Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
01999	Unlisted anesth procedure	-	X
11960	Insert tissue expander(s)	-	X
11970	Replace tissue expander	-	X
11971	Remove tissue expander(s)	-	X
15775	Hair transplant punch grafts	-	X
15776	Hair transplant punch grafts	-	X
15780	Abrasion treatment of skin	-	X
15781	Abrasion treatment of skin	-	X
15782	Abrasion treatment of skin	-	X
15783	Abrasion treatment of skin	-	X
15788	Chemical peel, face, epiderm	-	X
15789	Chemical peel, face, dermal	-	X
15792	Chemical peel, nonfacial	-	X
15793	Chemical peel, nonfacial	-	X
15820	Revision of lower eyelid	-	X
15821	Revision of lower eyelid	-	X
15822	Revision of upper eyelid	-	X
15823	Revision of upper eyelid	-	X
15824	Removal of forehead wrinkles	-	X
15825	Removal of neck wrinkles	-	X
15826	Removal of brow wrinkles	-	X
15828	Removal of face wrinkles	-	X
15829	Removal of skin wrinkles	-	X
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	-	X
15832	Excise excessive skin tissue	-	X
15833	Excise excessive skin tissue	-	X
15834	Excise excessive skin tissue	-	X
15835	Excise excessive skin tissue	-	X
15836	Excise excessive skin tissue	-	X
15837	Excise excessive skin tissue	-	X
15838	Excise excessive skin tissue	-	X
15839	Excise excessive skin tissue	-	X
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	-	X
15876	Suction assisted lipectomy	-	X
15877	Suction assisted lipectomy	-	X
15878	Suction assisted lipectomy	-	X
15879	Suction assisted lipectomy	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
15999	Removal of pressure sore	-	X
17106	Destruction of skin lesions	-	X
17107	Destruction of skin lesions	-	X
17108	Destruction of skin lesions	-	X
17360	Skin peel therapy	-	X
17380	Hair removal by electrolysis	-	X
17999	Skin tissue procedure	-	X
19300	Mastectomy for gynecomastia	-	X
19316	Suspension of breast	-	X
19318	Reduction of large breast	-	X
19325	Enlarge breast with implant	-	X
19328	Removal of breast implant	-	X
19330	Removal of implant material	-	X
19340	Immediate breast prosthesis	-	X
19342	Delayed breast prosthesis	-	X
19350	Nipple/areola reconstruction	-	X
19357	Breast reconstruction	-	X
19361	Breast reconstruction	-	X
19364	Breast reconstruction	-	X
19367	Breast reconstruction	-	X
19368	Breast reconstruction	-	X
19369	Breast reconstruction	-	X
19370	Surgery of breast capsule	-	X
19371	Removal of breast capsule	-	X
19380	Revise breast reconstruction	-	X
19499	Breast surgery procedure	-	X
20560	Ndl insj w/o njx 1 or 2 musc	X	-
20561	Ndl insj w/o njx 3+ musc	X	-
20974	Electrical bone stimulation	-	X
20975	Electrical bone stimulation	-	X
20999	Musculoskeletal surgery	-	X
21031	Remove exostosis, mandible	-	X
21032	Remove exostosis, maxilla	-	X
21076	Prepare face/oral prosthesis	-	X
21077	Prepare face/oral prosthesis	-	X
21081	Prepare face/oral prosthesis	-	X
21082	Prepare face/oral prosthesis	-	X
21083	Prepare face/oral prosthesis	-	X
21084	Prepare face/oral prosthesis	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
21085	Prepare face/oral prosthesis	-	X
21086	Prepare face/oral prosthesis	-	X
21087	Prepare face/oral prosthesis	-	X
21088	Prepare face/oral prosthesis	-	X
21089	Prepare face/oral prosthesis	-	X
21137	Reduction of forehead	-	X
21138	Reduction of forehead	-	X
21139	Reduction of forehead	-	X
21141	Reconstruct midface, lefort	-	X
21142	Reconstruct midface, lefort	-	X
21143	Reconstruct midface, lefort	-	X
21145	Reconstruct midface, lefort	-	X
21146	Reconstruct midface, lefort	-	X
21147	Reconstruct midface, lefort	-	X
21150	Reconstruct midface, lefort	-	X
21151	Reconstruct midface, lefort	-	X
21154	Reconstruct midface, lefort	-	X
21155	Reconstruct midface, lefort	-	X
21159	Reconstruct midface, lefort	-	X
21160	Reconstruct midface, lefort	-	X
21172	Reconstruct orbit/forehead	-	X
21175	Reconstruct orbit/forehead	-	X
21179	Reconstruct entire forehead	-	X
21180	Reconstruct entire forehead	-	X
21181	Contour cranial bone lesion	-	X
21182	Reconstruct cranial bone	-	X
21183	Reconstruct cranial bone	-	X
21184	Reconstruct cranial bone	-	X
21188	Reconstruction of midface	-	X
21193	Reconst lwr jaw w/o graft	-	X
21194	Reconst lwr jaw w/graft	-	X
21195	Reconst lwr jaw w/o fixation	-	X
21196	Reconst lwr jaw w/fixation	-	X
21198	Reconstr lwr jaw segment	-	X
21199	Reconstr lwr jaw w/advance	-	X
21206	Reconstruct upper jaw bone	-	X
21208	Augmentation of facial bones	-	X
21209	Reduction of facial bones	-	X
21210	Face bone graft	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
21215	Lower jaw bone graft	-	X
21244	Reconstruction of lower jaw	-	X
21246	Reconstruction of jaw	-	X
21248	Reconstruction of jaw	-	X
21249	Reconstruction of jaw	-	X
21270	Augmentation, cheek bone	-	X
21299	Cranio/maxillofacial surgery	-	X
21499	Head surgery procedure	-	X
21740	Reconstructive repair of pectus excavatum or carinatum; open	-	X
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), without thoracosco	-	X
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), with thoracoscopy	-	X
21899	Neck/chest surgery procedure	-	X
22103	Remove extra spine segment	-	X
22116	Remove extra spine segment	-	X
22220	Revision of neck spine	-	X
22222	Revision of thorax spine	-	X
22224	Revision of lumbar spine	-	X
22226	Revise, extra spine segment	-	X
22510	Perq cervicothoracic inject	-	X
22511	Perq lumbosacral injection	-	X
22512	Vertebroplasty addl inject	-	X
22513	Perq vertebral augmentation	-	X
22514	Perq vertebral augmentation	-	X
22515	Perq vertebral augmentation	-	X
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	X	-
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo	X	-
22533	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; lumbar	-	X
22548	Neck spine fusion	-	X
22551	Neck spine fuse&remove	-	X
22552	Neck spine fuse&remove addl	-	X
22554	Neck spine fusion	-	X
22556	Thorax spine fusion	-	X
22558	Lumbar spine fusion	-	X
22585	Additional spinal fusion	-	X
22586	Prescrl fuse /w instr l5/1	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
22590	Spine & skull spinal fusion	-	X
22595	Neck spinal fusion	-	X
22600	Neck spine fusion	-	X
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	X
22614	Spine fusion, extra segment	-	X
22630	Lumbar spine fusion	-	X
22632	Spine fusion, extra segment	-	X
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	-	X
22800	Fusion of spine	-	X
22802	Fusion of spine	-	X
22804	Fusion of spine	-	X
22808	Fusion of spine	-	X
22810	Fusion of spine	-	X
22812	Fusion of spine	-	X
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	-	X
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	-	X
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	-	X
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	X
22854	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	X
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	-	X
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	X
22858	Second level cer diskectomy	-	X
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arth	-	X
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (list separately in addition to code for primary procedure)	-	X

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi	-	X
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba	X	-
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	-	X
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	-	X
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sing	-	X
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; seco	-	X
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single	-	X
22870	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	-	X
22999	Abdomen surgery procedure	-	X
23470	Reconstruct shoulder joint	-	X
23472	Reconstruct shoulder joint	-	X
23929	Shoulder surgery procedure	-	X
24999	Upper arm/elbow surgery	-	X
25999	Forearm or wrist surgery	-	X
26989	Hand/finger surgery	-	X
27130	Total hip replacement	-	X
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture p	X	-
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt	X	-
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, u	X	-
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring,	X	-
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	-	X
27279	Arthrodesis sacroiliac joint	-	X
27299	Pelvis/hip joint surgery	-	X
27306	Incision of thigh tendon	-	X
27307	Incision of thigh tendons	-	X
27412	Autologous chondrocyte implantation, knee	-	X
27447	Total knee replacement	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
27599	Leg surgery procedure	-	X
27700	Revision of ankle joint	-	X
27702	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
29999	Unlisted procedure, arthroscopy	-	X
30400	Reconstruction of nose	-	X
30410	Reconstruction of nose	-	X
30420	Reconstruction of nose	-	X
30430	Revision of nose	-	X
30435	Revision of nose	-	X
30450	Revision of nose	-	X
30460	Revision of nose	-	X
30462	Revision of nose	-	X
30465	Repair nasal stenosis	-	X
30520	Repair of nasal septum	-	X
30999	Nasal surgery procedure	-	X
31299	Sinus surgery procedure	-	X
31599	Larynx surgery procedure	-	X
31647	Bronchial valve init insert	-	X
31660	Bronch thermoplsty 1 lobe	-	X
31661	Bronch termoplsty 2/> lobes	-	X
31899	Airways surgical procedure	-	X
32701	Thorax stereo rad target w/tx	-	X
32850	Donor pneumonectomy	-	X
32851	Lung transplant, single	-	X
32852	Lung transplant with bypass	-	X
32853	Lung transplant, double	-	X
32854	Lung transplant with bypass	-	X
32855	Backbench standard preparation of cadaver donor lung allograft; unilateral	-	X
32856	Backbench standard preparation of cadaver donor lung allograft; bilateral	-	X
32999	Chest surgery procedure	-	X
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	-	X

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	-	X
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	-	X
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	-	X
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	-	X
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angio	-	X
33361	Replace aortic valve preq	-	X
33362	Replace aortic valve open	-	X
33363	Replace aortic valve open	-	X
33364	Replace aortic valve open; open iliac artery approach	-	X
33365	Replace aortic valve open;transaortic approach	-	X
33366	Trcath replace aortic valve	-	X
33367	Replace aortic valce w/byp	-	X
33368	Replace aortic valve w/byp	-	X
33369	Replace aortic valve w/byp	-	X
33418	Repair tcat mitral valve	-	X
33419	Repair tcat mitral valve	-	X
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved con	-	X
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	-	X
33927	Implantation of a total replacement heart system (artificial heart) w/recipient cardiectomy	-	X
33928	Removal and replacement of total replacement heart system (artificial heart)	-	X
33929	Removal and replacement heart system (artifical heart) for transp	-	X
33930	Removal of donor heart/lung	-	X
33933	Backbench standard preparation of cadaver donor heart/lung allograft	-	X
33935	Transplantation, heart/lung	-	X
33940	Removal of donor heart	-	X
33944	Backbench standard preparation of cadaver donor heart allograft	-	X
33945	Transplantation of heart	-	X
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	-	X
33999	Cardiac surgery procedure	-	X
36299	Vessel injection procedure	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
36465	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	X
36466	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	-	X
36468	Injection(s), spider veins	X	-
36470	Injection therapy of vein	-	X
36471	Injection therapy of veins	-	X
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	-	X
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a si	-	X
36475	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	X
36476	Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins,same extrem,sep sites	-	X
36478	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	-	X
36479	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	X
36482	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	-	X
36483	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	-	X
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	-	X
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; wo distal embolic protection	X	-
37217	Stent placemt retro carotid	-	X
37218	Stent placemt ante carotid	-	X
37501	Unlisted vascular endoscopy procedure	-	X
37700	Revise leg vein	-	X
37718	Ligation, division, and stripping, short saphenous vein	-	X
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	-	X
37735	Removal of leg veins/lesion	-	X
37760	Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg	-	X
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	-	X
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	-	X
37766	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	-	X
37780	Revision of leg vein	-	X
37785	Revise secondary varicosity	-	X
37799	Vascular surgery procedure	-	X
38129	Laparoscope proc, spleen	-	X
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	-	X
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	X	-
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	X	-
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	X	-
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	X	-
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	X	-
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	X	-
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	X	-
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	X	-
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	X	-
38230	Bone marrow harvesting for transplantation; allogenic	-	X
38232	Bone marrow harvesting for transplantation; autologous	-	X
38240	Bone marrow/stem transplant	-	X
38241	Bone marrow/stem transplant	-	X
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions	-	X
38243	Transplj hematopoietic boost	-	X
38589	Laparoscope proc, lymphatic	-	X
38999	Blood/lymph system procedure	-	X
39499	Chest procedure	-	X
39599	Diaphragm surgery procedure	-	X
40702	Repair cleft lip/nasal	-	X
40799	Lip surgery procedure	-	X
40820	Treatment of mouth lesion	-	X
40899	Mouth surgery procedure	-	X
41599	Tongue and mouth surgery	-	X
41899	Dental surgery procedure	-	X
42299	Palate/uvula surgery	-	X
42699	Salivary surgery procedure	-	X
42999	Throat surgery procedure	-	X
43229	Esophagoscopy lesion ablate	-	X
43250	Upper gi endoscopy/tumor	-	X
43257	Ugi endoscopy; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia	X	-
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	X	-
43285	Removal of esophageal sphincter augmentation device	X	-
43289	Laparoscope proc, esoph	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	X	-
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	-	X
43631	Removal of stomach, partial	-	X
43644	Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)	-	X
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	X
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	-	X
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	-	X
43659	Laparoscope proc, stom	-	X
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneou	-	X
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	-	X
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	-	X
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	-	X
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port component	-	X
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	-	X
43842	Gastroplasty for obesity	X	-
43843	Gastroplasty for obesity	-	X
43845	Gastric revision for obesity	-	X
43846	Gastric bypass for obesity	-	X
43847	Gastric bypass for obesity	-	X
43848	Revision gastroplasty	-	X
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	-	X
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	-	X
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	-	X
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	-	X
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	-	X
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	-	X
43999	Stomach surgery procedure	-	X
44132	Enterectomy, cadaver donor	-	X
44133	Enterectomy, live donor	-	X
44135	Intestine transplnt, cadaver	-	X
44136	Intestine transplant, live	-	X
44137	Removal of transplanted intestinal allograft, complete	-	X
44238	Unlisted laparoscopy procedure, intestine (except rectum)	-	X
44705	Prepare fecal microbiota	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
44715	Backbench standard preparation of cadaver or living donor intestine allograft	-	X
44720	Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	-	X
44721	Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	-	X
44799	Intestine surgery procedure	-	X
44899	Bowel surgery procedure	-	X
44979	Laparoscope proc, app	-	X
45399	Unlisted procedure colon	-	X
45499	Unlisted laparoscopy procedure, rectum	-	X
45999	Rectum surgery procedure	-	X
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	X	-
46999	Anus surgery procedure	-	X
47133	Removal of donor liver	-	X
47135	Transplantation of liver	-	X
47140	Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only	-	X
47141	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy	-	X
47142	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	X
47143	Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	X
47144	Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts	-	X
47145	Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts	-	X
47379	Laparoscope procedure, liver	-	X
47383	Perq abltj lvr cryoablation	-	X
47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous	-	X
47399	Liver surgery procedure	-	X
47579	Laparoscope proc, biliary	-	X
47999	Bile tract surgery procedure	-	X
48160	Pancreas removal/transplant	X	-
48550	Donor pancreatectomy	-	X
48551	Backbench standard preparation of cadaver donor pancreas allograft	-	X
48554	Transpl allograft pancreas	-	X
48556	Removal, allograft pancreas	-	X
48999	Pancreas surgery procedure	-	X
49329	Laparo proc, abdm/per/oment	-	X
49659	Laparo proc, hernia repair	-	X
49999	Abdomen surgery procedure	-	X
50300	Removal of donor kidney	-	X
50320	Removal of donor kidney	-	X
50323	Backbench standard preparation of cadaver donor renal allograft	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	X
50340	Removal of kidney	-	X
50360	Transplantation of kidney	-	X
50365	Transplantation of kidney	-	X
50370	Remove transplanted kidney	-	X
50380	Reimplantation of kidney	-	X
50547	Laparo removal donor kidney	-	X
50549	Laparoscope proc, renal	-	X
50949	Laparoscope proc, ureter	-	X
51925	Hysterectomy/bladder repair	-	X
51999	Unlisted laparoscopy procedure, bladder	-	X
52441	Cystourethro w/implant	-	X
52442	Cystourethro w/addl implant	-	X
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed	-	X
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed	-	X
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	X	-
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	X	-
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	X	-
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	X	-
53899	Urology surgery procedure	-	X
54120	Partial removal of penis	-	X
54125	Removal of penis	-	X
54130	Remove penis & nodes	-	X
54135	Remove penis & nodes	-	X
54400	Insert semi-rigid prosthesis	-	X
54401	Insert self-contd prosthesis	-	X
54405	Insert multi-comp prosthesis	-	X
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	-	X
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	-	X
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
54411	Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig & debridemnt	-	X
54415	Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis	-	X
54416	Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session	-	X
54417	Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridement	-	X
54660	Revision of testis	-	X
54699	Laparoscope proc, testis	-	X
55559	Laparo proc, spermatic cord	-	X
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	-	X
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	-	X
55899	Genital surgery procedure	-	X
55970	Sex transformation, m to f	-	X
55980	Sex transformation, f to m	-	X
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	-	X
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	-	X
58150	Total hysterectomy	-	X
58152	Total hysterectomy	-	X
58180	Partial hysterectomy	-	X
58200	Extensive hysterectomy	-	X
58260	Vaginal hysterectomy, for uterus 250 grams or less;	-	X
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	X
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	-	X
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	-	X
58275	Hysterectomy/revise vagina	-	X
58280	Hysterectomy/revise vagina	-	X
58290	Vaginal hysterectomy, for uterus greater than 250 grams;	-	X
58291	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	-	X
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	-	X
58300	Insert intrauterine device	X	-
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X
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
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	-	X
58552	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
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar	-	X
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	-	X
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	-	X
58573	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	-	X
58579	Hysteroscope procedure	-	X
58679	Laparo proc, oviduct-ovary	-	X
58970	Retrieval of oocyte	-	X
58974	Transfer of embryo	-	X
58976	Transfer of embryo	-	X
58999	Genital surgery procedure	-	X
59812	Treatment of miscarriage	-	X
59820	Care of miscarriage	-	X
59821	Treatment of miscarriage	-	X
59840	Procedure associated with miscarriage or terminated pregnancy	-	X
59841	Procedure associated with miscarriage or terminated pregnancy	-	X
59850	Procedure associated with miscarriage or terminated pregnancy	-	X
59851	Procedure associated with miscarriage or terminated pregnancy	-	X
59852	Procedure associated with miscarriage or terminated pregnancy	-	X
59855	Procedure associated with miscarriage or terminated pregnancy	-	X
59856	Procedure associated with miscarriage or terminated pregnancy	-	X
59857	Procedure associated with miscarriage or terminated pregnancy	-	X
59866	Abortion (mpr)	-	X
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	-	X
59898	Laparo proc, ob care/deliver	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
59899	Maternity care procedure	-	X
60659	Laparo proc, endocrine	-	X
60699	Endocrine surgery procedure	-	X
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	X	-
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat	X	-
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	X	-
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	-	X
61720	Incise skull/brain surgery	-	X
61735	Incise skull/brain surgery	-	X
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	-	X
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	-	X
61760	Implant brain electrodes	-	X
61770	Incise skull for treatment	-	X
61790	Treat trigeminal nerve	-	X
61791	Treat trigeminal tract	-	X
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	X
61797	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
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	X
61800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	X
61867	Burr hole craniotomy with implantation of subcortical electrode array, w intraop microelectrode recording; first array	-	X
61868	Burr hole craniotomy w implantation of subcortical electrode array, w intraop microelectrode recording; ea addl array	-	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)	-	X
