance) to one or	Х	-
S8950 Complex lymphedema therapy,	Х	-
88990 Physical or manipulative therapy performed for maintenance rather than restoration	Х	-
S8999 Resuscitation bag	Х	-
S9001 Home uterine monitor with or	Х	-
S9002 Intra-vag motion sens biofk	Х	-
S9007 Ultrafiltration monitor	Х	-
S9024 Paranasal sinus ultrasound	Х	-
S9025 Omnicardiogram/cardiointegra	Х	-
S9034 Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	Х	_
Sposs Procuren or other growth fac	X	-
S9056 Coma stimulation per diem	X	-
S9061 Medical supplies and equipme	X	-
S9083 Global fee urgent care centers	X	-
S9088 Services provided in urgent	X	-
Section of the sectio	X	-
S9097 Home visit for wound care	X	-
Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood draw, supplies a		
Trome viole, priorectionapy convious (e.g., silinto), informating equipment remail, framely convious, stock draw, cupplied a	X	-
S9110 Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and	Х	_
software; maintenance; patient education and support; per	^	<u> </u>
S9117 Back school, per visit	Х	-
S9122 Home health aide or certifie	X	
S9123 Nursing care, in the home; b	Х	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
S9124 Nursing care, in the home; b	X	-
S9125 Respite care, in the home, p	X	-
69126 Hospice care, in the home, p	X	-
S9127 Social work visit, in the ho	X	-
Spinor Speech therapy, in the home,	X	-
S9129 Occupational therapy, in the	X	-
September 2013 Physical therapy, in the home, per diem	X	-
9140 Diabetic management program,	X	-
S9141 Diabetic management program,	X	-
S9145 Insulin pump initiation, instruction in initial use of pump (pump not included)	X	-
9150 Evaluation by ocularist	X	-
S9152 Speech therapy, re-evaluation	X	-
S9208 Home management of preterm labor, (do not use this code with any home infusion per diem code)	X	-
S9209 Home management of preterm premature rupture of membranes (pprom)	X	-
S9211 Home management of gestational hypertension	X	-
S9212 Home management of postpartum hypertension	X	-
S9213 Home management of preeclampsia	X	-
S9214 Home management of gestational diabetes	X	-
S9341 Home therapy; enteral nutrition; via gravity	X	-
69342 Home therapy; enteral nutrition via pump	X	-
9343 Home therapy; enteral nutrition via bolus	Х	-
Segretary of Service to high risk areas requiring escort or extra protection, per visit	X	-
S9401 Anticoagulation clinic, inclusive of all services except laboratory tests, persession	Х	_
9430 Pharmacy compounding and dispensing services	X	_
S9432 Med food non inborn err meta	X	-
Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	X	-
Modified solid food supplements for inborn errors of metabolism	X	-
S9436 Childbirth preparation/lamaze classes, non-physician provider, per session	X	-
S9437 Childbirth refresher classes, non-physician provider, per session	X	_
S9438 Cesarean birth classes, non-physician provider, per session	X	-
S9439 Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	X	-
S9441 Asthma education, non-physician provider, per session	X	_
89442 Birthing classes, non-physician provider, per session	X	-
S9443 Lactation classes, non-physical provider per session	X	
99444 Parenting classes, non-physician provider, per session	X	
Patient education, not otherwise classified, non-physician provider, individual, per session	X	<u> </u>
93445 Patient education, not otherwise classified, non-physician provider, group, per session	X	
19446   Fatient education, not otherwise classified, non-physician provider, group, per session	X	<u> </u>
99447 Initiant safety (including cpr) classes, non-physician provider, per session	X	-

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9451 Exercise classes, non-physician provider, per session	Х	_
9451 Exercise classes, non-physician provider, per session	X	-
9452   Nutrition classes, non-physician provider, per session	X	<u>-</u>
9453 Stress management classes, non-physician provider, per session	X	<u>-</u>
9455 Diabetic management program,	X	<u>-</u>
9460 Diabetic management program,	X	-
9465 Diabetic management program,	X	<u>-</u>
9470 Nutritional counseling, diet	X	-
9470   Nutritional Counseling, diet	X	-
	X	-
9473 Pulmonary rehabilitation pro		-
9474 Enterostomal therapy by a re	X	-
9475 Ambulatory setting substance	X	-
9476 Vestibular rehabilitation program, non-physician provider, per diem		-
9480 Intensive outpatient psychia	X	-
9482 Family stabilization services, per 15 minutes	X	-
9484 Crisis intervention mental health services, per hour	X	-
9485 Crisis intervention mental h	Х	-
Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	Х	-
9563 Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care		
coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Х	-
9900 Services by a journal-listed christian science practitioner for the purpose of healing, per diem	X	-
9901 Christian sci nurse visit	Х	-
9960 Air ambulanc nonemerg fixed	Х	-
9961 Air ambulan nonemerg rotary	Х	-
9970 Health club membership, annual	Х	-
9975 Transplant related lodging, meals and transportation, per diem	Х	-
9976 Lodging, per diem, not otherwise specified	Х	-
9977 Meals, per diem, not otherwise specified	Х	-
9981 Medical records copying fee, administrative	Х	-
9982 Medical records copying fee, per page	Х	-
9986 Not medically necessary service (patient is aware that service not medically necessary)	Х	-
9988 Services provided as part of a phase i clinical trial	Х	-
9989 Services provided outside of the united states of america (list in addition to code(s) for service(s)	Х	-
9990 Services provided as part of	Х	-
9991 Services provided as part of	Х	-
9992 Transportation costs to and	X	-
9994 Lodging costs (e.g. hotel ch	X	-