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	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	X	-
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	X	-
62292	Injection into disk lesion	-	X
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	-	X
62350	Implant spinal canal cath	-	X
62351	Implant spinal canal cath	-	X
62360	Insert spine infusion device	-	X
62361	Implant spine infusion pump	-	X
62362	Implant spine infusion pump	-	X
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1	-	X
63015	Removal of spinal lamina	-	X
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,	-	X
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,	-	X
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additiona	-	X
63040	Laminotomy, single cervical	-	X
63042	Laminotomy, single lumbar	-	X
63043	Laminotomy, addl cervical	-	X
63044	Laminotomy, addl lumbar	-	X
63050	Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;	-	X
63051	Laminoplasty, cerv, w decompression of spinal cord, 2 or > verteb segments; w reconstruction of posterior bony elements	-	X
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (list separately in addition to code for primary procedure)	-	X
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (list separately in addition to code for primary procedure)	-	X
63055	Decompress spinal cord	-	X
63056	Decompress spinal cord	-	X
63057	Decompress spine cord add-on	-	X
63064	Decompress spinal cord	-	X
63066	Decompress spine cord add-on	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
63075	Neck spine disk surgery	-	X
63076	Neck spine disk surgery	-	X
63077	Spine disk surgery, thorax	-	X
63078	Spine disk surgery, thorax	-	X
63085	Removal of vertebral body	-	X
63086	Remove vertebral body add-on	-	X
63091	Remove vertebral body add-on	-	X
63170	Incise spinal cord tract(s)	-	X
63173	Drainage of spinal cyst	-	X
63250	Revise spinal cord vessels	-	X
63251	Revise spinal cord vessels	-	X
63252	Revise spinal cord vessels	-	X
63265	Excise intraspinal lesion	-	X
63266	Excise intraspinal lesion	-	X
63268	Excise intraspinal lesion	-	X
63270	Excise intraspinal lesion	-	X
63273	Excise intraspinal lesion	-	X
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list sep)	-	X
63301	Removal of vertebral body	-	X
63302	Removal of vertebral body	-	X
63303	Removal of vertebral body	-	X
63305	Removal of vertebral body	-	X
63306	Removal of vertebral body	-	X
63307	Removal of vertebral body	-	X
63308	Remove vertebral body add-on	-	X
63600	Remove spinal cord lesion	-	X
63610	Stimulation of spinal cord	-	X
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	-	X
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat	-	X
63650	Implant neuroelectrodes	-	X
63685	Implant neuroreceiver	-	X
64451	Njx aa&/strd nrv nrvtg si jt	-	X
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	-	X
64463	Paravertebral block (pvb)(paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64505	Injection for nerve block	-	X
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	-	X
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	-	X
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	X
64566	Neuroeltrd stim post tibial	-	X
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	-	X
64568	Inc for vagus n elect impl	-	X
64569	Revise/repl vagus n eltrd	-	X
64570	Remove vagus n eltrd	-	X
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	-	X
64580	Incision for implantation of neurostimulator electrode array; neuromuscular	-	X
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	X
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	X
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	-	X
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	X
64585	Revision or removal of peripheral neurostimulator electrode array	-	X
64590	Implant neuroreceiver	-	X
64595	Revise/remove neuroreceiver	-	X
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	-	X
64624	Dstrj nulyt agt gnclr nrv	-	X
64625	Rf abltj nrv nrvtg si jt	X	-
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	-	X
64630	Injection treatment of nerve	-	X
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint	-	X
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separat	-	X
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	-	X
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately	-	X
64640	Injection treatment of nerve	-	X
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	-	X
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	-	X
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	-	X
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	-	X
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	-	X
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	-	X
64999	Nervous system surgery	-	X
65760	Revision of cornea	X	-
65765	Revision of cornea	X	-
65767	Corneal tissue transplant	X	-
65771	Radial keratotomy	X	-
66985	Insert lens prosthesis	-	X
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	-	X
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
66999	Eye surgery procedure	-	X
67027	Implant eye drug system	-	X
67299	Eye surgery procedure	-	X
67399	Eye muscle surgery procedure	-	X
67599	Orbit surgery procedure	-	X
67900	Repair brow defect	-	X
67901	Repair eyelid defect	-	X
67902	Repair eyelid defect	-	X
67903	Repair eyelid defect	-	X
67904	Repair eyelid defect	-	X
67906	Repair eyelid defect	-	X
67908	Repair eyelid defect	-	X
67909	Revise eyelid defect	-	X
67911	Revise eyelid defect	-	X
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	-	X
67930	Repair eyelid wound	-	X
67973	Reconstruction of eyelid	-	X
67974	Reconstruction of eyelid	-	X
67975	Reconstruction of eyelid	-	X
67999	Revision of eyelid	-	X
68399	Eyelid lining surgery	-	X
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	X	-
68899	Tear duct system surgery	-	X
69090	Pierce earlobes	X	-
69399	Outer ear surgery procedure	-	X
69710	Implant/replace hearing aid	X	-
69711	Remove/repair hearing aid	-	X
69714	Implant temple bone w/stimul	-	X
69715	Temple bne implnt w/stimulat	-	X
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X
69717	Revj/rplcmt oi implt prq esp	-	X
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	-	X
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X
69949	Inner ear surgery procedure	-	X
69979	Temporal bone surgery	-	X
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	-	X
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including	-	X
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	-	X
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	-	X
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	X	-
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	X	-
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	X	-
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	X	-
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	X	-
76140	X-ray consultation	X	-
76390	Mr spectroscopy	X	-
76391	Magnetic resonance (eg, vibration) elastography	-	X
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	-	X
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	-	X
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	-	X
76499	Unlisted diagnostic radiographic procedure	-	X
76948	Echo guide, ova aspiration	-	X
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	-	X
77061	Breast tomosynthesis uni	X	-
77062	Breast tomosynthesis bi	X	-
77299	Radiation therapy planning	-	X
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	X
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	X
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	-	X
77399	External radiation dosimetry	-	X
77432	Stereotactic radiation trmt	-	X
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image	-	X
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting	-	X
77437	Surface radiation therapy; superficial, delivery, =150 kV, per fraction (eg, electronic brachytherapy)		
77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction		
77499	Radiation therapy management	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
77520	Proton trmt, simple w/o comp	-	X
77522	Proton trmt, simple w/comp	-	X
77523	Proton trmt, intermediate	-	X
77525	Proton treatment, complex	-	X
77799	Radium/radioisotope therapy	-	X
78099	Endocrine nuclear procedure	-	X
78199	Blood/lymph nuclear exam	-	X
78299	Gi nuclear procedure	-	X
78350	Bone mineral, single photon	X	-
78351	Bone mineral, dual photon	X	-
78399	Musculoskeletal nuclear exam	-	X
78499	Cardiovascular nuclear exam	-	X
78599	Respiratory nuclear exam	-	X
78608	Brain imaging (pet)	-	X
78609	Brain imaging (pet)	X	-
78699	Nervous system nuclear exam	-	X
78799	Genitourinary nuclear exam	-	X
78811	Tumor imaging, positron emission tomography (pet); limited area (eg, chest, head/neck)	-	X
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	-	X
78999	Nuclear diagnostic exam	-	X
79999	Nuclear medicine therapy	-	X
80050	General health panel	X	-
80299	Quantitative assay, drug	-	X
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	X	-
80327	Anabolic steroids; 1 or 2	X	-
80328	Anabolic steroids; 3 or more	X	-
80329	Analgesics, non-opioid; 1 or 2	X	-
80330	Analgesics, non-opioid; 3-5	X	-
80331	Analgesics, non-opioid; 6 or more	X	-
80332	Antidepressants, serotonergic class; 1 or 2	X	-
80333	Antidepressants, serotonergic class; 3-5	X	-
80334	Antidepressants, serotonergic class; 6 or more	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	X	-
80336	Antidepressants, tricyclic and other cyclicals; 3-5	X	-
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	X	-
80338	Antidepressants, not otherwise specified	X	-
80339	Antiepileptics, not otherwise specified; 1-3	X	-
80340	Antiepileptics, not otherwise specified; 4-6	X	-
80341	Antiepileptics, not otherwise specified; 7 or more	X	-
80342	Antipsychotics, not otherwise specified; 1-3	X	-
80343	Antipsychotics, not otherwise specified; 4-6	X	-
80344	Antipsychotics, not otherwise specified; 7 or more	X	-
80345	Barbiturates	X	-
80346	Benzodiazepines; 1-12	X	-
80347	Benzodiazepines; 13 or more	X	-
80348	Buprenorphine	X	-
80349	Cannabinoids, natural	X	-
80350	Cannabinoids, synthetic; 1-3	X	-
80351	Cannabinoids, synthetic; 4-6	X	-
80352	Cannabinoids, synthetic; 7 or more	X	-
80353	Cocaine	X	-
80354	Fentanyl	X	-
80355	Gabapentin, non-blood	X	-
80356	Heroin metabolite	X	-
80357	Ketamine and norketamine	X	-
80358	Methadone	X	-
80359	Methylenedioxyamphetamines (mda, mdea, mdma)	X	-
80360	Methylphenidate	X	-
80361	Opiates, 1 or more	X	-
80362	Opioids and opiate analogs; 1 or 2	X	-
80363	Opioids and opiate analogs; 3 or 4	X	-
80364	Opioids and opiate analogs; 5 or more	X	-
80365	Oxycodone	X	-
80366	Pregabalin	X	-
80367	Propoxyphene	X	-
80368	Sedative hypnotics (non-benzodiazepines)	X	-
80369	Skeletal muscle relaxants; 1 or 2	X	-
80370	Skeletal muscle relaxants; 3 or more	X	-
80371	Stimulants, synthetic	X	-
80372	Tapentadol	X	-
80373	Tramadol	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
80374	Stereoisomer anal single drug class	X	-
80375	Drug(s) definitive, qual or quant nos 1-3	X	-
80376	Drug(s) definitive, qual or quant unlisted 4-6	X	-
80377	Drug(s) definitive, qual or quant nos 7 or more	X	-
81099	Urinalysis test procedure	-	X
81105	Hpa-1, itgb3, antigen cd61, gene analysis, common variant	X	-
81106	Hpa-2, gp1ba, gplba, gene analysis, common variant	X	-
81107	Hpa-3, itga2b, gplba, gene analysis, common variant	X	-
81108	Hpa-4, itgb3, cd61, gene analysis, common variant	X	-
81109	Hpa-5, itga2, gene analysis, common variant	X	-
81110	Hpa-6, itgb3, cd61, gene analysis, common variant	X	-
81111	Hpa-9, itga2b, gene analysis, common variant	X	-
81112	Hpa-15, cd109, gene analysis, common variant	X	-
81120	Idh1 (isocitrate dehydrogenase 1, soluble) (eg, glioma), common variants	-	X
81121	Idh1 (isocitrate dehydrogenase 1, mitochondrial) (eg, glioma), common variants	-	X
81162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	-	X
81163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X
81164	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de	-	X
81165	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X
81166	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	X
81167	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	X
81168	Ccnd1/igh (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	-	X
81170	Abl1 (abl proto-oncogene 1 non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	-	X
81171	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	X
81172	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	-	X
81173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	-	X
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81175	Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; full gene seq	-	X
81176	Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; targeted seq analy	-	X
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	X
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	-	X
81186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	-	X
81187	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	X
81189	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	-	X
81190	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	X
81191	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	X
81192	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	X
81193	Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	X
81194	Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	X
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	-	X
81200	Aspa (aspartoacylase) (eg, canavan disease) gene analysis, common variants (eg, e285a, y231x)	X	-
81201	Apc gene analysis; full sequence	-	X
81202	Apc gene analysis; known fam variants	-	X
81203	Apc gene anaysis; duplication/deletion variants	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me	-	X
81205	Bckdhb (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, r183p, g278s, e422x)	X	-
81209	Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	-	X
81212	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	-	X
81215	Brca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	X
81216	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X
81217	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	X
81218	Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	X
81219	Calr (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	-	X
81220	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, acmg/acog guidelines)	-	X
81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	-	X
81226	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	-	X
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	-	X
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	X
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosoma	-	X
81230	Cyp3a4, gene analysis, common variant(s)	-	X
81231	Cyp3a5, gene analaysis, common variants	-	X
81232	Dpyd, gene analysis, common variant(s)	-	X
81233	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)	-	X
81234	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X
81235	Egfr gene analysis; common variants	-	X
81236	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	-	X
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	-	X
81238	F9 (coagulation factor ix) (eg, hemophilia b), full gene seq	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81239	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	-	X
81240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	X	-
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	X	-
81242	Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	-	X
81243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	X	-
81244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	X	-
81247	G6pd, gene analysis; common variant(s)	-	X
81248	G6pd, gene analysis; known familial variant(s)	-	X
81249	G6pd, gene analysis; full gene seq	-	X
81250	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x)	-	X
81251	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)	X	-
81252	Gjb2 gene full sequence	-	X
81253	Gjb2 gene known fam variants	-	X
81254	Gjb6 gene com variants	-	X
81255	Hexa (hexosaminidase a [alpha polypeptide]) (eg, tay-sachs disease) gene analysis, common variants (eg, 1278instatc, 1421+1g>c, g269s)	X	-
81256	Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	-	X
81257	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
81258	Hba1/hba2, gene analysis, known familial variant	-	X
81259	Hba1/hba2, gene analysis, full gene seq	-	X
81260	Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg,2507+6	X	-
81261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,	-	X
81262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e	-	X
81263	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	-	X
81264	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	X
81265	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

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81266	Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or a	-	X
81269	Hba1/hba2, gene analysis, duplication/deletion variants	-	X
81270	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	-	X
81271	Htt (huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	X
81272	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ	-	X
81273	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)	-	X
81274	Htt (huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size)	-	X
81277	Cytogenomic neo microra alys	-	X
81278	Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative	-	X
81279	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	X
81283	Ifnl3, gene analysis, rs12979860 variant	-	X
81284	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X
81285	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	X
81286	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	X
81287	Mgmt gene methylation anal	-	X
81288	Mlh1 gene methylation anal	-	X
81289	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)	-	X
81290	Mcoln1 (mucolipin 1) (eg, mucolipidosis, type iv) gene analysis, common variants (eg, ivs3-2a>g, del6.4kb)	-	X
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	X	-
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X
81296	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X
81298	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81299	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X
81300	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	-	X
81302	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	-	X
81303	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	-	X
81304	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	-	X
81305	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	-	X
81307	Palb2 gene full gene seq	-	X
81308	Palb2 gene known famil vrnt	-	X
81309	Pik3ca gene trgt seq alys	-	X
81310	Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	-	X
81311	Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61)	-	X
81312	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81313	Pca3 klk3	-	X
81314	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	X
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6	-	X
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X
81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X
81320	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	-	X
81321	Pten gene analysis;full seq analysis	-	X
81322	Pten gene analysis; fam variant	-	X
81323	Pten gene analysis; duplication/deletion variant	-	X
81324	Pmp22 gene analysis; dup/deletion analysis	-	X
81325	Pmp22 gene analysis; full seq analysis	-	X
81326	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	X
81328	Slc01b1, gene analysis, common variant(s)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	-	X
81331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	-	X
81332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and	-	X
81333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	-	X
81334	Runx1, gene analysis, targeted seq analysis	-	X
81336	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	-	X
81337	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	-	X
81338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)	-	X
81339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	X
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol	-	X
81341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methology (eg, southe	-	X
81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	X
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	-	X
81346	Tyms, gene analysis, common variant(s)	-	X
81347	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	X
81348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	X
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	-	X
81350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	-	X
81351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81352	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	-	X
81353	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; known familial variant	-	X
81354	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)	-	X
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	X	-
81357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, s34f, s34y, q157r, q157p)	-	X
81360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	-	X
81361	Hbb (hemoglobin, subunit beta), common variant(s)	-	X
81362	Hbb (hemoglobin, subunit beta), known familial variant(s)	-	X
81363	Hbb (hemoglobin, subunit beta), duplication/deletion variant(s)	-	X
81364	Hbb (hemoglobin, subunit beta), full gene seq	-	X
81370	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1	-	X
81371	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1/3/4/5 (eg, verification typing)	-	X
81372	Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)	-	X
81373	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	-	X
81374	Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	-	X
81375	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	-	X
81376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1/3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	-	X
81377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	-	X
81378	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	-	X
81379	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	-	X
81380	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	-	X
81381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	-	X
81382	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
81383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	-	X
81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm	-	X
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dy	-	X
81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions,	-	X
81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati	-	X
81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch	-	X
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar	-	X
81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysi	-	X
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (	-	X
81410	Gsps for aortic dysfnc or dilat	-	X
81411	Gsps for aortic dysfnc or dilat dupe delete anal	-	X
81412	Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia faconi anemia group c. gaucher disease, tay-sachs disease),	-	X
81413	Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel,	-	X
81414	Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication deletion gene analy	-	X
81415	Exome sequence anal	-	X
81416	Exome sequence anal ea add	-	X
81417	Exome sequence anal re-eval	-	X
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis	-	X
81419	Epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a, kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2	-	X
81425	Gsps for unex costitut heritable ds	-	X
81426	Gsps for unex costitut heritable ds ea add	-	X
81427	Gsps for unex costitut heritable ds re-eval	-	X
81430	Gsps for hearing loss	-	X
81431	Gsps for hearing loss dupe delete anal	-	X
81432	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh	-	X
81433	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for brca1 brca2 mlh1	-	X
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81435	Gsps for colon ca	-	X
81436	Gsps for colon ca dupe delete anal	-	X
81437	Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s	-	X
81438	Hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sdhd vhl	-	X
81439	Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu	-	X
81440	Gsps nuclear encod mitochondrial genes	-	X
81441	Inherited bone marrow failure syndromes (ibmfs) (eg, fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb, fancc, fancd2, fance, fancf, fancg, fanci, fancl, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tinf2	-	X
81442	Noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, noonan-like syndrome); must incl genomic sequencing 12 ge	-	X
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucoli	-	X
81445	Gsps for solid organ neoplasm	-	X
81448	Hereditary peripheral neuropathies, gene seq analysis panel	-	X
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, met, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed; rna analysis	-	X
81450	Gsps hematolymphoid neo 5-50 genes	-	X
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	X
81455	Gsps hematolymphoid neo =/>51 genes	-	X
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	X
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	-	X
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	-	X
81460	Gsps for whole mitochondrial genome	-	X
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	-	X
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	-	X
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	-	X
81465	Gsps for whole mitochondrial genome lg delete anal	-	X
81470	Gsps for xlid at least 60 genes	-	X
81471	Gsps for xlid at least 60 genes	-	X
81479	Unlisted molecular pathology	-	X
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	-	X
81493	Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	X	-
81500	Maaa 2 serum proteins	-	X
81503	Maaa 2 serum proteins	-	X
81504	Oncology tissue of origin	-	X
81506	Maaa 7 serum/plasma analytes	-	X
81507	Fetal aneuploidy trisom risk	-	X
81508	Maaa 2 maternal serum proteins	-	X
81509	Maaa 3 maternal serum proteins	-	X
81510	Maaa 3 maternal serum analytess	-	X
81511	Maaa 4 maternal serum analytess	-	X
81512	Maaa 5 maternal serum analytess	-	X
81518	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm	-	X
81519	Gsps onco (brst) 21 genes	-	X
81520	Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	X
81521	Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	X
81522	Onc breast mrna 12 genes	-	X
81523	Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
81524	Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed	-	X
81525	Oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm	-	X
81529	Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	-	X
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; first singl	-	X
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; each additi	-	X
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva	-	X
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human kallikrein-2 [hk2]) utilizing plasma or serum, prognostic	X	-
81540	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and	-	X
81541	Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	X
81542	Onc prostate mrna 22 cnt gen	-	X
81546	Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	-	X
81551	Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	X
81552	Onc breast mrna 12 genes	-	X
81554	Pulmonary disease (idiopathic pulmonary fibrosis [ipf]), mrna, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [uip])	-	X
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	-	X
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced cd154+t-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	X	-
81595	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	-	X
81599	Unlisted maaa	-	X
82777	Galectin-3	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, c-13)	X	-
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoas	X	-
83987	Ph; exhaled breath condensate	X	-
83992	Assay for phencyclidine	X	-
84378	Sugars single quant	X	-
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	X	-
84999	Clinical chemistry test	-	X
85999	Hematology procedure	-	X
86152	Cell enumeration	X	-
86153	Cell enumeration phys interp	X	-
86305	Human epididymis protein 4 (he4)	X	-
86318	Immunoassay,infectious agent	X	-
86677	Helicobacter pylori	X	-
86829	Antibody to hla class i/ii antigen	-	X
86830	Antibody id by hla phnotyp class i	-	X
86831	Antibody id by hla phnotyp class ii	-	X
86834	Semi-quant panel hla class i	-	X
86835	Semi-quant panel hla class ii	-	X
86849	Immunology procedure	-	X
86910	Blood typing, paternity test	X	-
86911	Blood typing, antigen system	X	-
86999	Transfusion procedure	-	X
87183	Susceptibility studies, antimicrobial agent; carbapenem resistance genes (eg, blaKPC, blaNDM, blaVIM, blaOXA-48, blaIMP), amplified probe technique, per isolate	-	X
87999	Microbiology procedure	-	X
88000	Autopsy (necropsy), gross	X	-
88005	Autopsy (necropsy), gross	X	-
88007	Autopsy (necropsy), gross	X	-
88012	Autopsy (necropsy), gross	X	-
88014	Autopsy (necropsy), gross	X	-
88016	Autopsy (necropsy), gross	X	-
88020	Autopsy (necropsy), complete	X	-
88025	Autopsy (necropsy), complete	X	-
88027	Autopsy (necropsy), complete	X	-
88028	Autopsy (necropsy), complete	X	-
88029	Autopsy (necropsy), complete	X	-
88036	Limited autopsy	X	-
88037	Limited autopsy	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
88040	Forensic autopsy (necropsy)	X	-
88045	Coroner's autopsy (necropsy)	X	-
88099	Necropsy (autopsy) procedure	X	-
88199	Cytopathology procedure	-	X
88245	Chromosome analysis, 20-25	-	X
88248	Chromosome analysis, 50-100	-	X
88249	Chromosome analysis, 100	-	X
88261	Chromosome analysis, 5	-	X
88262	Chromosome analysis, 15-20	-	X
88263	Chromosome analysis, 45	-	X
88264	Chromosome analysis, 20-25	-	X
88267	Chromosome analys, placenta	-	X
88269	Chromosome analys, amniotic	-	X
88271	Cytogenetics, dna probe	-	X
88272	Cytogenetics, 3-5	-	X
88273	Cytogenetics, 10-30	-	X
88274	Cytogenetics, 25-99	-	X
88275	Cytogenetics, 100-300	-	X
88280	Chromosome karyotype study	-	X
88283	Chromosome banding study	-	X
88285	Chromosome count, additional	-	X
88289	Chromosome study, additional	-	X
88291	Cyto/molecular report	-	X
88299	Cytogenetic study	-	X
88399	Surgical pathology procedure	-	X
88749	In vivo lab service	-	X
89240	Unlisted miscellaneous pathology test	-	X
89250	Fertilization of oocyte	-	X
89254	Oocyte identification	-	X
89255	Prepare embryo for transfer	-	X
89259	Cryopreservation, sperm	-	X
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	-	X
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	-	X
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	-	X
89337	Cryopreservation, mature oocyte(s)	-	X
89398	Unlisted reproductive medicine laboratory procedure	-	X
90281	Human ig, im	X	-
90283	Human ig, iv	X	-
90287	Botulinum antitoxin	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
90288	Botulism ig, iv	X	-
90291	Cmv ig, iv	X	-
90384	Rh ig, full-dose, im	X	-
90386	Rh ig, iv	X	-
90389	Tetanus ig, im	X	-
90399	Immune globulin	-	X
90482	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes	X	-
90483	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 10 minutes up to 20 minutes	X	-
90484	Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; greater than 20 minutes	X	-
90658	Flu vaccine, 3 yrs, im	X	-
90723	Dtap-hep b-ipv vaccine, im	X	-
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	X	-
90748	Hep b/hib vaccine, im	X	-
90749	Vaccine toxoid	-	X
90863	Pharmacologic mgmt w/psytx	X	-
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	-	X
91132	Electrogastrography	X	-
91133	Electrogastrography w/test	X	-
91299	Gastroenterology procedure	-	X
92015	Determination of refractive state	X	-
92145	Corneal hysteresis deter	X	-
92288	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report	X	-
92310	Contact lens fitting	X	-
92314	Prescription of contact lens	X	-
92340	Fitting of spectacles	X	-
92341	Fitting of spectacles	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
92342	Fitting of spectacles	X	-
92352	Special spectacles fitting	-	X
92353	Special spectacles fitting	-	X
92358	Eye prosthesis service	-	X
92370	Repair & adjust spectacles	X	-
92371	Repair & adjust spectacles	-	X
92499	Eye service or procedure	-	X
92507	Speech/hearing therapy	-	X*
92508	Speech/hearing therapy	-	X*
92526	Oral function therapy	-	X*
92551	Pure tone hearing test, air	X	-
92590	Hearing aid exam, one ear	X	-
92591	Hearing aid exam, both ears	X	-
92592	Hearing aid check, one ear	X	-
92593	Hearing aid check, both ears	X	-
92594	Electro hearng aid test, one	X	-
92595	Electro hearng aid tst, both	X	-
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*
92609	Therapeutic services for the use of speech-generating device, including programming and modification	-	X*
92626	Evaluation of auditory rehabilitation status; first hour	-	X
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primar	-	X
92628	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; first 30 minutes	X	-
92629	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures), discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; each additional 15 minutes (List separately in addition to code for primary procedure)	X	-
92630	Auditory rehabilitation; pre-lingual hearing loss	X	-
92631	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; first 30 minutes	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
92632	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; each additional 15 minutes (List separately in addition to code for primary procedure)	X	-
92633	Auditory rehabilitation; post-lingual hearing loss	X	-
92634	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes	X	-
92635	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)	X	-
92636	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment[s], device connection[s], and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; first 30 minutes	X	-
92637	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment[s], device connection[s], and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)	X	-
92638	Behavioral verification of amplification including aided thresholds, functional gain, speech-in-noise, when performed (List separately in addition to code for primary procedure)	X	-
92639	Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure)	X	-
92641	Hearing device verification, electroacoustic analysis	X	-
92642	Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation [FM]/digital modulation [DM] system, remote microphone, alerting devices)	X	-
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	X	-
92700	Unlisted otorhinolaryngological service or procedure	-	X
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, fontan fenestration, atrial septal defec	-	X
93799	Cardiovascular procedure	-	X
93895	Carotid intima atheroma eval	X	-
93998	Unlisted noninvasive vascular diagnostic study	-	X
94799	Pulmonary service/procedure	-	X
95120	Immunotherapy, one injection	X	-
95125	Immunotherapy, many antigens	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
95130	Immunotherapy, insect venom	X	-
95131	Immunotherapy, insect venoms	X	-
95132	Immunotherapy, insect venoms	X	-
95133	Immunotherapy, insect venoms	X	-
95134	Immunotherapy, insect venoms	X	-
95199	Allergy immunology services	-	X
95941	Cont intraop neurophys mntr	X	-
95999	Neurological procedure	-	X
96110	Developmental screening, with interpretation and report, per standardized instrument form	X	-
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	X	-
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)	X	-
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	-	X
96549	Chemotherapy, unspecified	-	X
96999	Dermatological procedure	-	X
97010	Hot or cold packs therapy	-	X*
97012	Mechanical traction therapy	-	X*
97014	Electric stimulation therapy	X	-
97016	Vasopneumatic device therapy	-	X*
97018	Paraffin bath therapy	-	X*
97022	Whirlpool therapy	-	X*
97024	Diathermy treatment	-	X*
97026	Infrared therapy	X	-
97028	Ultraviolet therapy	-	X*
97032	Electrical stimulation	-	X*
97033	Electric current therapy	X	-
97034	Contrast bath therapy	-	X*
97035	Ultrasound therapy	-	X*
97036	Hydrotherapy	-	X*
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	X	-
97039	Physical therapy treatment	-	X*
97110	Therapeutic exercises	-	X*
97112	Neuromuscular reeducation	-	X*
97113	Aquatic therapy/exercises	-	X*
97116	Gait training therapy	-	X*
97124	Massage therapy	-	X*

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	-	X*
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	-	X*
97139	Physical medicine procedure	-	X*
97140	Manual therapy	-	X*
97150	Group therapeutic procedures	-	X*
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	X	-
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with	X	-
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	X	-
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two	X	-
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	X	-
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	X	-
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face w	X	-
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each	X	-
97161	Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examination o	-	X*
97162	Physical therapy evaluation: moderate complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examinat	-	X*
97163	Physical therapy evaluation: high complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examination	-	X*
97164	Re-evaluation of physical therapy, established plan of care, requiring these components: an examination, including a review of history and use of standardized tests and measur	-	X*
97165	Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history includin	-	X*

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
97166	Occupational therapy evaluation,moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history incl	-	X*
97167	Occupational therapy evaluation,high complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history includin	-	X*
97168	Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan	-	X*
97169	Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; an ex	X	-
97170	Athletic training evaluation,moderate complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; a	X	-
97171	Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; an e	X	-
97172	Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's current functional status when there is a documented chang	X	-
97530	Therapeutic activities	-	X*
97533	Sensory integration	-	X*
97537	Community/work reintegration	-	X*
97542	Wheelchair mngment training	-	X*
97545	Work hardening	X	-
97546	Work hardening add-on	X	-
97799	Physical medicine procedure	-	X
97810	Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient	X	-
97811	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	X	-
97813	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	X	-
97814	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	X	-
98000	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.	X	-
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X	-
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	X	-
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	X	-
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	X	-
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X	-
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	X	-
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	X	-
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X	-
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	X	-
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	X	-
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	X	-
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	X	-
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	X	-
98940	Chiropractic manipulation	-	X*
98941	Chiropractic manipulation	-	X*
98942	Chiropractic manipulation	-	X*
98943	Chiropractic manipulation	X	-
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	X	-
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	X	-
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	X	-
99026	Hospital mandated on call service; in-hospital, each hour	X	-
99027	Hospital mandated on call service; out-of-hospital, each hour	X	-
99075	Medical testimony	X	-
99172	Ocular function screen	X	-
99173	Visual acuity screen	X	-
99174	Ocular photoscreening with interpretation and report, bilateral	X	-
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	X	-
99183	Hyperbaric oxygen therapy	-	X
99188	App topical fluoride varnish	X	-
99199	Special service/proc/report	-	X
99241	Office consultation	X	-
99242	Office consultation	X	-
99243	Office consultation	X	-
99244	Office consultation	X	-
99245	Office consultation	X	-
99251	Initial inpatient consult	X	-
99252	Initial inpatient consult	X	-
99253	Initial inpatient consult	X	-
99254	Initial inpatient consult	X	-
99255	Initial inpatient consult	X	-
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list separately in addition to code for prolonged service)	X	-
99375	Home health care supervision	X	-
99378	Hospice care supervision	X	-
99401	Preventive counseling, indiv	X	-
99402	Preventive counseling, indiv	X	-
99403	Preventive counseling, indiv	X	-
99404	Preventive counseling, indiv	X	-
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)	X	-
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)	X	-
99411	Preventive counseling, group	X	-
99412	Preventive counseling, group	X	-
99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services)	X	-
99418	Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the inpatient and observation evaluation and management service)	X	-
99429	Unlisted preventive service	X	-
99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not o	X	-
99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not o	X	-
99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not o	X	-
99450	Life/disability evaluation	X	-
99499	Unlisted e&m service	-	X
99500	Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	X	-
99501	Home visit for postnatal assessment and follow-up care	X	-
99502	Home visit for newborn care and assessment	X	-
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	X	-
99504	Home visit for mechanical ventilation care	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	X	-
99506	Home visit for intramuscular injections	X	-
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	X	-
99509	Home visit for assistance with activities of daily living and personal care	X	-
99510	Home visit for individual, family, or marriage counseling	X	-
99511	Home visit for fecal impaction management and enema administration	X	-
99512	Home visit for hemodialysis, per diem	X	-
99600	Unlisted home visit service or procedure	X	-
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	X	-
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	X	-
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	X	-
0001A	Adm sarscov2 30mcg/0.3ml 1st	X	-
0001F	Heart failure assessed (includes assessment of all the following components) (cad)	X	-
0001U	Rbc dna hea 35 ag 11 bld grp whl bld cmn allel	-	X
0002A	Adm sarscov2 30mcg/0.3ml 2nd	X	-
0002M	Liver disease, 10 biochem assays	-	X
0003A	Adm sarscov2 30mcg/0.3ml 3rd	X	-
0003M	Liver disease, 10 biochem assays	-	X
0003U	Onc ovarian assay 5 proteins serum alg scor	-	X
0004A	Adm sarscov2 30mcg/0.3ml bst	X	-
0005F	Osteoarthritis assessed (oa)	X	-
0005U	Onco prst8 3 gene ur alg	-	X
0008U	Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rrna, gyra, pbp1, rdxa and rpob, next generation sequencing, formalin-fixed paraffin-embedded or fres	X	-
0009U	Oncology (breast cancer), erbb2 (her2) copy number by fish, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (dep) sorting	-	X
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	-	X
0011A	Adm sarscov2 100mcg/0.5ml1st	X	-
0011M	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	X
0012A	Adm sarscov2 100mcg/0.5ml2nd	X	-
0012F	Community acquired bacterial pneumonia assessed (cap)	X	-
0012M	Onc mrna 5 genes ur alg risk urothelial cancer	-	X
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	X
0013A	Adm sarscov2 100mcg/0.5ml3rd	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0013M	Onc mrna 5 genes ur alg risk recr urothelial ca	-	X
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra	-	X
0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass	X	-
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra	-	X
0015F	Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding	X	-
0016M	Onc bladder mrna 219 gen alg	-	X
0016U	Oncology (hematolymphoid neoplasia), rna, bcr/abl1 major and minor breakpoint fusion transcripts, quantitative pcr amplification, blood or bone marrow, report of fusion not	-	X
0017M	Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	-	X
0017U	Oncology (hematolymphoid neoplasia), jak2 mutation, dna, pcr amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of jak2 mutation not detected or	-	X
0018M	Trnsplj rnl meas cd154+cll	X	-
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	X	-
0018U	Oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to	-	X
0019U	Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential	-	X
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	-	X
0021U	Oncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-ropporin, desmocollin, aurkaip-1, csnk2a2), multiplexed immunoassay and flow	-	X
0023U	Oncology (acute myelogenous leukemia), dna, genotyping of internal tandem duplication, p.d835, p.i836, using mononuclear cells, reported as detection or non-detection of flt3	-	X
0026U	Onc thyr dna&mrna 112 genes fna ndul alg alys	-	X
0027U	Jak2 gene analysis trgt seq alys exons 12-15	-	X
0029U	Rx metab advrs rx rxn & rspse trgt seq alys	-	X
0030U	Rx metab warfarin rx response trgt seq alys	-	X
0031U	Cyp1a2 gene analysis common variants	-	X
0032U	Comt gene analysis c.472g>a variant	-	X
0033U	Htr2a htr2c gene analysis common variants	-	X
0034U	Tpmt nudt15 gene analysis common variants	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0036U	Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	-	X
0037U	Trgt gen seq alys sld orgn neo dna 324 genes	-	X
0040U	Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	-	X
0045U	Onc brst dux carc is mrna 12 genes alg rsk scor	-	X
0046U	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative	-	X
0047U	Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	X
0048U	Onc sld org neo dna 468 cancer associated genes	-	X
0049U	Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	-	X
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	-	X
0051A	Adm sarscv2 30mcg trs-sucr 1	X	-
0052A	Adm sarscv2 30mcg trs-sucr 2	X	-