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	Meals for clinical trial par	X	-
	Sales tax	Χ	-
	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Х	-
	Nursing assessment/evaluation	X	-
	Rn services, up to 15 minutes	X	-
	Lpn/lvn services, up to 15 minutes	X	-
T1004	Services of a qualified nursing aide, up to 15 minutes	Χ	-
Γ1005	Respite care services, up to 15 minutes	Χ	-
Γ1006	Alcohol and/or substance abuse services, family/couple counseling	X	-
Γ1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	X	-
Γ1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	X	-
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Х	-
Γ1012	Alcohol and/or substance abuse services, skills development	Х	-
	Sign language or oral interpreter services	Х	-
	Telehealth transmission, per minute, professional services bill separately	X	-
	Clinic visit/encounter, all-inclusive	X	-
	Case management, each 15 minutes	X	-
	Targeted case management, each 15 minutes	X	-
	School-based individualized education program (iep) services, bundled	X	-
	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	X	-
Γ1020	Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	Х	-
Γ1021	Home health aide or certified nurse assistant, per visit	Х	-
	Contracted home health agency services, all services provided under contract,per day	X	-
	Screening to determine the appropriateness of consideration of an individualfor participation in a specified program, pr	X	-
Г1024	Evaluation and treatment by an integrated, specialty team contracted to providecoordinated care to multiple or severely	Х	-
1025	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-
1026	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-
1027	Family training and counseling for child development, per 15 minutes	Х	-
	Assessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	X	-
1029	Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	Χ	_
	Nursing care, in the home, by registered nurse, per diem	X	

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pecialty medications and should be directed to the Pharmacy link option within the website.		
Γ1031 Nursing care, in the home, by licensed practical nurse, per diem	Х	-
Γ1032 Sv doula brth wrk per 15 min	X	-
「1033 Sv doula brth wrk per diem	X	-
1040 Comm bh clinic svc per diem	X	-
1041 Comm bh clinic svc per month	Х	-
Administration of oral, intramuscular and/or subcutaneous medication by healthcare agency/professional, per visit	Х	-
1503 Administration of medication other than oral and/or injectable by a health care agency professional per visit	Х	-
1505 Elec med comp dev, noc	Х	-
1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	Х	-
2001 Non-emergency transportation; patient attendant/escort	Х	-
2002 Non-emergency transportation; per diem	X	_
2003 Non-emergency transportation; encounter/trip	X	-
2004 Non-emergency transport; commercial carrier, multi-pass	Х	-
2005 Non-emergency transportation; non-ambulatory stretcher van	X	_
2007 Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	X	-
2010 Preadmission screening and resident review (pasrr) level i id screening, per screen	X	-
2011 Preadmission screening and resident review (pasrr) level ii eval, per eval	X	-
2012 Habilitation, educational; waiver, per diem	X	_
2013 Habilitation, educational, waiver; per hour	X	-
2014 Habilitation, prevocational, waiver; per diem	X	-
2015 Habilitation, prevocational, waiver; per hour	X	_
2016 Habilitation, residential, waiver; per diem	X	_
2017 Habilitation, residential, waiver; 15 minutes	X	_
2018 Habilitation, supported employment, waiver; per diem	X	
2019 Habilitation, supported employment, waiver; per 15 minutes	X	
2020 Day habilitation, waiver; per diem	X	
2021 Day habilitation, waiver; per 15 minutes	X	
2022 Case management, per month	X	
2023 Targeted case management; per month	X	-
2024 Service assessment/plan of care development, waiver	X	
2025 Waiver services; not otherwise specified (nos)	X	<u> </u>
2025 Walver services, not otherwise specified (nos)  2026 Specialized childcare, waiver; per diem	X	<u> </u>
2027 Specialized childcare, waiver, per diem 2027 Specialized childcare, waiver; per 15 minutes	X	<u> </u>
2027   Specialized childcare, waiver, per 15 minutes 2028   Specialized supply, not otherwise specified, waiver	X	-
2026   Specialized supply, not otherwise specified, waiver 2029   Specialized medical equipment, not otherwise specified, waiver	X	<u>-</u>
		-
2030 Assisted living, waiver; per month	X	-
2031 Assisted living; waiver, per diem	۸	<del>-</del>