0053A	Adm sarscv2 30mcg trs-sucr 3	X	-
0053U	Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen, algorithm reported as probability of higher tumor grade	-	X
0054A	Adm sarscv2 30mcg trs-sucr b	X	-
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic	X	-
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on ct/mri images	X	-
0055U	Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	-	X
0056U	Hem aml dna gene rearrangement blood/bone marrow	-	X
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal blood	X	-
0064A	Adm sarscov2 50mcg/0.25mlbst	X	-
0070U	Cyp2d6 gen com&slct rar vrnt	-	X
0071A	Adm sarscv2 10mcg trs-sucr 1	X	-
0071T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	X	-
0071U	Cyp2d6 full gene sequence	-	X
0072A	Adm sarscv2 10mcg trs-sucr 2	X	-
0072T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	X	-
0072U	Cyp2d6 gen cyp2d6-2d7 hybrid	-	X
0073A	Adm sarscv2 10mcg trs-sucr 3	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0073U	Cyp2d6 gen cyp2d7-2d6 hybrid	-	X
0074A	Adm sarscv2 10mcg trs-sucr b	X	-
0074U	Cyp2d6 nonduplicated gene	-	X
0075U	Cyp2d6 5' gene dup/mlt	-	X
0076U	Cyp2d6 3' gene dup/mlt	-	X
0079U	Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification	-	X
0081A	Adm sarscv2 3mcg trs-sucr 1	X	-
0082A	Adm sarscv2 3mcg trs-sucr 2	X	-
0083A	Adm sarscv2 3mcg trs-sucr 3	X	-
0084U	Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	-	X
0087U	Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro	-	X
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil	-	X
0089U	Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es)	-	X
0090U	Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit	-	X
0091A	Adm sarscov2 50 mcg/.5 ml1st	X	-
0092A	Adm sarscov2 50 mcg/.5 ml2nd	X	-
0093A	Adm sarscov2 50 mcg/.5 ml3rd	X	-
0094A	Adm sarscov2 50 mcg/.5 mlbst	X	-
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	X
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list sepa	-	X
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	X	-
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	X	-
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	X	-
0101U	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a	-	X
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later	X	-
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and arr	-	X
0105U	Neph ckd mult eclia tum nec	-	X
0106T	Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar	X	-
0107T	Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	X	-
0108T	Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv	X	-
0109T	Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n	X	-
0110T	Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	X	-
0111A	Adm sarscov2 25mcg/0.25ml1st	X	-
0111U	Onc colon ca kras&nras alys	-	X
0112A	Adm sarscov2 25mcg/0.25ml2nd	X	-
0112U	Iadi 16s&18s rrna genes	-	X
0113A	Adm sarscov2 25mcg/0.25ml3rd	X	-
0113U	Onc prst8 pca3&tmprss2- erg	-	X
0114U	Gi barretts esoph vim&ccna1	X	-
0115U	Respir iadna 18 viral&2 bact	-	X
0118U	Trnsplj don-drv cll-fr dna	-	X
0120U	Onc b cll lymphm mrna 58 gen	-	X
0129U	Hered brst ca rltd do panel	-	X
0130U	Hered colon ca do mrna pnl	-	X
0131U	Hered brst ca rltd do pnl 13	-	X
0132U	Hered ova ca rltd do pnl 17	-	X
0133U	Hered prst8 ca rltd do 11	-	X
0134U	Hered pan ca mrna pnl 18 gen	-	X
0135U	Hered gyn ca mrna pnl 12 gen	-	X
0136U	Atm mrna seq alys	-	X
0137U	Palb2 mrna seq alys	-	X
0138U	Brca1 brca2 mrna seq alys	-	X
0153U	Onc breast mrna 101 genes	-	X
0154U	Fgfr3 gene analysis	-	X
0155U	Pik3ca gene analysis	-	X
0157U	Apc mrna seq alys	-	X
0158U	Mlh1 mrna seq alys	-	X
0159U	Msh2 mrna seq alys	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0160U	Msh6 mrna seq alys	-	X
0161U	Pms2 mrna seq alys	-	X
0162U	Hered colon ca trgt mrna pnl	-	X
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	X	-
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separ	-	X
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	X	-
0171U	Trgt gen seq alys pnl dna 23	-	X
0172U	Onc sld tum alys brca1 brca2	-	X
0174U	Onc solid tumor 30 prtn trgt	-	X
0177U	Onc brst ca dna pik3ca 11	-	X
0178U	Peanut allg asmt epi clin rx	-	X
0179U	Onc nonsm cll lng ca alys 23	X	-
0180U	Abo gnotyp abo 7 exons	X	-
0181U	Co gnotyp aqp1 exon 1	X	-
0182U	Crom gnotyp cd55 exons 1-10	X	-
0183U	Di gnotyp slc4a1 exon 19	X	-
0184U	Do gnotyp art4 exon 2	X	-
0185U	Fut1 gnotyp fut1 exon 4	X	-
0186U	Fut2 gnotyp fut2 exon 2	X	-
0187U	Fy gnotyp ackr1 exons 1-2	X	-
0188U	Ge gnotyp gypc exons 1-4	X	-
0189U	Gypa gnotyp ntrns 1 5 exon 2	X	-
0190U	Gypb gnotyp ntrns 1 5 seux 3	X	-
0191U	In gnotyp cd44 exons 2 3 6	X	-
0192U	Jk gnotyp slc14a1 exon 9	X	-
0193U	Jr gnotyp abcg2 exons 2-26	X	-
0194U	Kel gnotyp kel exon 8	X	-
0195U	Klf1 targeted sequencing	X	-
0196U	Lu gnotyp bcam exon 3	X	-
0197U	Lw gnotyp icam4 exon 1	X	-
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	X	-
0198U	Rhd&rhce gntyp rhd1-10&rhce5	X	-
0199U	Sc gnotyp ermap exons 4 12	X	-
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	X	-
0200U	Xk gnotyp xk exons 1-3	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	X	-
0201U	Yt gnotyp ache exon 2	X	-
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	X	-
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected.	X	-
0204U	Onc thyr mrna xprsn alys 593	-	X
0205U	Oph amd alys 3 gene variants	-	X
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	X	-
0209U	Cytog const alys interrog	-	X
0211U	Onc pan-tum dna&rna gnrj seq	-	X
0212U	Rare ds gen dna alys proband	-	X
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	X	-
0213U	Rare ds gen dna alys ea comp	-	X
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	X	-
0214U	Rare ds xom dna alys proband	-	X
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	X	-
0215U	Rare ds xom dna alys ea comp	-	X
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	X	-
0216U	Neuro inh ataxia dna 12 com	-	X
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	X	-
0217U	Neuro inh ataxia dna 51 gene	-	X
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	X	-
0218U	Neuro musc dys dmd seq alys	-	X
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	-
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	-
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	-
0221U	Abo gnotyp next gnrj seq abo	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	-
0222U	Rhd&rhce gntyp next gnrj seq	-	X
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected.	X	-
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	X	-
0227U	Rx asy prsmv 30+rx/metablt	X	-
0228U	Onc prst8 ma molec prfl alg	-	X
0229U	Bcat1 promoter mthyltn alys	-	X
0230U	Ar full sequence analysis	-	X
0231U	Cacna1a full gene analysis	-	X
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	X	-
0232U	Cstb full gene analysis	-	X
0233U	Fxn gene analysis	-	X
0234T	Trluml perip athrc renal art	X	-
0234U	Mecp2 full gene analysis	-	X
0235T	Trluml perip athrc visceral	X	-
0235U	Pten full gene analysis	-	X
0236T	Trluml perip athrc abd aorta	X	-
0236U	Smn1&smn2 full gene analysis	-	X
0237T	Trluml perip athrc brchiocph	X	-
0237U	Car ion chnlpthy gen seq pnl	-	X
0238T	Trluml perip athrc iliac art	X	-
0238U	Onc lnch syn gen dna seq aly	-	X
0239U	Trgt gen seq alys pnl 311+	-	X
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	-	X
0244U	Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue	-	X
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	-	X
0246U	Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0250U	Onc sld org neo dna 505 gene	-	X
0252U	Ftl aneuploidy str alys dna	-	X
0253T	Insert aqueous drain device	X	-
0253U	Rprdtve med rna gen prfl 238	-	X
0254U	Reprdtve med alys 24 chrmsm	-	X
0256U	Tma/tmao prfl ms/ms ur alg	X	-
0257U	Vlcad leuk nzm actv whl bld	X	-
0259U	Neph ckd nuc mrs meas gfr	X	-
0260U	Rare ds id opt genome mapg	-	X
0261U	Onc clrct ca img alys w/ai	X	-
0262U	Onc sld tum rtpcr 7 gen	-	X
0263T	Im autol b1 mrw cel ther 1 leg compl incl hrvst	X	-
0263U	Neuro asd meas 16 c metblt	X	-
0264T	Im autol b1 mrw cel ther 1 leg compl xcl hrvst	X	-
0264U	Rare ds id opt genome mapg	-	X
0265T	Im autol b1 mrw cel ther uni/bi hrvst only	X	-
0265U	Rar do whl gn&mtcdrl dna als	-	X
0266T	Impltj/rplcmt crtd sns brorflx actv dev tot sys	X	-
0266U	Unxpl cnst hrtbl do gn xprsn	-	X
0267T	Impltj/rplcmt crtd sns brorflx actv dev lead uni	X	-
0267U	Rare do id opt gen mapg&seq	-	X
0268T	Impltj/rplcmt crtd sns brorflx actv dev pls gen	X	-
0268U	Hem ahus gen seq alys 15 gen	-	X
0269U	Hem aut dm cgen trmbctpna 14	-	X
0270U	Hem cgen coagj do 20 genes	-	X
0271U	Hem cgen neutropenia 23 gen	-	X
0272T	Interrogation eval crtd sns brorflx actv sys	X	-
0272U	Hem genetic bld do 51 genes	-	X
0273T	Interrogation eval crtd sns brorflx w/progrmg	X	-
0273U	Hem gen hyprfibrnlysis 8 gen	-	X
0274T	Perq lamot/lam any meth single/mlt lvl crv/thrc	X	-
0274U	Hem gen pltlt do 43 genes	-	X
0275T	Perq lamot/lam any meth single/mlt lvl lumbar	-	X
0275U	Hem heprn nduc trmbctpna srm	X	-
0276U	Hem inh thrombocytopenia 23	-	X
0277U	Hem gen pltlt funcj do 31	-	X
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes).	X	-
0278U	Hem gen thrombosis 12 genes	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0279U	Hem vw factor&clgn iii bndg	X	-
0280U	Hem vw factor&clgn iv bndg	X	-
0281U	Hem vwd propeptide ag lvl	X	-
0282U	Rbc dna gntyp 12 bld grp gen	X	-
0283U	Vw factor type 2b eval plsm	X	-
0284U	Vw factor type 2n eval plsm	X	-
0285U	Onc rsps radj cll fr dna tox	-	X
0286U	Cep72 nudt15&tpmt gene alys	-	X
0287U	Onc thyr dna&mrna 112 genes	-	X
0288U	Onc lung mrna quan pcr 11&3	-	X
0295U	Onc brst dux carc 7 proteins	-	X
0296U	Onc orl&/orop ca 20 mlc feat	-	X
0297U	Onc pan tum whl gen seq dna	-	X
0298U	Onc pan tum whl trns seq rna	-	X
0299U	Onc pan tum whl gen opt mapg	-	X
0300U	Onc pan tum whl gen seq&opt	-	X
0301U	Adna bartonella ddpcr	X	-
0302U	Adna brtnla ddpcr flwg liq	X	-
0303U	Hem rbc ads whl bld hypoxic	X	-
0304U	Hem rbc ads whl bld normoxic	X	-
0305U	Hem rbc fnclty&dfrm shr strs	X	-
0306U	Onc mrd nxt-gnrj alys 1st	-	X
0307U	Onc mrd nxt-gnrj alys sbsq	-	X
0308U	Crd cad alys 3 prtn plsm alg	X	-
0309U	Crd cv ds aly 4 prtn plm alg	X	-
0310U	Ped vsclts kd alys 3 bmrks	X	-
0311U	Nfct ds bct quan antmcrb sc	X	-
0312T	Laps impltj nstim vagus	X	-
0312U	Ai ds sle alys 8 igg autoant	X	-
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	X	-
0313U	Onc pncrs dna&mrna seq 74	-	X
0314U	Onc cutan mlnma mrna 35 gene	-	X
0315U	Onc cutan sq cll ca mrna 40	X	-
0316T	Replc vagus nerve pls gen	X	-
0316U	B brgdrferi lyme ds ospa evl	X	-
0317T	Elec analysis vagus nerve pls gen	X	-
0317U	Onc lung ca 4-prb fish assay	-	X
0318U	Ped whl gen mthyltn alys 50+	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0319U	Neph rna pretrnspl perph bld	-	X
0320U	Neph rna psttrnspl perph bld	-	X
0321U	Iadna gu pthgn 20bct&fng org	X	-
0322U	Neuro asd meas 14 acyl carn	X	-
0323U	Iadna cns pthgn next gen seq	X	-
0324U	Onc ovar sphrd cell 4 rx pnl	X	-
0325U	Onc ovar sphrd cell parp	X	-
0326U	Trgt gen seq alys pnl 83+	-	X
0328U	Drug assay 120+ rx&metablt	X	-
0329T	Mntr io press 24hrs/> uni/bi	X	-
0329U	Onc neo xome&trns seq alys	-	X
0330T	Tear film img uni/bi w/i&r	X	-
0330U	Iadna vag pthgn panel 27 org	X	-
0331T	Heart symp image plnr	X	-
0331U	Onc hl neo opt gen mapping	-	X
0332T	Heart symp image plnr spect	X	-
0332U	Onc pan tum gen prflg 8 dna	-	X
0333T	Visual ep acuity screen auto	X	-
0333U	Onc lvr surveilanc hcc cfdna	-	X
0334U	Onc sld orgn tgsa dna 84/+	-	X
0335T	Extraosseous joint stblztion	X	-
0335U	Rare ds whl gen seq fetal	-	X
0336U	Rare ds whl gen seq bld/slv	-	X
0337U	Onc plsm cell do & myeloma id	X	-
0338T	Trnscth renal symp denrv unl	X	-
0338U	Onc sld tum crcg tum cl slct	X	-
0339T	Trnscth renal symp denrv bil	X	-
0339U	Onc prst8 mrna hoxc6 & dlx1	-	X
0340U	Onc pan ca alys mrd plasma	-	X
0341U	Ftl aneup dna seq cmpr alys	-	X
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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0351T	Intraop oct brst/node spec	X	-
0351U	Nfct ds bct/viral trail ip10	X	-
0352T	Oct brst/node i&r per spec	X	-
0353T	Intraop oct breast cavity	X	-
0353U	Iadna 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	-	X
0356U	Onc orop 17 dna ddpcr alg	-	X
0357U	Onc mlnma ai quan alys 142	X	-
0358T	Bia whole body	X	-
0358U	Neuro alys β-amyl 1-42&1-40	X	-
0359U	Onc prst8 ca alys all psa	-	X
0361U	Neurflmnt lt chn dig ia quan	X	-
0362T	Expose behav assessment	X	-
0362U	Onc pap thyr ca rna 82&10	-	X
0363U	Onc urthl mrna 5 gen alg	-	X
0364U	Onc hl neo gen seq alys alg	-	X
0368U	Onc clrct ca mut&mthyltn mrk	-	X
0369U	Iadna gi pthgn 31 org&21 arg	-	X
0370U	Iadna surg wnd pthgn 34&21	-	X
0371U	Iadna gu pthgn semiq dna16&1	-	X
0372U	Nfct ds gu pthgn arg detcj	-	X
0373T	Exposure behavior treatment	X	-
0373U	Iadna rsp tr nfct 17 8 13&16	-	X
0374U	Iadna gu pthgn 21 org&21arg	-	X
0375U	Onc ovrn bchm asy 7 prtn alg	-	X
0376U	Onc prst8 ca img alys 128	X	-
0377U	Cv ds quan advsrm/plsm lprtn	-	X
0378T	Visual field assmnt rev/rprt	X	-
0378U	Rfc1 repeat xpnsj vrnt alys	-	X
0379T	Vis field assmnt tech suppt	X	-
0379U	Tgsap sl or neo dna523&rna55	-	X
0380U	Rx metb advrs trgt sq aly 20	-	X
0381U	Maple syrup ur ds mntr quan	X	-
0382U	Hyprphenylalninmia mntr quan	X	-
0383U	Tyrosinemia typ i mntr quan	X	-
0384U	Neph ckd rsk hi stg kdn ds	X	-
0385U	Neph ckd alg rsk dbtc kdn ds	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0386U	Gi barrett esoph mthyltn aly	X	-
0387U	Onc mlnma ambra1&amlo	X	-
0388U	Onc nonsm cll lng ca 37 gen	X	-
0389U	Ped fbrl kd ifi27&mcemp1 rna	X	-
0390U	Ob pe kdr eng&rbp4 ia alg	X	-
0391U	Onc sld tum dna&rna 437 gen	-	X
0392U	Rx metab genrx ia 16 genes	-	X
0393U	Neu prksn msfl α-syncln prtn	X	-
0394U	Pfas 16 pfas compnd lc ms/ms	X	-
0395U	Onc lng multiomics plsm alg	X	-
0396U	Ob preimpltj tst 300000 dna	X	-
0397T	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)	X	-
0398T	Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation	-	X
0398U	Gi baret esph dna mthyln aly	X	-
0400U	Ob xpnd car scr 145 genes	-	X
0401U	Crd c hrt ds 9 gen 12 vrnts	X	-
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	-	X
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	-	X
0409U	Oncology (solid tumor), dna (80 genes) and rna (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	-	X
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, dna from blood or bone marrow, report of clinically significant alterations	-	X
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker	-	X
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder–associated genetic variants	-	X
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	-	X
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	X	-
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	X	-
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	X	-
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	X	-
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	-	X
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	X	-
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	X	-
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	X	-
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	X	-
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	X	-
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	X	-
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr	X	-
0419T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata	X	-
0420T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata	X	-
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	-	X
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	X	-
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	X	-
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	-	X
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	-	X

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead	X	-
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	X	-
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	X	-
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	-	X
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	X	-
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	-	X
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	X	-
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	X	-
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	X	-
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	-	X
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	X	-
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	X	-
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	X	-
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	X	-
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	X	-
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	X	-
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	X	-
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	X	-
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	X	-
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	-	X
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	X	-
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	X	-
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	X	-
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0437T	Impltj synth rnfcmt abdl wal	X	-
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	X	-
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	X	-
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	X	-
0439T	Myocrd contrast prfuj echo	X	-
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	X	-
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for	X	-
0441T	CHD	X	-
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	X	-
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	X	-
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	X	-
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	X	-
0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	X	-
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	X	-
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	-	X
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	X	-
0445U	β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	X	-
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	X	-
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	-	X
0449T	Insj aqueous drain dev w/o eo rsvr initial dev	-	X
0449U	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	X	-
0450T	Insj aqueous drain dev w/o eo rsvr ea addl dev	X	-
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	X	-
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	X	-
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	X	-
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	-	X
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA codes with identical clinical descriptor, see 0260U, 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	X	-
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	X	-
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	X	-
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	X	-
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	X	-
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	X	-
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	X	-
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	X	-
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	-	X
0466U	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	X	-
0467U	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	X	-
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	X	-
0469T	Rta polarize scan oc scr bi	X	-
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	-	X
0470T	Oct skn img acquisj i&r 1st	X	-
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	X	-
0471T	Oct skn img acquisj i&r addl	X	-
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations	-	X
0472T	Prgrmg io rta eltrd ra	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome	X	-
0473T	Reprgrmg io rta eltrd ra	X	-
0473U	Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	-	X
0474T	Insj aqueous drg dev io rsvr	X	-
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	-	X
0475T	Rec ftl car sgl 3 ch i&r	X	-
0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	-	X
0476T	Rec ftl car sgl elec tr data	X	-
0476U	Rx metab psyc 14gen&cyp2d6		
0477T	Rec ftl car sgl xrtj alys	X	-
0477U	Rx metab psy 14&cyp2d6 gn-rx	X	-
0478T	Rec ftl car 3 ch rev i&r	X	-
0478U	Onc nsclc dna&rna dpcr 9gens	-	X
0479T	Fractional abl lsr fenestration first 100 sqcm	X	-
0479U	Tau phosphorylated ptau217	X	-
0480T	Fractional abl lsr 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	-	X
0486T	Oct middle ear with i&r bilateral	X	-
0486U	Onc pan sol tum ngs cfctdn	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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+	-	X
0490T	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	X	-
0491U	Onc sol tum ctc slct er prtn	X	-
0492T	Abl laser tx open wnd pr day addl 20 sqcm	X	-
0492U	Onc sol tum ctc slctn pd-l1	X	-
0493T	Near infrared spectroscpy studies low ext wounds	X	-
0493U	Trnspl med quan dd-cfdna ngs	-	X
0494T	Prep & cannulj cdvr don lng orgn prfuj sys	X	-
0494U	Rbc ag ftl rhd gene alys ngs	-	X
0495T	Init & mntr cdvr don lng orgn prfuj sys 1st 2 hr	X	-
0495U	Onc prst8 alys crcg plsm prt	X	-
0496T	Mntr cdvr don lng orgn prfuj sys ea addl hr	X	-
0496U	Onc clrct 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	-
0498U	Onc clrct ngs mut detc 43gen	-	X
0499T	Cysto w/dil & urtl rx del f/urtl strix/stenosis	X	-
0499U	Onc clrct&lng dna ngs 8genes	-	X
0500U	Autoinflam ds vexas synd dna	X	-
0501U	Onc clrc bld quan meas cfdna	X	-
0502U	Hpv e6/e7 mrk hirsk typ crv	X	-
0503U	Neuro alz ds βamyl&tau prtn	X	-
0504U	Nfct ds uti id 17 path orgs	X	-
0505U	Nfct ds vag infctj id 32orgs	X	-
0506U	Gi barretts esophgl cell 89	X	-
0507U	Onc ovr dna whole gen w/5hmc	X	-
0508U	Trnsplj med ddcfdna 40 snps	-	X
0509U	Trnsplj med ddcfdna	-	X
0510U	Onc pncrtc ca alg alys 16gen	X	-
0511U	Onc sol tum 3dmicroenvir 36+	X	-
0512U	Onc prst8 alys dgtz img msi	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0513U	Onc prst8 alg alys msi&hrd	X	-
0514U	Gi ibd ia quan deter adl lvl	X	-
0515U	Gi ibd ia quan deter ifx lvl	X	-
0516U	Rx metab rxgenomic gnotyp 40	X	-
0517U	Ther rx mntr 80+ psyactiv rx	X	-
0518U	Ther rx mntr 90+ pn&mtl hlth	X	-
0519U	Ther rx mntr meds p/d/a 110+	X	-
0520U	Ther rx mntr 200+ rx/sbsts	X	-
0500F	Initial prenatal care visit	X	-
0501F	Prenatal flow sheet documented in medical record by first prenatal visit	X	-
0501T	Cor ffr derived cta data assess cor art disease	-	X
0502F	Subsequent prenatal care visit	X	-
0502T	Cor ffr derived cta data prep & transmis	-	X
0503F	Postpartum care visit2	X	-
0503T	Cor ffr cta data alys & gnrj estimated ffr model	-	X
0504T	Cor ffr cta data review w/interpj & final report	-	X
0505F	Hemodialysis plan of care documented (esrd)	X	-
0505T	Ev fempop artl revsc tcat plmt iv st grf & clsr	X	-
0506T	Mac pgmt optical dns meas hfp uni/bi w/i&r	X	-
0507F	Peritoneal dialysis plan of care documented (esrd)	X	-
0508T	Pls echo us b1 dns meas indic axl b1 min dns tib	X	-
0509F	Urinary incontinence plan of care documented (ger)	X	-
0510T	Removal of sinus tarsi implant	X	-
0511T	Removal and reinsertion of sinus tarsi implant	X	-
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	X	-
0513F	Elevated blood pressure plan of care documented (ckd)1	X	-
0513T	Esw integ wnd hlg ea addl	X	-
0514F	Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis-stimulating agent (esa) thera	X	-
0514T	Intraoperative visual axis identification using patient fixation (list separately in addition to code for primary procedure)	X	-
0515T	Insj wcs lv compl sys	X	-
0516F	Anemia plan of care documented (esrd)1	X	-
0516T	Insj wcs lv eltrd only	X	-
0517F	Glaucoma plan of care documented (ec)5	X	-
0517T	Insj wcs lv pg compnt	X	-
0518F	Falls plan of care documented (ger)5	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	X	-
0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initia	X	-
0519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	X	-
0520F	Normal tissue dose constraints established within five treatment days from the initiation of a course of 3d conformal ra	X	-
0520T	Rmvl&rplcmt pg wcs new eltrd	X	-
0521F	Plan of care to address pain documented (onc)1	X	-
0521T	Interrog dev eval wcs ip	X	-
0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	X	-
0522T	Prgrmg dev eval wcs ip	X	-
0522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiqualitative, blood	X	-
0523T	Ntrapx c ffr w/3d funcjl map	X	-
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	-	X
0524T	Ev cath dir chem abltj w/img	X	-
0524U	Obstetrics (preeclampsia), sFlt1/PlGF ratio, immunoassay, utilizing serum or plasma, reported as a value	X	-
0525F	Initial visit for episode (bkp)2	X	-
0525T	Insj/rplcmt compl ims	X	-
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	X	-
0526F	Subsequent visit for episode (bkp)2	X	-
0526T	Insj/rplcmt iims eltrd only	X	-
0526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time	X	-
0527T	Insj/rplcmt iims implt mntr	X	-
0527U	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected	X	-
0528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (end/polyp)	X	-
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobialresistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria	X	-
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)	X	-
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	X	-
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	X	-
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	X	-
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association	X	-
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	X	-
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), nextgeneration sequencing, plasma	X	-
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	X	-
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for singlenucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	-	X
0533T	Cont rec mvmt do 6-10 days	X	-
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	X	-
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor	X	-
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk	X	-
0535F	Dyspnea management plan of care, documented (Pall Cr)	X	-
0535T	Cont rec mvmt do reprt cnfig	X	-
0535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative	X	-
0536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
-	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status	X	-
0538U	Oncology (solid tumor), nextgeneration targeted sequencing analysis, formalin-fixed paraffinembedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant	X	-
0539U	Oncology (solid tumor), cellfree circulating tumor DNA (ctDNA), 152 genes, nextgeneration sequencing, interrogation for singlenucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant	X	-
0540U	Transplantation medicine, quantification of donorderived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donorderived cell-free DNA to determine probability of rejection	-	X
0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score	X	-
0542U	Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status	X	-
0543U	Oncology (solid tumor), nextgeneration sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for singlenucleotide variants, multinucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	-	X
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	X	-
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA, from plasma, donor-dervived cell-free DNA, percentage reported as risk for rejection	-	X
0545F	Plan for follow-up care for major depressive disorder, documented (mdd adol)	X	-
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	X	-
0545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or	X	-
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	X	-
0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	X	-
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma	X	-
0549U	Oncology (urothelial), DNA, quantitative methylated realtime PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	X	-
0550F	Cytopath report-nongyn spcmn	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0550U	Oncology (prostate), enzymelinked immunosorbent assays (ELISA) for total prostatespecific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer	X	-
0551F	Cytopath report non-routine	X	-
0551U	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma	X	-
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	X	-
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder	-	X
0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested	-	X
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	X	-
0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	-	X
0555F	Symptom management plan of care documented (hf)	X	-
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	X	-
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	-	X
0556F	Plan of care to achieve lipid control documented (cad)	X	-
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	X	-
0557F	Plan of care to manage anginal symptoms documented (cad)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	X	-
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	X	-
0558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	X	-
0559T	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure	X	-
0559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	X	-
0560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (list separately in addition to code for primary procedure)	X	-
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	X	-
0561T	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	X	-
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	-	X
0562T	Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide (list separately in addition to code for primary procedure)	X	-
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	-	X
0563T	Evac meibomian glnd heat bi	X	-
0565T	Autol cell implt adps hrvg	X	-
0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cellfree DNA, plasma, algorithm reported as cancer signal detected or not detected	-	X
0566T	Autol cell implt adps njx	X	-
0566U	Oncology (lung), qPCRbased analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	-	X
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0568U	Neurology (dementia), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology	X	-
0569T	Ttvr perq appr 1st prosth	-	X
0569U	Oncology (solid tumor), nextgeneration sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	-	X
0570U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxylterminal hydrolase L1 (UCHL1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-elevated based on threshold comparison	X	-
0571T	Insj/rplcmt icds ss eltrd	X	-
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	-	X
0572T	Insertion ss dfb electrode	X	-
0572U	Oncology (prostate), highthroughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	-	X
0573T	Removal ss dfb electrode	X	-
0573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	X	-
0574T	Repos prev ss impl dfb eltrd	X	-
0574U	Mycobacterium tuberculosis, culture filtrate protein–10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS	X	-
0575F	Hiv rna control plan of care, documented (hiv)	X	-
0575T	Prgrmg dev eval icds ss ip	X	-
0575U	Transplantation medicine (liver allograft rejection), miRNA gene expression profiling by RT-PCR of 4 genes (miR-122, miR-885, miR-23a housekeeping, spike-in control), serum, algorithm reported as risk of liver allograft rejection	-	X
0576T	Interrog dev eval icds ss ip	X	-
0576U	Transplantation medicine (liver allograft rejection), quantitative donor-derived cell-free DNA (cfDNA) by whole genome nextgeneration sequencing, plasma and mRNA gene expression profiling by multiplex real-time PCR of 56 genes, whole blood, combined algorithm reported	-	X
0577T	as a rejection risk score	X	-
0577U	Oncology (ovarian), serum, analysis of 39 glycoproteins by liquid chromatography with tandem mass spectrometry (LC-MS/MS) in multiple reaction monitoring mode, reported as likelihood of malignancy	X	-
0578T	Rem interrog dev icds phys	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0578U	Oncology (cutaneous melanoma), RNA, gene expression profiling by realtime qPCR of 10 genes (8 content and 2 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reports a binary result, either low-risk or high-risk for sentinel lymph node metastasis and recurrence	-	X
0579T	Rem interrog dev icds tech	X	-
0579U	Nephrology (diabetic chronic kidney disease), enzymelinked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerular filtration rate (GFR), age, plasma, algorithm reported as a risk score for kidney function decline	X	-
0580F	Multidisciplinary care plan	X	-
0580T	Rmvl ss impl dfb pg only	X	-
0581F	Pt trnsfrd from anesth to cc	X	-
0581T	Abltj mal brst tum perq crtx	X	-
0581U	Transplantation medicine, antibody to non-human leukocyte antigens (nonHLA), blood specimen, flow cytometry, single-antigen bead technology, 39 targets, individual positive antibodies reported	X	-
0582F	No trnsfr from anesth to cc	X	-
0582T	Trurl abltj mal prst8 tiss	X	-
0582U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome DNA sequencing for singlenucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported	-	X
0583F	Transfer care checklist used	X	-
0583T	Tmpst auto tube dlvr sys	-	X
0583U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome comparator DNA sequencing for single-nucleotide variants, insertions/deletions, copy number variations, blood, saliva, tissue sample, variants reported with proband results (List separately in addition to code for primary procedure)	-	X
0584F	No transfer care chklist used	X	-
0584T	Perq islet cell transplant	X	-
0584U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quakinginduced conformational conversion, qualitative (For additional PLA code with identical clinical descriptor, see 0035U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	X	-
0585T	Laps islet cell transplant	X	-
0585U	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, and microsatellite instability, report shows identified mutations, including variants with clinical actionability	-	X
0586T	Open islet cell transplant	X	-
0586U	Oncology, mRNA, gene expression profiling of 216 genes (204 targeted and 12 housekeeping genes), RNA expression analysis, formalinfixed paraffin-embedded (FFPE) tissue, quantitative, reported as log2 ratio per gene	-	X
0587T	Perq impltj/rplcmt isdns ptn	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0587U	Therapeutic drug monitoring, 60-150 drugs and metabolites, urine, saliva, quantitative liquid chromatography with tandem mass spectrometry (LCMS/MS), specimen validity, and algorithmic analyses for presence or absence of drug or metabolite, risk score predicted for adverse drug effects	X	-
0588T	Revision/removal isdns ptn	X	-
0588U	Infectious disease (bacterial or viral), 32 genes (29 informative and 3 housekeeping), immune response mRNA, gene expression profiling by splitwell multiplex reverse transcription loop-mediated isothermal amplification (RTLAMP), whole blood, reported as continuous risk scores for likelihood of bacterial and viral infection and likelihood of severe illness within the next 7 days	X	-
0589T	Elec alys smpl prgrmg iins	X	-
0589U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative	X	-
0590T	Elec alys cplx prgrmg iins	X	-
0590U	Infectious disease (bacterial and fungal), DNA of 44 organisms (34 bacteria, 10 fungi), urine, next-generation sequencing, reported as positive or negative for each organism	X	-
0591T	Hlth&wb coaching indiv 1st	X	-
0591U	Oncology (prostate cancer), biochemical analysis of 3 proteins (total PSA, free PSA, and HE4), plasma, serum, prognostic algorithm incorporating 3 proteins and digital rectal examination, results reported as a probability score for clinically significant prostate cancer	X	-
0592T	Hlth&wb coaching indiv f-up	X	-
0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed paraffinembedded (FFPE) tumor tissue, results report clinically significant variant(s)	-	X
0593T	Hlth&wb coaching group	X	-
0593U	Infectious disease (genitourinary pathogens), DNA, 46 targets (28 pathogens, 18 resistance genes), RT-PCR amplified probe technique, urine, each analyte reported as detected or not detected	X	-
0594T	Osteot hum xtrnl lngth dev	X	-
0594U	Infectious disease (sepsis), semiquantitative measurement of pancreatic stone protein concentration, whole blood, reported as risk of sepsis	X	-
0595U	Infectious disease (tropical fever pathogens), vectorborne and zoonotic pathogens, including 2 viruses (Chikungunya virus and Dengue virus serotypes 1, 2, 3, and 4), 1 bacterium (Leptospira species), and 1 parasite with species differentiation (Plasmodium species, Plasmodium falciparum, and Plasmodium vivax/ovale), real-time RTPCR, whole blood, each pathogen reported as detected or not detected	X	-
0596T	Temp fml iu vlv-pmp 1st insj	-	X
0596U	Neurology (Alzheimer disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LCMS/MS), reported as an APOE prototype	X	-
0597T	Temp fml iu valve-pmp rplcmt	-	X
0597U	Oncology (breast), RNA expression profiling of 329 genes by targeted nextgeneration sequencing and 20 proteins by multiplex	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0598T	immunofluorescence,	X	-
0598U	Gastroenterology (irritable bowel syndrome), IgG antibodies to 18 food items by microarray-based immunoassay, whole blood or serum, report as elevated (positive) or normal (negative) antibody levels	X	-
0599T	formalin-fixed paraffinembedded (FFPE) tissue,	X	-
0599U	Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative	X	-
0600T	algorithmic analyses to	X	-
0601T	determine tumor-recurrence	X	-
0602T	risk score	X	-
0602U	Endocrinology (diabetes), insulin (INS) gene methylation using digital droplet PCR, insulin, and Cpeptide immunoassay, serum, Hemoglobin A1c immunoassay, whole blood, algorithm reported as diabetes-risk score	X	-
0603T	Transdermal gfr monitoring	X	-
0603U	Drug assay, presumptive, 77 drugs or metabolites, urine, liquid chromatography with tandem mass spectrometry (LC-MS/MS), results reported as positive or negative	X	-
0604T	Rem oct rta dev setup&educaj	X	-
0604U	Allergy and immunology (chronic recurrent angioedema), 4 bradykinin peptides, liquid chromatography and tandem mass spectrometry (LC-MS/ MS), whole blood, quantitative	X	-
0605T	Rem oct rta techl sprt min 8	-	X
0605U	Allergy and immunology (hereditary alpha tryptasemia), DNA, analysis of TPSAB1 gene copy number variation using digital PCR, whole blood, results reported with genotypespecific interpretation of alpha-tryptase copy number and algorithmic classification as normal or abnormal	-	X
0606T	Rem oct rta phys/qhp ea 30d	X	-
0607T	Rem mntr pulm flu mntr setup	X	-
0607U	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 31 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations	X	-
0608T	Rem mntr pulm flu mntr alys	X	-
0608U	Reproductive medicine (endometrial microbiome assessment), real-time PCR analysis for 10 bacterial DNA targets from endometrial biopsy, reported with quantified levels of bacterial presence and targeted treatment recommendations	X	-
0609T	Mrs disc pain acquisj data	X	-
0609U	Oncology (prostate), immunoassay for total prostate-specific antigen (PSA) and free PSA, serum or plasma, combined with clinical features, algorithm reported as a probability score for clinically significant prostate cancer	X	-
0610T	Mrs disc pain transmis data	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0610U	Infectious disease (antimicrobial susceptibility), phenotypic antimicrobial susceptibility testing of positive blood culture using microfluidic sensor technology to quantify bacterial growth response to multiple antibiotic types, reporting categorical susceptibility (susceptible, susceptible dose dependent, intermediate, resistant), minimum inhibitory concentration, and interpretive comments	X	-
0611T	Mrs disc pain alg alys data	X	-
0611U	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result (For additional PLA code with identical clinical descriptor, see 0612U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	X	-
0612T	Mrs discogenic pain i&r	X	-
0612U	Oncology (liver), analysis of over 1,000 methylated regions, cell-free DNA from plasma, algorithm reported as a quantitative result (For additional PLA code with identical clinical descriptor, see 0611U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	X	-
0613T	Perq tcat intratrl septl sht	X	-
0613U	Oncology (urothelial carcinoma), DNA methylation and mutation analysis of 6 biomarkers (TWIST1, OTX1, ONECUT2, FGFR3, HRAS, TERT promoter region), methylation-specific PCR and targeted next-generation sequencing, urine, algorithm reported as a probability index for bladder cancer and upper tract urothelial carcinoma	X	-
0614T	Rmvl&rplcmt ss impl dfb pg	X	-
0614U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 4 enzyme complexes by stained blue native polyacrylamide gel electrophoresis (PAGE), frozen tissue (muscle, liver, heart, cultured skin fibroblasts), diagnostic qualitative result	X	-
0615T	Eye mvmt alys w/o calbrj i&r	X	-
0615U	Borrelia burgdorferi (Lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, IgM	X	-
0616U	Neurology (dementia), DNA methylation analysis of more than 30,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0617U	Cardiovascular (atherosclerotic cardiovascular disease [ASCVD]), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0618U	Psychiatry (bipolar disorder), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0619T	Cysto w/prst8 commissurotomy	X	-
0619U	Pulmonary (chronic obstructive pulmonary disease [COPD]), DNA methylation analysis of more than 18,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0620T	Evasc ven artlz tibl/prnl vn	X	-
0620U	Oncology (hepatocellular carcinoma), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0621T	Trabeculostomy interno laser	X	-
0621U	Infectious disease (Lyme borreliosis), DNA methylation analysis of more than 10,000 sites, whole blood, algorithm reported as positive or negative risk	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0622T	Trabeculostomy int lsr w/scp	X	-
0622U	Psychiatry (major depressive disorder), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0623T	Auto quantification c plaque	-	X
0623U	Autoimmune (multiple sclerosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0624T	Auto quan c plaq data prep	-	X
0624U	Hepatology (nonalcoholic steatohepatitis [NASH]), DNA methylation analysis of 5,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0625T	Auto quan c plaq cptr alys	-	X
0625U	Endocrinology (osteoporosis), DNA methylation analysis of more than 5,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0626T	Auto quan c plaq i&r	-	X
0626U	Neurology (Parkinson disease), DNA methylation analysis of more than 20,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0627T	Perq njx algc fluor lmbr 1st	X	-
0627U	Psychiatry (schizophrenia), DNA methylation analysis of more than 15,000 sites, whole blood, algorithm reported as positive or negative risk	X	-
0628T	Perq njx algc fluor lmbr ea	X	-
0628U	Nephrology (kidney diseaserelated genetic conditions), genomic analysis, renal disease panel, saliva, DNA, next-generation sequencing of 449 genes, reported as pathogenic or likely pathogenic variants of uncertain significance or risk alleles	X	-
0629T	Perq njx algc ct lmbr 1st	X	-
0629U	Infectious disease (tuberculosis), DNA, analysis of 1 target by PCR with clustered regularly interspaced short palindromic repeat (CRISPR)-based probe detection, plasma or serum, qualitative report as detected or not detected	X	-
0630T	Perq njx algc ct lmbr ea	X	-
0630U	Oncology (breast), mRNA, gene expression profiling by microarray of 80 genes (80 content and 465 housekeeping), utilizing formalin-fixed paraffinembedded tissue (FFPE), algorithm reported as an index that is diagnostic of a molecular subtype (luminal, basal, Her2)	X	-
0631T	Tc vis lit hyperspectral img	X	-
0631U	Oncology (solid tumor), DNA, sequence analysis of 15 genes including BRCA1 and BRCA2 for identification of clonal hematopoiesis, blood, reported as tumor-derived or nontumorderived Northstar Select CHTM, BillionToOne Laboratory, BillionToOne, Inc	-	X
0632T	Perq tcat us abltj nrv p-art	X	-
0632U	Red blood cell antigen (fetal RhD gene analysis), multiplex polymerase chain reaction (PCR) and next-generation sequencing (NGS) of (cfDNA), plasma from pregnant individuals known to be RhD negative, reported as detected or not detected (Do not report 0632U in conjunction with 0488U) UNITY Fetal RhD NIPTTM, BillionToOne Laboratory, BillionToOne, Inc	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0633T	Ct breast w/3d uni c	X	-
0633U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA (cfDNA), nextgeneration sequencing (NGS) analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants and to determine fetal inheritance of maternal mutation, using maternal blood sample, algorithm reported as a fetal risk score	X	-
0634T	Ct breast w/3d uni c+	X	-
0634U	Oncology (breast cancer), cellfree DNA (cfDNA), evaluation of 11 ESR1 variants (E380Q, S463P, L536R, Y537C, Y537N, Y537S, D538G, V422del, L536H, L536P, Y537D) using droplet digital PCR (ddPCR), plasma, reported as positive or negative	X	-
0635T	Ct breast w/3d uni c-/c+	X	-
0635U	Autoimmune (atopic dermatitis), mRNA, nextgeneration sequencing (NGS), gene expression profiling of 487 genes, noninvasive skinsurface scraping, algorithm reported as likelihood of response to therapy	X	-
0636T	Ct breast w/3d bi c	X	-
0637T	Ct breast w/3d bi c+	X	-
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	-
0641U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment PredicineBEACON Baseline, Predicine Inc, Predicine Inc	-	X
0642T	Interpretation and report only, each flap or wound	X	-
0642U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level PredicineBEACON MRD (Longitudinal), Predicine Inc, Predicine Inc	-	X
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	X	-
0643U	Oncology (genitourinary cancer), cell-free circulating tumor DNA (ctDNA), 200 genes, next-generation sequencing (NGS), interrogation for singlenucleotide variants (SNVs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutation burden, using urine, identify and report mutations with clinical actionability	X	-
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	X	-
0644U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	X	-
0645U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance	-	X
0646T	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, when performed	X	-
0646U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA, whole blood, and formalin-fixed paraffinembedded (FFPE) tumor tissue DNA, baseline assessment	-	X