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specialty medications and should be directed to the Pharmacy link option within the website.		
T2032 Residential care, not otherwise specified (nos), waiver; per month	X	-
T2033 Residential care, not otherwise specified (nos), waiver; per diem	X	-
T2034 Crisis intervention, waiver; per diem	X	-
T2035 Utility services to support medical equipment and assistive technology/devices, waiver	X	-
T2036 Therapeutic camping, overnight, waiver; each session	X	-
T2037 Therapeutic camping, day, waiver; each session	X	-
T2038 Community transition, waiver; per service	X	-
T2039 Vehicle modifications, waiver; per service	X	-
T2040 Financial management, self-directed, waiver; per 15 minutes	X	-
T2041 Supports brokerage, self-directed, waiver; per 15 minutes	X	-
T2042 Hospice routine home care; per diem	X	-
T2043 Hospice continuous home care; per hour	X	-
T2044 Hospice inpatient respite care; per diem	X	-
T2045 Hospice general inpatient care; per diem	X	-
T2046 Hospice long term care, room and board only; per diem	X	-
T2047 Hab prevo waiver per 15	X	-
T2048 Behavioral health; long-term care residential (non-acute care in a residential program, per diem	X	-
T2049 Non-emergency transportation; stretcher van, mileage; per mile	X	-
T2050 Financial mgt waiver/diem	X	-
T2051 Support broker waiver/diem	X	-
T2101 Human breast milk processing, storage and distribution only	X	-
T4521 Adult size brief/diaper sm	Х	-
T4522 Adult size brief/diaper med	X	-
T4523 Adult size brief/diaper lg	X	-
T4524 Adult size brief/diaper xl	X	-
T4525 Adult size pull-on sm	X	-
T4526 Adult size pull-on med	X	-
T4527 Adult size pull-on Ig	X	-
T4528 Adult size pull-on xl	X	-
T4529 Ped size brief/diaper sm/med	X	-
T4530 Ped size brief/diaper lg	Х	-
T4531 Ped size pull-on sm/med	X	-
T4532 Ped size pull-on Ig	X	-
T4533 Youth size brief/diaper	X	-
T4534 Youth size pull-on	X	_
T4535 Disposable liner/shield/pad	X	-
T4536 Reusable pull-on any size	X	_
T4537 Reusable underpad bed size	X	<u> </u>
T4537 Redsable didelpad bed size  T4538 Diaper serv reusable diaper	X	<u> </u>

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	, these coding lists do not reflect information regarding	j immunizations, injectable drugs, o
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4539 Reuse diaper/brief any size	X	-
4540 Reusable underpad chair size	X	-
4541 Large disposable underpad	X	-
4542 Small disposable underpad	X	-
4543 Disposable incontinence product, brief/diaper, bariatric, each	X	-
4544 Adlt disp und/pull on abv xl	X	-
4545 Incontinence product, disposable, penile wrap, each	X	-
5001 Positioning seat for persons with special orthopedic needs, for use in vehicles	X	-
5999 Supply, not otherwise specified	X	-
/2025 Eyeglasses delux frames	X	-
/2199 Lens single vision not oth c	-	X
/2524 Cntct lens hydrophil photoch	X	-
2526 Contact lens, hydrophilic, with blue-violet filter, per lens	X	-
/2599 Contact lens/es other type	-	Χ
/2600 Hand held low vision aids	X	-
/2610 Single lens spectacle mount	X	-
/2615 Telescop/othr compound lens	X	-
/2626 Reduction of eye prosthesis	-	Χ
/2627 Scleral cover shell	-	Х
2702 Deluxe lens feature	X	-
/2755 Uv lens/es	-	X
/2756 Eye glass case	X	-
/2760 Scratch resistant coating	X	-
/2761 Mirror coating, any type, solid, gradient or equal, any lens material, per lens	X	-
/2762 Polarization, any lens material, per lens	X	-
/2781 Progressive lens per lens	X	-
/2786 Specialty occupational multifocal lens, per lens	X	-
/2787 Astigmatism correcting function of intraocular lens	X	-
/2788 Presbyopia correcting function of intraocular lens	X	-
/2799 Miscellaneous vision service	-	Χ
/5008 Hearing screening	X	-
/5010 Assessment for hearing aid	X	-
/5011 Hearing aid fitting/checking	X	-
/5014 Hearing aid repair/modifying	Х	-
/5020 Conformity evaluation	X	-
/5030 Body-worn hearing aid air	X	-
/5040 Body-worn hearing aid bone	Х	-
75050 Hearing aid monaural in ear	X	-
5060 Behind ear hearing aid	X	-