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	X	-
0647U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA (cfDNA), whole blood, assessment utilizing patientspecific tumor information, reported as negative or percent circulating tumor DNA (ctDNA)	-	X
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	X	-
0648U	Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formalinfixed paraffin-embedded (FFPE) tissue	-	X
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for primary procedure)	X	-
0649U	Neurology (Alzheimer disease), DNA, targeted nextgeneration sequencing (NGS) of AD-1 and AD-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status	-	X
0650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	X	-
0650U	Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function	-	X
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	X	-
0651U	Oncology (hereditary cancer), genomic DNA, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (NGS) and digital multiplex ligation-dependent probe amplification for variants, small indels (	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	X	-
0652U	Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status	-	X
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	X	-
0653U	Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants	-	X
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	X	-
0654U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result	-	X
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused images or other enhanced ultrasound imaging	X	-
0655U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result	-	X
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	X	-
0656U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result	-	X
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	X	-
0657U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by nextgeneration sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results	-	X
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	X	-
0658U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for singlenucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	-	X
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	X	-
0659U	Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for singlenucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	-	X
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	X	-
0660U	HPV GNOTYP 18/31/33/35 CFDNA	-	X
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	X	-
0661U	TRNSPLJ MED KAR RTQPCR 12GEN	-	X
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0662U	TRNSPLJ MED KAR RTQPCR 12GEN	-	X
0663T	Placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	X	-
0663U	OB FETAL PLTLT AG NIPT CFDNA	-	X
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	X	-
0664U	OB FETAL PLTLT AG NIPT CFDNA	-	X
0665T	Donor hysterectomy (including cold preservation); open, from living donor	X	-
0665U	HEP MASH ELISA YKL40 RTQPCR	X	-
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	X	-
0666U	NFCT DS WND DNA MULT RTPCR	X	-
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living dor	X	-
0667U	IEM PMD FGF21 CONCTRJ ELISA	X	-
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissecti	X	-
0668U	ONC PNCRS DNA 5HMC & GLYCAN	X	-
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, eac	X	-
0669U	NFCT DS BBB SPECIES MULTDPCR	X	-
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, eac	X	-
0670U	RARE DS WGSA S/L READ CMPRTR	X	-
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and	-	X
0671U	RARE DS WGSA S/L RD 2CMPRTRS	X	-
0672T	Ndovag cryg rf remdl tiss	X	-
0673T	Abltj b9 thyr ndul perq lasr	X	-
0673U	RARE DS WHOLE EXOME 2CMPRTRS	-	X
0674T	Laps insj nw/rpcmt prm isdss	X	-
0674U	RARE DS WHOLE EXOME 2CMPRTRS	-	X
0675T	Laps insj nw/rpcmt isdss 1ld	X	-
0675U	RARE DS MTDNA PRBND&2CMPRTRS	-	X
0676T	Laps insj nw/rpcmt isdss ea	X	-
0676U	RARE DS WGSA MATERNAL CMPRTR	-	X
0677T	Laps repos lead isdss 1st ld	X	-
0677U	RARE DS WGSA MATERNAL CMPRTR	-	X
0678T	Laps repos lead isdss ea add	X	-
0678U	ONC HHM GENOME SEQ 117 GENES	-	X
0679T	Laps rmvl lead isdss	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0679U	ONC HHM DNA ALYS >105 GENES	-	X
0680T	Insj/rplcmt pg only isdss	X	-
0680U	TOBAC USE DNA ALYS 1MTHYLTN	X	-
0681T	Rlcj pulse gen only isdss	X	-
0681U	TOBAC USE DNA ALYS 2MTHYLTN	X	-
0682T	Removal pulse gen only isdss	X	-
0682U	ONC LNG CA DNA ALYS 1MTHYLN	X	-
0683T	Prgrmg dev eval isdss ip	X	-
0683U	ONC LNG CA DNA ALYS 2MTHYLN	X	-
0684T	Peri-px dev eval isdss ip	X	-
0684U	AUD 4MTHYLTN MRK PCR WHL BLD	X	-
0685T	Interrog dev eval isdss ip	X	-
0685U	AUD 5MTHYLTN MRK PCR BLD/SLV	X	-
0686T	Histotripsy mal hepatcel tis	X	-
0686U	ONC PRST8 MRNA GENE XPRSN 22	-	X
0687T	Tx amblyopia dev setup 1st	X	-
0687U	CMPRTV ALYS STR MRK DNA BUCC	X	-
0688T	Tx amblyopia assmt w/report	X	-
0688U	ONC CLRCT CA ALYS MRD CTDNA	-	X
0689T	Quan us tis charac w/o dx us	X	-
0689U	ONC CLRT CA ALYS MRD PT-SPEC	-	X
0690T	Quan us tis charac w/dx us	X	-
0690U	TRNSPLJ MED AR DPCR ALYS 45	-	X
0691T	Auto alys xst ct std vrt fx	X	-
0691U	CARRIER SCREENING GSAP 6GENS	-	X
0692T	Therapeutic ultrafiltration	X	-
0692U	CRD PAD ALYS 3PRTN IA PLASMA	X	-
0693T	Compre ful bdy 3d mtn alys	X	-
0693U	ONC H&N CTDNA 699 GENES VRNT	X	-
0694T	3d vol img&rcnstj brst/ax	X	-
0694U	ONC MG MALDITOF MS ISOTYPES	X	-
0695T	Bdy srf mpg pm/cvdfb tm impl	X	-
0695U	ONC CNS WGSA CSF INTERROG	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0696T	Bdy surf mapg pm/cvdfb f/up	X	-
0696U	ONC SO TGSA RNA ALYS 350/>	-	X
0697T	Quan mr tis wo mri mlt orgn	X	-
0697U	OB DNA GNOTYP ALYS	X	-
0698T	Quan mr tiss w/mri mlt orgn	X	-
0698U	NEURO TBI ALYS GFAP UCHL1	X	-
0699T	Njx pst chmbr eye medication	X	-
0700T	Molec fluor img sus nev 1st	X	-
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 njx	X	-
0710T	N-invas artl plaq alys	X	-
0711T	N-nvs artl plaq alys dat prp	X	-
0712T	N-nvs artl plaq alys quan	X	-
0713T	N-nvs artl plaq alys rvw i&r	X	-
0714T	Tprnl lsr 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	Prq 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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0726T	Rmvl implt vstibular dev uni	X	-
0727T	Rmvl&rplcmt implt vstblr dev	X	-
0728T	Dx alys vstblr implt uni 1st	X	-
0729T	Dx alys vstblr implt uni sbq	X	-
0730T	Trabeculotomy lsr w/oct gdn	X	-
0731T	Augmnt ai-based fcl phnt a/r	X	-
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+l water	X	-
0737T	Xenograft impltj artclr surf	X	-
0738T	Tx pln mag fld abltj prst8	X	-
0739T	Abltj mal prst8 mag fld ndct	X	-
0740T	Rem auton alg nsln cal setup	X	-
0741T	Rem auton alg nsln 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	X	-
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 sl spc grpii	X	-
0758T	Dgtz gls mcrscp sl spc hchem	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0759T	Dgtz gls mcrscp sl sp grpiii	X	-
0760T	Dgtz gls mcrscp sl imm 1st	X	-
0761T	Dgtz gls mcrscp sl imm ea 1	X	-
0762T	Dgtz gls mcrscp sl imm ea m	X	-
0763T	Dgtz gls mcrscp mphmtrc alys	X	-
0764T	Asstv alg ecg rsk asmt cncrt	X	-
0765T	Asstv alg ecg rsk asmt prev	X	-
0766T	Tc mag stimj pn 1st tx 1nrv	X	-
0767T	Tc mag stimj pn 1st tx ea	X	-
0768T	Tc mag stimj pn sbsq tx 1nrv	X	-
0769T	Tc mag stimj pn sbsq tx ea	X	-
0770T	Vr technology assist therapy	X	-
0771T	Vr px dissoc svc sm phy 1st	X	-
0772T	Vr px dissoc svc sm phy ea	X	-
0773T	Vr px dissoc svc oth phy 1st	X	-
0774T	Vr px dissoc svc oth phy ea	X	-
0775T	Arthrd si jt prq iartic impl	X	-
0776T	Ther indctj ntrabrn hypthrm	X	-
0777T	R-t prs sensing edrl gdn sys	X	-
0778T	Smmg cncrnt appl imu snr	X	-
0779T	Gi myoelectrical actv study	X	-
0780T	Instlj fecal microbiota ssp	X	-
0781T	Brnchsc rf dstrj pulm nrv bi	X	-
0782T	Brnchsc rf dstrj plm nrv uni	X	-
0783T	Tc auriculr neurostimulation	X	-
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging g	X	-
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	X	-
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging g	X	-
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array an	X	-
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array a	X	-
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body t	X	-
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to	X	-
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professiona	X	-
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart cathe	X	-
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patie	X	-
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy,	X	-
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy,	X	-
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy,	X	-
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy,	X	-
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy,	X	-
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy,	X	-
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance	X	-
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance	X	-
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (	X	-
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of dev	X	-
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); percu	X	-
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); open	X	-
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorogra	X	-
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorogra	X	-
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placeme	X	-
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	X	-
0811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use c	X	-
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	X	-
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging g	X	-
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk asses	X	-
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (	X	-
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (	X	-
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, a	X	-
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, a	X	-
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psyched	X	-
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psyched	X	-
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psyched	X	-
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg,	X	-
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg,	X	-
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imag	X	-
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of	X	-
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; sme	X	-
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simp	X	-
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Sac	X	-
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation	X	-
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpret	X	-
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List s	X	-
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpr	X	-
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 sli	X	-
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic s	X	-
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic s	X	-
0837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report	X	-
0838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separate	X	-
0839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (	X	-
0840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with re	X	-
0841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(	X	-
0842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with froz	X	-
0843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch prep	X	-
0844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch prep	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (	X	-
0846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain pr	X	-
0847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tis	X	-
0848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain proce	X	-
0849T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe st	X	-
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain pro	X	-
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitativ	X	-
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitativ	X	-
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitativ	X	-
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List	X	-
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for p	X	-
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for prima	X	-
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augn	X	-
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with	X	-
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue	X	-
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue	X	-
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation	X	-
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or eq	X	-
0868T	High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation ar	X	-
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoper	X	-
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, inserti	X	-
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladd	X	-
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with pr	X	-
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated pe	X	-
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and	X	-
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care	X	-
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body c	X	-
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype clas	X	-
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype clas	X	-
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype clas	X	-
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype clas	X	-
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device	X	-
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead pla	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead pla	X	-
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) follo	X	-
0885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by thera	X	-
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by the	X	-
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition	X	-
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidanc	X	-
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst	X	-
0890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessm	X	-
0891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigati	X	-
0892T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigati	X	-
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or	X	-
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulati	X	-
0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitor	X	-
0896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, inc	X	-
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulation	X	-
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and p	X	-
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative al	X	-
0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic a	X	-
0901T	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 dev	X	-
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	X	-
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	X	-
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	X	-
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, t	X	-
0907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional a	X	-
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when pe	X	-
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when perform	X	-
0910T	Removal of integrated neurostimulation system, vagus nerve	X	-
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician	X	-
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physic	X	-
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-e	X	-
0914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-e	X	-
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic gui	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic gui	X	-
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic gui	X	-
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic gui	X	-
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	X	-
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous paci	X	-
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defib	X	-
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibri	X	-
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	X	-
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s),	X	-
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	X	-
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of	X	-
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disc	X	-
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with int	X	-
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote	X	-
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold e	X	-
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold e	X	-
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated p	X	-
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, includin	X	-
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left	X	-
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach,	X	-
0936T	Photobiomodulation therapy of retina, single session	X	-
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and st	-	X
0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and st	-	X
0939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and st	-	X
0940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and st	-	X
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic vis	X	-
0942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	X	-
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	X	-
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	X	-
0945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using	X	-
0946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, i	X	-
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disrup	X	-
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis,	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisit	X	-
0950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound gui	X	-
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and a	X	-
0952T	revision or replacement, with mastoidectomy and replacement of sound processor	X	-
0953T	revision or replacement, without mastoidectomy and replacement of sound processor	X	-
0954T	replacement of sound processor only, with attachment to existing transducers	X	-
0955T	removal, including removal of sound processor and all implant components	X	-
0956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, rec	X	-
0957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including i	X	-
0958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephal	X	-
0959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalograp	X	-
0960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for cont	X	-
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localiza	X	-
0962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, red	X	-
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	X	-
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjus	X	-
0965T	dual arch, with additional mandibular advancement, non-fixed hinge mechanism	X	-
0966T	dual arch, with additional mandibular advancement, fixed hinge mechanism	X	-
0967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring d	X	-
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with co	X	-
0969T	Removal of epicranial neurostimulator system	X	-
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed,	X	-
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	X	-
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, inc	X	-
0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general	X	-
0974T	each additional 100 sq cm (List separately in addition to code for primary procedure)	X	-
0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general	X	-
0976T	each additional 100 sq cm (List separately in addition to code for primary procedure)	X	-
0977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	X	-
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	X	-
0979T	soft palate only	X	-
0980T	base of tongue and lingual tonsil only	X	-
0981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including de	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pre	X	-
0983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads o	X	-
0984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic eva	X	-
0985T	each additional vessel (List separately in addition to code for primary procedure)	X	-
0986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic eval	X	-
0987T	each additional vessel (List separately in addition to code for primary procedure)	X	-
0988T	Transcatheter closure of paravalvular leak, including imaging guidance when performed	X	-
0989T	subcutaneous and subfascial	X	-
0990T	Transcervical instillation of biodegradable hydrogel materials, intrauterine	X	-
0991T	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging	X	-
0992T	Noninvasive assessment of cardiac risk derived from augmentative software analysis of perivascular fat without concu	X	-
0993T	Noninvasive assessment of cardiac risk derived from augmentative software analysis of perivascular fat with concurre	X	-
0994T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic	X	-
0995T	EVASC DELIVERY AORTIC WALL STABLJ DRUG THER OPEN	X	-
0996T	Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, in	X	-
0997T	Precuneus magnetic stimulation; treatment planning using magnetic resonance imaging-guided neuronavigation to de	X	-
0998T	personalized treatment delivery of magnetic stimulation therapy to a prespecified target area derived from analysis of	X	-
0999T	Autologous muscle cell therapy, harvesting of muscle progenitor cells, including ultrasound guidance, when performe	X	-
1000T	Autologous muscle cell therapy, administration of muscle progenitor cells into the urethral sphincter, including cystos	X	-
1001T	Autologous muscle cell therapy, injection of muscle progenitor cells into the external anal sphincter, including ultrasou	X	-
1002T	Air displacement plethysmography, whole-body composition assessment, with interpretation and report	X	-
1003T	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (e	X	-
1004T	Electronic analysis of implanted sub-scalp continuous bilateral electroencephalography monitoring system (eg, contac	X	-
1005T	with programming, first 15 minutes face-to-face time with physician or other qualified health care professiona	X	-
1006T	with programming, each additional 15 minutes face-to-face time with physician or other qualified health care professi	X	-
1007T	Electroencephalogram from implanted sub-scalp continuous bilateral electroencephalography monitoring system, phy	X	-
1008T	Remote monitoring of sub-scalp implanted continuous bilateral electroencephalography monitoring system, device fit	X	-
1009T	Remote monitoring of a sub-scalp implanted continuous bilateral electroencephalography monitoring system, physicia	X	-
1010T	Computerized ophthalmic analysis of monocular eye movements using retinalbased eye-tracking without spatial calibr	X	-
1011T	Photobiomodulation (PBM) therapy of oral cavity, including placement of an oral device, monitoring of patient tolerar	X	-
1012T	Motorized ab interno trephination of sclera (sclerostomy), or trabecular meshwork (trabeculostomy), 1 or more, inclu	X	-
1013T	Laparoscopy, surgical, implantation or replacement of lower esophageal sphincter neurostimulator electrode array an	X	-
1014T	Laparoscopic revision or removal, lower esophageal sphincter neurostimulator electrodes	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
1015T	Revision or removal, lower esophageal sphincter neurostimulator pulse generator or receiver	X	-
1016T	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, conf	X	-
1017T	subsequent, without reprogramming	X	-
1018T	subsequent, with reprogramming	X	-
1019T	Lymphovenous bypass, including robotic assistance, when performed, per extremity	X	-
1020T	Raman spectroscopy of 1 or more skin lesions, with probability score for malignant risk derived by algorithmic analysis	X	-
1021T	Active thoracic irrigation (separate procedure)	X	-
1022T	Percutaneous tissue displacement, any method, including imaging guidance; intraabdominal/pelvic structures (List sep	X	-
1023T	intrathoracic structures (List separately in addition to code for primary procedure)	X	-
1024T	soft tissue (List separately in addition to code for primary procedure)	X	-
1025T	Alternating electric fields dosimetry and delivery-simulation modeling, creation and selection of patient-specific array	X	-
1026T	Transvaginal laser photobiomodulation therapy of pelvis, provided by a physician or other qualified health care profes	X	-
1027T	Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the sup	X	-
1028T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation thera	X	-
1029T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation thera	X	-
1030T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FA	X	-
1031T	each additional 30 minutes (List separately in addition to code for primary procedure)	X	-
1032T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FA	X	-
1033T	each additional 30 minutes (List separately in addition to code for primary procedure)	X	-
1034T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FA	X	-
1035T	each additional 30 minutes (List separately in addition to code for primary procedure)	X	-
1036T	Noninvasive hemodynamic assessment with pulmonary pressures and ejection fraction when performed, including pa	X	-
1037T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging gui	X	-
1038T	Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, whe	X	-
1039T	Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physicia	X	-
1040T	Bronchoscopy, flexible, with bronchial cryotherapy, 1 lung, including trachea, when performed	X	-
1041T	Augmentative algorithmic analysis of encephalographic waveforms to identify the source and propagation of epileptif	X	-
1042T	Implantation of absorbable urologic scaffold for prosthetic urethra restoration of reconstructed bladder neck and uret	X	-
1043T	Quantitative magnetic resonance, without imaging, for analysis of liver tissue, including assessment of 1 or more paral	X	-
1044T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site;	X	-
1045T	each additional 5 sq cm, or part thereof (List separately in addition to code for primary procedure)	X	-
1046T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body ar	X	-
1047T	each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
1048T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, ha	X	-
1049T	each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately	X	-
1050T	Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart	X	-
1051T	Removal of subcutaneous heart failure decompensation monitor	X	-
1052T	Interrogation device evaluation(s), (in person or remote) up to 30 days, insertable subcutaneous heart failure decomp	X	-
1053T	Programming device evaluation (in person or remote) of subcutaneous heart failure decompensation monitor, with ar	X	-
1054T	FCSD NSHCKWV US PROP RESD ST	X	-
1055T	NTRAOP RF ABLTJ LUMPCTMY CAV	X	-
1056T	COCHLEAR INFUSION RX AGENT	X	-
1057T	INS/RPL SUBQ NPG SPRORB&OCPL	X	-
1058T	REVJ SUBQ SPRORB&OCPL NSTIM	X	-
1059T	RMVL SUBQ SPRORB&OCPL NSTIM	X	-
1060T	ELC ALY SPRORB-OCPL NSTM CPX	X	-
1061T	ELC ALY SPRORB-OCPL NSTM SMP	X	-
1062T	ARTIF INSEM TRNSCRV NTRATUBL	X	-
1063T	ONC BLDR AUG ALG ALY REC&PRG	X	-
1064T	ONC BLDR AUGMNT ALG ALYS BCG	X	-
1065T	CYSTO CO2 SPRAY MNR BLDR LES	X	-
1066T	CYSTO CO2 SPRAY SML BLDR LES	X	-
1067T	CYSTO CO2 SPRAY MED BLDR LES	X	-
1068T	CYSTO CO2 SPRAY LRG BLDR LES	X	-
1069T	MCHNL XTR CRYCMPRSN MEAS&EDU	X	-
1070T	MCHNL XTR CRYCMPRSN PLMT	X	-
1071T	MCHNL XTR CRYCMPRSN TX CONTN	X	-
1072T	LVR ALGRFT NRMTHRMC MNTR EA	X	-
1073T	LVR ALGRFT NRMTHRMC DCANNULJ	X	-
1074T	LVR ALGRFT HYPTHRM CANNULJ	X	-
1075T	LVR ALGRFT HYPTHRM CONNJ	X	-
1076T	LVR ALGRFT HYPTHRM MNTR 1ST	X	-
1077T	LVR ALGRFT HYPTHRM MNTR EA	X	-
1078T	LVR ALGRFT HYPTHRM DCANNULJ	X	-
1079T	3D QUAN WTR BTH US TOMG BRST	X	-
1080T	INSJ INTRACAPSULAR MAGNIFIER	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
1081T	MVASC ANAST LYMPH NOD&VN 1ST	X	-
1082T	MVASC ANAST LYMPH NODE&VN EA	X	-
1083T	STRTCTC PLMT NFS CATH BRAIN	X	-
1084T	IMPL SCAF ALGRF SPRCHRDL SPC	X	-
1085T	ASSTV ALG ALY ID LES METS CA	X	-
1086T	NTRAPX EST C FF AUG ALG ALYS	X	-
1087T	EST C FF DRV AUG ALG ALYS	X	-
1088T	PERQ APPL HI-FRQ NEUROMD SGL	X	-
1089T	IO QUAN MCROELAST TIS CHARAC	X	-
1090T	ATCH&INS IO LNS PRSTH RX IMP	X	-
1091T	PLMT PERM COM CRTD ART FLTR	X	-
1092T	IMP ACLR SCAF KNE CHNDR OPEN	X	-
1093T	IMP ACLR SCAF KNE CHNDR ARTH	X	-
1094T	IMP ACLR SCAF KNEE EACH ADDL	X	-
1095T	HRV&PCX AUTOL BMAC MSCSKL TX	X	-
1096T	NJX THRMRG MLTPHAS SSP DMYL8	X	-
1097T	ONC PNCRS AUG ALG HMORPH H&E	X	-
1098T	PLMT SUBRTA PROSTH W/VTRC	X	-
1099T	ABLTJ NCMPTNT VN EXT TC HIFU	X	-
1100T	TC SPI NEUROMD PRGRMG EA 30	X	-
1101T	TC SPI NEUROMD APPL EACH 15	X	-
1102T	NTROP MOLEC ASMT LNG TUM TIS	X	-
1103T	NTROP MOLEC ASMT OV TUB/PRTL	X	-
1104T	N-INVAS CARDPULM ASSMT CAD	X	-
1105T	PRSNLZ NSTM PLS RATE AUG ALG	X	-
1106T	ONC BRST AUG ALG HMORPH H&E	X	-
1107T	ONC PRST8 AUG ALG HMORPH H&E	X	-
1108T	STRTCTC ICERE IMPL 1+1TRAJ	X	-
1109T	STRTCTC ICERE IMPL 1+MLT TRJ	X	-
1110T	STRTCTC ICERE DLVR 1 TRAJ	X	-
1111T	STRTCTC ICERE DLVR MLT TRAJ	X	-
1123F	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the	X	-
1124F	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
1125F	Pain severity quantified; pain present (onc)1	X	-
1126F	Pain severity quantified; no pain present (onc)1	X	-
1127F	New episode for condition (nma-no measure associated)	X	-
1128F	Subsequent episode for condition (nma-no measure associated)	X	-
1130F	Back pain and function assessed, including all of the following: pain assessment and functional status and patient histo	X	-
1134F	Episode of back pain lasting 6 weeks or less (bkp)	X	-
1135F	Episode of back pain lasting longer than six weeks (bkp)2	X	-
1136F	Episode of back pain lasting 12 weeks or less (bkp)2	X	-
1137F	Episode of back pain lasting longer than 12 weeks (bkp)2	X	-
1150F	Documentation that a patient has a substantial risk of death within 1 year (pall cr)	X	-
1151F	Documentation that a patient does not have a substantial risk of death within one year (pall cr)	X	-
1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)	X	-
1153F	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)	X	-
1157F	Advance care plan or similar legal document present in the medical record (coa)	X	-
1158F	Advance care planning discussion documented in the medical record (coa)	X	-
1159F	Medication list documented in medical record (coa)	X	-
1160F	Rvw meds by rx/dr in rcrd	X	-
1170F	Functional status assessed (coa) (ra)	X	-
1175F	Functional status for dementia assessed and results reviewed (dem)	X	-
1180F	All specified thromboembolic risk factors assessed (afib)	X	-
1181F	Neuropsychiatric symptoms assessed and results reviewed (dem)	X	-
1182F	Neuropsychiatric symptoms, one or more present (dem)	X	-
1183F	Neuropsychiatric symptoms, absent (dem)	X	-
1200F	Seizure type(s) and current seizure frequency(ies) documented (epi)	X	-
1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)	X	-
1220F	Patient screened for depression (sud)	X	-
1400F	Prkns diag rviewed	X	-
1450F	Symptoms improved or remained consistent with treatment goals since last assessment (hf)	X	-
1451F	Symptoms demonstrated clinically important deterioration since last assessment (hf)	X	-
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)	X	-
1491F	Dementia severity classified, moderate (dem)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	X	-
2000F	Blood pressure measured (ckd)(dm)	X	-
2001F	Weight recorded (pag)	X	-
2002F	Clinical signs of volume overload (excess) assessed (nma - no measure associated)	X	-
2004F	Initial examination of the involved joint(s)	X	-
2010F	Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap)	X	-
2014F	Mental status assessed (normal/mildly impaired/severely impaired)(cap)	X	-
2015F	Asthma impairment assessed (asthma)	X	-
2016F	Asthma risk assessed (asthma)	X	-
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	X	-
2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemr	X	-
2020F	Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	X	-
2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema a	X	-
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)	X	-
2023F	Dilat rta xm w/o rtnopthy	X	-
2024F	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and r	X	-
2025F	F 7 fld rta photo w/o rtnopthy	X	-
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and revie	X	-
2027F	Optic nerve head evaluation performed (ec)	X	-
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and p	X	-
2029F	Complete physical skin exam performed (ml)	X	-
2030F	Hydration status documented, normally hydrated (pag)	X	-
2031F	Hydration status documented, dehydrated (pag)	X	-
2033F	Eye img valid w/o rtnopthy	X	-
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	X	-
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for ba	X	-
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement d	X	-
2060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd a	X	-
3006F	Chext xray results documented and reviewed (cap)	X	-
3008F	Body mass index (bmi), documented (pv)	X	-
3011F	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	X	-
3014F	Screening mammography results documented and reviewed	X	-
3015F	Cervical cancer screening results documented and reviewed (pv)	X	-
3016F	Patient screened for unhealthy alcohol use using a systematic screening method (pv)	X	-
3017F	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexibl	X	-
3018F	Including location of each polyp, size, number and gross morp	X	-
3019F	Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)	X	-
3020F	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the	X	-
3021F	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular	X	-
3022F	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	X	-
3023F	Spirometry results documented and reviewed (copd)	X	-
3025F	Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)	X	-
3027F	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	X	-
3028F	Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood ga	X	-
3035F	Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	X	-
3037F	Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	X	-
3038F	Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	X	-
3040F	Functional expiratory volume (fev1) <40% of predicted value (copd)	X	-
3042F	Functional expiratory volume (fev1) >=40% of predicted value (copd)	X	-
3044F	Most recent hemoglobin a1c level <7.0% (dm)	X	-
3046F	Hemoglobin a1c level > 9.0%	X	-
3048F	Most recent ldl-c less than 100 mg/dl (cad) (dm)	X	-
3049F	Most recent ldl-c 100-129 mg/dl (cad) (dm)	X	-
3050F	Most recent ldl-c greater than or equal to 130 mg/dl (cad) (dm)	X	-
3051F	Hg a1c>equal 7.0%<8.0%	X	-
3052F	Hg a1c>equal 8.0%	X	-
3055F	Left ventricular ejection fraction (lvef) less than or equal to 35% (hf)	X	-
3056F	Left ventricular ejection fraction (lvef) greater than 35% or no lvef result available (hf)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
3060F	Positive microalbuminuria test result documneted and reviewed (dm)	X	-
3061F	Negative microalbuminuria test result documented and reviewed (dm)	X	-
3062F	Positive macroalbuminuria test result documented and reviewed (dm)	X	-
3066F	Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	X	-
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)	X	-
3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation doc	X	-
3074F	Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	X	-
3075F	Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	X	-
3077F	Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	X	-
3078F	Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	X	-
3079F	Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	X	-
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	X	-
3082F	Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	X	-
3083F	Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	-
3084F	Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	-
3085F	Suicide risk assessed (mdd)	X	-
3088F	Major depressive disorder, mild (mdd)	X	-
3089F	Major depressive disorder, moderate (mdd)	X	-
3090F	Major depressive disorder, severe without psychotic features (mdd)	X	-
3091F	Major depressive disorder, severe with psychotic features (mdd)	X	-
3092F	Major depressive disorder, in remission (mdd)	X	-
3093F	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	X	-
3095F	Central dual - energy x-ray absorptionmetry (dxa) results documented (op)	X	-
3096F	Central dual - energy x-ray absorptionmetry (dxa) ordered (op)	X	-
3100F	Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter	X	-
3110F	Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (st	X	-
3111F	Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging cente	X	-
3112F	Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imag	X	-
3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (hf)	X	-
3117F	Heart failure disease specific structured assessment tool completed (hf)	X	-
3118F	New york heart association (nyha) class documented (hf)	X	-
3119F	No evaluation of level of activity or clinical symptoms (hf)	X	-
3120F	12-lead ecg performed (em)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
3126F	Esoph bx rprt w/dyspl info	X	-
3130F	Upper gastrointestinal endoscopy performed (gerd)	X	-
3132F	Documentation of referral for upper gastrointestinal endoscopy (gerd)	X	-
3140F	Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)	X	-
3141F	Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)	X	-
3142F	Barium swallow test ordered (gerd)	X	-
3150F	Forceps esophageal biopsy performed (gerd)	X	-
3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)	X	-
3160F	Documentation of iron stores prior to initiating erythropoietin therapy (hem)	X	-
3170F	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	X	-
3200F	Barium swallow test not ordered (gerd)	X	-
3210F	Group a strep test performed (phar)	X	-
3215F	Patient has documented immunity to hepatitis a (hep-c)	X	-
3216F	Patient has documented immunity to hepatitis b (hep-c)	X	-
3218F	Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep	X	-
3220F	Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c	X	-
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)	X	-
3250F	Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	X	-
3260F	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology repor	X	-
3265F	Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	X	-
3266F	Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1	X	-
3267F	Pathology report includes pt category, pn category, gleason score and statement about margin status (path)	X	-
3268F	Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatr	X	-
3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	X	-
3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1	X	-
3271F	Low risk of recurrence, prostate cancer (prca)1	X	-
3272F	Intermediate risk of recurrence, prostate cancer (prca)1	X	-
3273F	High risk of recurrence, prostate cancer (prca)1	X	-
3274F	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	X	-
3278F	Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	X	-
3279F	Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	X	-
3280F	Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	X	-
3281F	Hemoglobin level less than 11 g/dl (ckd, esrd)1	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
3284F	Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre-intervention level (ec)5	X	-
3285F	Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5	X	-
3288F	Falls risk assessment documented (ger)5	X	-
3290F	Patient is d (rh) negative and unsensitized (prenatal)1	X	-
3291F	Patient is d (rh) positive or sensitized (prenatal)1	X	-
3292F	Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1	X	-
3293F	Abo and rh blood typing documented as performed (pre-cr)	X	-
3294F	Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	X	-
3300F	American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1	X	-
3301F	Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1	X	-
3315F	Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	X	-
3316F	Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	X	-
3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of che	X	-
3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radi	X	-
3319F	One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca	X	-
3320F	None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc	X	-
3321F	Ajcc cancer stage 0 or ia melanoma, documented (ml)	X	-
3322F	Melanoma greater than ajcc stage 0 or ia (ml)	X	-
3323F	Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	X	-
3324F	Mri or ct scan ordered, reviewed or requested (epi)	X	-
3325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula	X	-
3328F	Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)	X	-
3330F	Imaging study ordered (bkp)2	X	-
3331F	Imaging study not ordered (bkp)2	X	-
3340F	Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	X	-
3341F	Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	X	-
3342F	Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	X	-
3343F	Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	X	-
3344F	Mammogram assessment category of "suspicious," documented (rad)	X	-
3345F	Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	X	-
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	X	-
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)	X	-
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd)	X	-
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (	X	-
3370F	Ajcc breast cancer stage 0, documented (onc)	X	-
3372F	Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	X	-
3374F	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	X	-
3376F	Ajcc breast cancer stage ii, documented (onc)	X	-
3378F	Ajcc breast cancer stage iii, documented (onc)	X	-
3380F	Ajcc breast cancer stage iv, documented (onc)	X	-
3382F	Ajcc colon cancer, stage 0, documented (onc)	X	-
3384F	Ajcc colon cancer, stage i, documented (onc)	X	-
3386F	Ajcc colon cancer, stage ii, documented (onc)	X	-
3388F	Ajcc colon cancer, stage iii, documented (onc)	X	-
3390F	Ajcc colon cancer, stage iv, documented (onc)	X	-
3394F	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)	X	-
3395F	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9	X	-
3450F	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	X	-
3451F	Dyspnea screened, moderate or severe dyspnea (pall cr)	X	-
3452F	Dyspnea not screened (pall cr)	X	-
3455F	Tb screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for ra (ra)	X	-
3470F	Rheumatoid arthritis (ra) disease activity, low (ra)	X	-
3471F	Rheumatoid arthritis (ra) disease activity, moderate (ra)	X	-
3472F	Rheumatoid arthritis (ra) disease activity, high (ra)	X	-
3475F	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	X	-
3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	X	-
3490F	History of aids-defining condition (hiv)	X	-
3491F	Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	X	-
3492F	History of nadir cd4+ cell count <350 cells/mm (hiv)	X	-
3493F	No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	X	-
3494F	Cd4+ cell count <200 cells/mm (hiv)	X	-
3495F	Cd4+ cell count 200 - 499 cells/mm (hiv)	X	-
3496F	Cd4+ cell count >=500 cells/mm (hiv)	X	-
3497F	Cd4+ cell percentage <15% (hiv)	X	-
3498F	Cd4+ cell percentage >=15% (hiv)	X	-
3500F	Cd4+ cell count or cd4+ cell percentage documented as performed (hiv)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
3502F	Hiv rna viral load below limits of quantification (hiv)	X	-
3503F	Hiv rna viral load not below limits of quantification (hiv)	X	-
3510F	Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	X	-
3511F	Chlamydia and gonorrhea screenings documented as performed (hiv)	X	-
3512F	Syphilis screening documented as performed (hiv)	X	-
3513F	Hepatitis b screening documented as performed (hiv)	X	-
3514F	Hepatitis c screening documented as performed (hiv)	X	-
3515F	Patient has documented immunity to hepatitis c (hiv)	X	-
3517F	Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a first course of anti-tnf (tumor necrosis factor) therapy (ibd)	X	-
3520F	Clostridium difficile testing performed (ibd)	X	-
3550F	Low risk for thromboembolism (afib)	X	-
3551F	Intermediate risk for thromboembolism (afib)	X	-
3552F	High risk for thromboembolism (afib)	X	-
3555F	Patient had international normalized ratio (inr) measurement performed (afib)	X	-
3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct	X	-
3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	-
3573F	Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	-
3650F	Electroencephalogram (eeg) ordered, reviewed or requested (epi)	X	-
3700F	Psych disorders assessed	X	-
3720F	Cognit impairment assessed	X	-
3725F	Screening for depression performed (dem)	X	-
3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)	X	-
3751F	Electrodiag polyneuro6mon	X	-
3752F	No electrodiag polyneuro6mon	X	-
3753F	Pt has symp plus signs neuropathy	X	-
3754F	Screening tests dm done	X	-
3755F	Cog and behav imprmnt scrng done	X	-
3756F	Pt /w pseudobulbar affect, sialorrhea or als rltd sysmptom	X	-
3757F	Pt /w no pseudobulbar affect, sialorrhea or als rltd sysmptom	X	-
3758F	Pt ref pulmon fx test with peak flow	X	-
3759F	Pt scrn dysphag /wt loss/nutrition	X	-
3760F	Pt w/ dysphag /wt loss/nutr	X	-
3761F	Pt not exhbt dysphagia, wt loss, or impaired nutrition	X	-
3762F	Patient is dysarthric	X	-
3763F	Patient is not dysarthric	X	-
3775F	Adenoma detected screening	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
3776F	Adenoma not detect screening	X	-
4000F	Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)	X	-
4001F	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	X	-
4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	X	-
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)	X	-
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)	X	-
4008F	Beta-blocker therapy prescribed or currently being taken (cad,hf)	X	-
4010F	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently being taken (cad, ckd, hf) (dm)	X	-
4011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	X	-
4012F	Warfarin therapy prescribed (nma-no measure associated)	X	-
4013F	Statin therapy prescribed or currently being taken (cad)	X	-
4014F	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica	X	-
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no measure associated) (note: there are no medical exclusio	X	-
4016F	Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), includng otc medication(s)]	X	-
4017F	Gastrointestinal prophylaxis for nsaid use prescribed	X	-