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5070 Glasses air conduction	X	-
5080 Glasses bone conduction	X	-
5090 Hearing aid dispensing fee	X	-
5095 Semi-implantable middle ear hearing prosthesis	X	-
5100 Body-worn bilat hearing aid	X	-
5110 Hearing aid dispensing fee	X	-
5120 Body-worn binaur hearing aid	X	-
5130 In ear binaural hearing aid	X	-
5140 Behind ear binaur hearing ai	X	-
5150 Glasses binaural hearing aid	X	-
5160 Dispensing fee binaural	X	-
5171 Hearing aid, contralateral routing device, monaural, in the ear (ite)	X	-
5172 Hearing aid, contralateral routing device, monaural, in the canal (itc)	X	-
5181 Hearing aid, contralateral routing device, monaural, behind the ear (bte)	X	-
5190 Glasses cros hearing aid	X	-
5200 Cros hearing aid dispens fee	X	-
5211 Hearing aid, contralateral routing system, binaural, ite/ite	X	-
5212 Hearing aid, contralateral routing system, binaural, ite/itc	X	-
5213 Hearing aid, contralateral routing system, binaural, ite/bte	X	-
5214 Hearing aid, contralateral routing system, binaural, itc/itc	X	-
5215 Hearing aid, contralateral routing system, binaural, itc/bte	X	-
5221 Hearing aid, contralateral routing system, binaural, bte/bte	X	-
5230 Glasses bicros hearing aid	X	-
5240 Dispensing fee bicros	X	-
5241 Dispensing fee, monaural healing aid, any type	X	-
5242 Hearing aid, analog, monaural, cic (completely in the ear canal)	X	-
5243 Hearing aid, analog, monaural, itc (in the canal)	X	-
5244 Hearing aid, digitally programmable analog, monaural, cic	X	-
5245 Hearing aid, digitally programmable analog, monaural, itc	X	-
5246 Hearing aid, digitally programmable analog, monaural, ite (in the ear)	X	-
5247 Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	X	-
5248 Hearing aid, analog, binaural, cic	X	-
5249 Hearing aid, analog, binaural, itc	X	-
5250 Hearing aid, digitally programmable analog, binaural, cic	X	-
5251 Hearing aid, digitally programmable analog, binaural, itc	X	-
5252 Hearing aid, digitally programmable binaural, ite	X	<u>-</u>
5253 Hearing aid, digitally programmable binaural, bte	X	-
5254 Hearing aid, digital, monaural, cic	X	-
5255 Hearing aid, digital, monaural, itc	X	-

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5256 Hearing aid, digital, monaural, ite	X	-
5257 Hearing aid, digital, monaural, bte	X	-
5258 Hearing aid, digital, binaural, cic	X	-
5259 Hearing aid, digital, binaural, itc	X	-
5260 Hearing aid, digital, binaural, ite	X	-
5261 Hearing aid, digital, binaural, bte	X	-
5262 Hearing aid, disposable, and type, monaural	X	-
5263 Hearing aid, disposable, and type, binaural	X	-
5264 Ear mold/insert, not disposable, any type	X	-
5265 Ear mold/insert, disposable, any type	X	-
5266 Battery for use in hearing device	X	-
5267 Hearing aid supplies/accessories	X	-
5268 Assistive listening device, telephone amplifier, any type	X	-
5269 Assistive listening device, alerting, any type	X	-
5270 Assistive listening device, television amplifier, any type	X	-
5271 Assistive listening device, television caption decoder	X	-
5272 Assistive listening device, tdd	X	-
5273 Assistive listening device, for use with cochlear implant	Х	-
5274 Assistive listening devise, not otherwise specified	X	-
5275 Ear impression, each	X	-
5281 Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	-
5282 Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	X	-
5283 Assistive listening device, personal fm/dm neck, loop induction receiver	X	-
5284 Assistive listening device, personal fm/dm, ear level receiver	X	-
5285 Assistive listening device, personal fm/dm, direct audio input receiver	X	-
5286 Assistive listening device, personal blue tooth fm/dm receiver	X	-
5287 Assistive listening device, personal fm/dm receiver, not otherwise specified	Х	-
5288 Assistive listening device, personal fm/dm transmitter assistive listening device	Х	-
5289 Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	Х	-
5290 Assistive listening device, transmitter microphone, any type	Х	-
5298 Hearing aid, not otherwise classified	Х	-
5299 Hearing service	-	Х
5336 Repair communication device	Х	-
5362 Speech screening	X	-
5363 Language screening	X	_
5364 Dysphagia screening	X	-

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