4018F	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	X	-
4025F	Inhaled bronchodilator prescribed (copd)	X	-
4030F	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)	X	-
4033F	Pulmonary rehabilitation exercise training recommended (copd)	X	-
4035F	Influenza immunization recommended (copd)(ibd)	X	-
4037F	Influenza immunization ordered or administered (copd, pv)	X	-
4040F	Pneumococcal vaccine administer or previously received (copd) (pv)	X	-
4041F	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	X	-
4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra	X	-
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card	X	-
4044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in	X	-
4045F	Appropriate empiric antibio0	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
4046F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative	X	-
4047F	Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancom	X	-
4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon	X	-
4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car	X	-
4050F	Hypertension plan of care documented as appropriate (nma - no measure associated)	X	-
4051F	Referred for an arterio-venous (av) fistula (esrd)	X	-
4052F	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	X	-
4053F	Hemodialysis via functioning arterio-venous (av) graft (esrd)	X	-
4054F	Hemodialysis via catheter (esrd)	X	-
4055F	Patient receiving peritoneal dialysis (esrd)	X	-
4056F	Appropriate oral rehydration solution recommended (pag)	X	-
4058F	Pediatric gastroenteritis education provided to caregiver (pag)	X	-
4060F	Psychotherapy services provided (mdd)	X	-
4062F	Patient referral for psychotherapy documented (mdd)	X	-
4063F	Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	X	-
4064F	Antidepressant pharmacotherapy prescribed (mdd)	X	-
4065F	Antipsychotic pharmacotherapy prescribed (mdd)	X	-
4066F	Electroconvulsive therapy (ect) provided (mdd)	X	-
4067F	Patient referral for electroconvulsive therapy (ect) documented (mdd)	X	-
4069F	Venous thromboembolism (vte) prophylaxis received (ibd)	X	-
4070F	Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	X	-
4073F	Oral antiplatelet therapy prescribed at discharge (str)	X	-
4075F	Anticoagulant therapy prescribed at discharge (str)	X	-
4077F	Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	X	-
4079F	Documentation that rehabilitation services were considered (str)	X	-
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)	X	-
4086F	Aspirin or clopidogrel prescribed or currently being taken (cad)	X	-
4090F	Patient receiving erythropoietin therapy (hem)	X	-
4095F	Patient not receiving erythropoietin therapy (hem)	X	-
4100F	Bisphosphonate therapy, intravenous, ordered or received (hem)	X	-
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)	X	-
4115F	Beta blocker administered within 24 hours prior to surgical incision (cabg)	X	-
4120F	Antibiotic prescribed or dispensed (uri, phar)	X	-
4124F	Antibiotic neither prescribed nor dispensed (uri, phar)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
4130F	Topical preparations (including otc) prescribed for acute otitis externa (aoe)	X	-
4131F	Systemic antimicrobial therapy prescribed (aoe)	X	-
4132F	Systemic antimicrobial therapy not prescribed (aoe)	X	-
4133F	Antihistamines or decongestants prescribed or recommended (ome)	X	-
4134F	Antihistamines or decongestants neither prescribed nor recommended (ome)	X	-
4135F	Systemic corticosteroids prescribed (ome)	X	-
4136F	Systemic corticosteroids not prescribed (ome)	X	-
4140F	Inhaled corticosteroids prescribed (asthma)	X	-
4142F	Corticosteroid sparing therapy prescribed (ibd)	X	-
4144F	Alternative long-term control medication prescribed (asthma)	X	-
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	X	-
4148F	Hepatitis a vaccine injection administered or previously received (hep-c)	X	-
4149F	Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	X	-
4150F	Patient receiving antiviral treatment for hepatitis c (hep-c)	X	-
4151F	Patient not receiving antiviral treatment for hepatitis c (hep-c)	X	-
4153F	Combination peginterferon and ribavirin therapy prescribed (hep-c)	X	-
4155F	Hepatitis a vaccine series previously received (hep-c)	X	-
4157F	Hepatitis b vaccine series previously received (hep-c)	X	-
4158F	Patient counseled about risks of alcohol use (hep-c)	X	-
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	X	-
4163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	X	-
4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	X	-
4165F	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	X	-
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	X	-
4168F	Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1	X	-
4169F	Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving	X	-
4171F	Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	X	-
4172F	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	X	-
4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	X	-
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	X	-
4176F	Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
4177F	Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr	X	-
4178F	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	X	-
4179F	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	X	-
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	X	-
4181F	Conformal radiation therapy received (onc)1	X	-
4182F	Conformal radiation therapy not received (onc)1	X	-
4185F	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger	X	-
4186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec	X	-
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	X	-
4188F	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered	X	-
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	X	-
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (am)2	X	-
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	X	-
4192F	Patient not receiving glucocorticoid therapy (ra)	X	-
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months (ra)	X	-
4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra)	X	-
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	X	-
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	X	-
4200F	External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)	X	-
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient	X	-
4210F	Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2	X	-
4220F	Digoxin medication therapy for 6 months or more (mm)2	X	-
4221F	Diuretic medication therapy for 6 months or more (mm)2	X	-
4230F	Anticonvulsant medication therapy for 6 months or more (mm)2	X	-
4240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las	X	-
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	X	-
4245F	Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2	X	-
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal	X	-
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	X	-
4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit)	X	-
4260F	Wound surface culture technique used (cwc)	X	-
4261F	Tech other than surfc cultr	X	-
4265F	Use of wet to dry dressings prescribed or recommended (cwc)	X	-
4266F	Use of wet to dry dressings neither prescribed nor recommended (cwc)	X	-
4267F	Compression therapy prescribed (cwc)	X	-
4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc)	X	-
4269F	Appropriate method of offloading (pressure relief) prescribed (cwc)	X	-
4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	X	-
4271F	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h	X	-
4274F	Influenza immunization administered or previously received (hiv)	X	-
4276F	Potent antiretroviral therapy prescribed (hiv)	X	-
4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	X	-
4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv)	X	-
4290F	Patient screened for injection drug use (hiv)	X	-
4293F	Patient screened for high-risk sexual behavior (hiv)	X	-
4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	X	-
4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	X	-
4305F	Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	X	-
4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	X	-
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud)	X	-
4322F	Caregiver provided with education and referred to additional resources for support (dem)	X	-
4324F	Pt queried prkns complic	X	-
4325F	Med txmnt options rvwd w/pt	X	-
4326F	Pt asked re symp auto dysfxn	X	-
4328F	Pt asked re sleep disturb	X	-
4330F	Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	X	-
4340F	Counseling for women of childbearing potential with epilepsy (epi)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
4350F	Counseling provided on symptom management, end of life decisions, and palliation (dem)	X	-
4400F	Rehab thxpy options w/pt	X	-
4450F	Self-care education provided to patient (hf)	X	-
4470F	Implantable cardioverter-defibrillator (icd) counseling provided (hf)	X	-
4480F	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	X	-
4481F	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)	X	-
4500F	Referred to an outpatient cardiac rehabilitation program (cad)	X	-
4510F	Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	X	-
4525F	Neuropsychiatric intervention ordered (dem)	X	-
4526F	Neuropsychiatric intervention received (dem)	X	-
4540F	Disease modified pharmacothxpy	X	-
4541F	Pt offered tx for pseudobulb	X	-
4550F	Noninvas resp support talk	X	-
4551F	Nutritional support offered	X	-
4552F	Pt ref for speech lang path	X	-
4553F	Pt asst re end life issues	X	-
4554F	Pt recvd inhal anesthetic	X	-
4555F	Pt recvd no inhal anesthic	X	-
4556F	Ptw/3+ post-op nausea and vommiting	X	-
4557F	Pt w/o 3+ pot-op nausea and vommiting	X	-
4558F	Pt recvd 2 rx anti-emetagnts	X	-
4559F	1 bodytemp >=35.5 cw/in 30 mins	X	-
4560F	Anesth w/o general or neurax anesth	X	-
4561F	Pt w/ cornonary artery stent	X	-
4562F	Patient does not have coronary artery stent	X	-
4563F	Pt recvd aspirin w/in 24 hours	X	-
5005F	Patient counseled on self - examination for new or changing moles (ml)	X	-
5010F	Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)	X	-
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for oste	X	-
5020F	Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of co	X	-
5050F	Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	X	-
5060F	Findings from diagnostic mammogram communicated to practice managing patient¿s on-going care within 3 business days of e	X	-
5062F	Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imag	X	-
5100F	Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study (nuc_med)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy	X	-
5250F	Asthma discharge plan present (asthma)	X	-
6005F	Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	X	-
6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	X	-
6015F	Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	X	-
6020F	Npo (nothing by mouth) ordered (str)	X	-
6030F	All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves a	X	-
6040F	Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure, documen	X	-
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5	X	-
6070F	Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)	X	-
6080F	Pt/caregiver queried falls	X	-
6090F	Pt/caregiver counsel safety	X	-
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (path)9	X	-
6101F	Safety counsel dementia prov	X	-
6102F	Safety counsel dementia ord	X	-
6110F	Counsel risks driving and alternatives	X	-
6150F	Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	X	-
7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to	X	-
7020F	Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for a	X	-
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (rad)5	X	-
9001F	Immunohisto antibod add slid	X	-
9002F	Aortic aneurysm 5-5.4cm diam	X	-
9003F	Aortic anrysm5.5-5.9cm diam	X	-
9004F	Aortic anrysm 6/> cm diam	X	-
9005F	Asympt carot/vrtbrbas sten	X	-
9006F	Sympt sten-tia/strk<120days	X	-
9007F	Other carot sten 120 days/>	X	-
A0021	Outside state ambulance serv	X	-
A0080	Noninterest escort in non er	X	-
A0090	Interest escort in non er	X	-
A0100	Nonemergency transport taxi	X	-
A0110	Nonemergency transport bus	X	-
A0120	Noner transport mini-bus	X	-
A0130	Noner transport wheelch van	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
A0140	Nonemergency transport air	X	-
A0160	Noner transport case worker	X	-
A0170	Noner transport parking fees	X	-
A0180	Noner transport lodgng recip	X	-
A0190	Noner transport meals recip	X	-
A0200	Noner transport lodgng escrt	X	-
A0210	Noner transport meals escort	X	-
A0225	Neonatal emergency transport	X	-
A0380	Basic life support mileage	X	-
A0382	Basic support routine suppls	X	-
A0384	Bls defibrillation supplies	X	-
A0390	Advanced life support mileag	X	-
A0392	Als defibrillation supplies	X	-
A0394	Als iv drug therapy supplies	X	-
A0396	Als esophageal intub suppls	X	-
A0398	Als routine disposble suppls	X	-
A0422	Ambulance 02 life sustaining	X	-
A0428	Bls	-	X
A0888	Noncovered ambulance mileage	X	-
A2001	Innovamatrix ac, per sq cm	X	-
A2002	Mirragen adv wnd mat per sq	X	-
A2003	Bio-connekt wound matrix	X	-
A2004	Xcellistem, 1 mg	X	-
A2005	Microlyte matrix, per sq cm	X	-
A2006	Novosorb synpath per sq cm	X	-
A2007	Restrata, per sq cm	X	-
A2008	Theragenesis, per sq cm	X	-
A2009	Symphony, per sq cm	X	-
A2010	Apis, per square centimeter	X	-
A2011	Supra sdrm, per square cm	X	-
A2012	Suprathel, per sq cm	X	-
A2013	Innovamatrix fs, per sq cm	X	-
A2014	Omeza collag per 100 mg	X	-
A2015	Phoenix wnd mtrx, per sq cm	X	-
A2016	Permeaderm b, per sq cm	X	-
A2017	Permeaderm glove, each	X	-
A2018	Permeaderm c, per sq cm	X	-
A2019	Kerecis omega3 marigen shield, per square centimeter	X	-
A2020	Ac5 advanced wound system (ac5)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
A2021	Neomatrix, per square centimeter	X	-
A2022	Innovaburn or innovamatrix xl, per square centimeter	X	-
A2023	Innovamatrix pd, 1 mg	X	-
A2024	Resolve matrix, per square centimeter	X	-
A2025	Miro3d, per cubic centimeter	X	-
A2027	Matriderm, per square centimeter	X	-
A2028	Micromatrix flex, per mg	X	-
A2029	Mirotract wound matrix sheet, per cubic centimeter	X	-
A2030	Miro3d fibers, per mg	X	-
A2031	Mirodry, per sq cm	X	-
A2032	Myriad matrix, per sq cm	X	-
A2033	Myriad morcells, 4 mg	X	-
A2034	Found drs solo, per sq cm	X	-
A2035	Corpl p therac p allac p mg	X	-
A2036	Cohealyx Collagen Dermal Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
A2037	G4derm Plus and Suprello, per ml	-	X
A2038	MariGen Pacto, per sq cm (add-on, list separately in addition to primary procedure)	-	X
A2040	Microlyte painguard, per square centimeter	X	-
A2041	Foundation drs+ duo, per square centimeter	X	-
A2042	Foundation drs+ solo, per square centimeter	X	-
A2043	Biobrane, per square centimeter	X	-
A2044	Biobrane glove, each	X	-
A2045	Novashield or novogen wound matrix, per square centimeter	X	-
A2046	Dermisphere hdrt, per sq cm	X	-
A2047	Lacertamatrix, per sq cm	X	-
A2048	Puraply mz, per mg	X	-
A2049	Theracor, per sq cm	X	-
A2050	Fibrillar collagen, per mg	X	-
A4100	Skin sub fda clrd as dev nos	X	-
A4210	Nonneedle injection device	X	-
A4232	Syringe w/needle insulin 3cc	X	-
A4238	Adju cgm supply allowance	-	X
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	-	X
A4250	Urine reagent strips/tablets	X	-
A4252	Blood ketone test or reagent strip, each	X	-
A4261	Cervical cap contraceptive	X	-
A4262	Temporary tear duct plug	-	X
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
A4266	Diaphragm for contraceptive use	X	-
A4267	Contraceptive supply, condom, male, each	X	-
A4268	Contraceptive supply, condom, female, each	X	-
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	X	-
A4305	Drug delivery system >=50 ml	X	-
A4306	Drug delivery system <=5 ml	X	-
A4465	Non-elastic extremity binder	X	-
A4467	Belt strap sleev grmnt cover	X	-
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	X	-
A4457	Enema tube, with or without adapter, any type, replacement only, each	X	-
A4468	Exsufflation belt, includes all supplies and accessories	X	-
A4490	Above knee surgical stocking	X	-
A4495	Thigh length surg stocking	X	-
A4500	Below knee surgical stocking	X	-
A4510	Full length surg stocking	X	-
A4520	Incontinence garment anytype	X	-
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	X	-
A4554	Disposable underpads	X	-
A4555	Ca tx e-stim electr/transduc	X	-
A4560	Neuromuscular electrical stimulator (nmes), disposable, replacement only	X	-
A4566	Should sling/vest/abrestrain	X	-
A4570	Splint	X	-
A4575	Hyperbaric o2 chamber disps	X	-
A4580	Cast supplies (plaster)	X	-
A4590	Special casting material	X	-
A4596	Ces system monthly supp	X	-
A4606	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
A4670	Auto blood pressure monitor	X	-
A5508	Diabetic deluxe shoe	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	X	-
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	X	-
A6549	Gradient compression stocking/sleeve, not otherwise specified	-	X
A6550	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	X
A7023	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	X	-
A7025	High frequency chest wall oscillation system vest, replacement for use withpatient owned equipment, each	-	X
A7049	Expiratory positive airway pressure intranasal resistance valve	X	-
A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted	X	-
A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only	X	-
A9152	Single vitamin nos	X	-
A9153	Multi-vitamin nos	X	-
A9154	Artificial saliva, 1 ml	X	-
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	X	-
A9180	Naturopaths	X	-
A9268	Programmer for transient, orally ingested capsule	X	-
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month	X	-
A9270	Non-covered item or service	X	-
A9272	Disp wound suct, drsg/access	X	-
A9273	Hot/cold h2obot/cap/col/wrap	X	-
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	X	-
A9275	Home glucose disposable monitor, includes test strips	X	-
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one un	X	-
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	X	-
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	X	-
A9280	Alert or alarm device, not otherwise classified	X	-
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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	X	-
A9293	Fertility cycl tracking soft	X	-
A9294	Prescription digital cognitive and/or behavioral therapy, biofeedback, fda cleared, per course of treatment	X	-
A9300	Exercise equipment	X	-
A9574	Air poly intrauterine foam	X	-
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	X	-
A9590	Iodine i-131 iobenguane 1mci	-	X
A9699	Supply of radiopharmaceutical therapeutic imaging agent, not otherwiseclassified	-	X
A9900	Supply/accessory/service	-	X
A9999	Miscellaneous dme supply or accessory, not otherwise specified	-	X
B4100	Food thickener, administered orally, per ounce	X	-
B9999	Parenteral supp not othrws c	-	X
C1760	Closure device, vascular (implantable/ insertable)	-	X
C1789	Prothesis, breast (implantable)	-	X
C1813	Prothesis, penile, inflatable	-	X
C1818	Integrated keratoprosthesis	-	X
C1825	Gen, neuro, carot sinus baro	-	X
C1832	Auto cell process sys	X	-
C1834	Pressure sensor system, im	-	X
C1840	Lens, intraocular (telescopic)	-	X
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	-	X
C2613	Lung bx plug w/deliv sys	-	X
C2616	Brachytherapy seed, yttrium-90	-	X
C2622	Prothesis, penile, non-inflatable	-	X
C2624	Wireless pressure sensor	-	X
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	X
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	X
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	-	X
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	-	X
C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
C8008	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator	-	X
C8009	Removal of hypoglossal nerve neurostimulator array and pulse generator	-	X
C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	-	X
C8012	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	-	X
C8013	Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	-	X
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	-	X
C9751	Microwave bronch, 3d, ebus	-	X
C9762	Cardiac mri seg dys strain	-	X
C9763	Cardiac mri seg dys stress	-	X
C9784	Endo sleeve gastro w/tube	X	-
C9785	Endo outlet restrict w/tube	X	-
C9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination	X	-
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	X	-
C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)	X	-
D0120	Periodic oral examination	X	-
D0140	Limited oral evaluation - problem-focused	X	-
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	X	-
D0150	Comprehensive oral evaluation	X	-
D0160	Detailed and extensive oral evaluation - problem-focused, by report	X	-
D0170	Re-evaluation - limited problem focused (established patient; not post-operative visit)	X	-
D0171	Re-evaluation- post operative office visit	X	-
D0180	Comprehensive periodontal evaluation - new or established patient	X	-
D0190	A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	X	-
D0191	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagno	X	-
D0210	Intraoral- complete series of radiographic images	X	-
D0220	Intraoral- periapical first radiographic image	X	-
D0230	Intraoral- periapical each additional radiographic image	X	-
D0240	Intraoral- occlusal radiographic image	-	X
D0250	Extra-oral 2d projection radiographic image created using a stationary radiation source, and detector	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D0251	Extra-oral posterior dental radiographic image	X	-
D0270	Bitewing- single radiographic image	X	-
D0272	Bitewings- two radiographic images	X	-
D0273	Bitewings- three radiographic images	X	-
D0274	Bitewings- four radiographic images	-	X
D0277	Vertical bitewings- 7 to 8 radiographic images	X	-
D0310	Sialography	X	-
D0320	Temporomandibular joint arthrogram, including injection	X	-
D0321	Other temporomandibular joint radiographic images, by report	X	-
D0322	Tomographic survey	X	-
D0330	Panoramic radiographic image	X	-
D0340	2d cephalometric radiographic image-acquisition, measurement and analysis	X	-
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	X	-
D0351	3d photographic image	X	-
D0364	Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	X	-
D0365	Cone beam ct capture and interpretation with field of view of one dental arch-mandible	X	-
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	X	-
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	X	-
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures	X	-
D0369	3D printing of a 3D dental surface scan to obtain a physical model.	X	-
D0370	Maxillofacial ultrasound capture and interpretation	X	-
D0371	Sialoendoscopy capture and interpretation	X	-
D0372	Intraoral tomosynthesis - comprehensive seris of rediographic images	X	-
D0373	Intraoral tomosynthesis - bitewing radiographic image	X	-
D0374	Intraoral tomosynthesis - periapical radiographic image	X	-
D0380	Cone beam ct image capture with limited field of view- less than one whole jaw	X	-
D0381	Cone beam ct image capture with field of view of one full dental arch-mandilbe	X	-
D0382	Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	X	-
D0383	Cone beam ct image capture with field of view of both jaws, with or without cranium	X	-
D0384	Cone beam ct image capture for tmj series including two or more exposures	X	-
D0385	Maxillofacial mri image capture	X	-
D0386	Maxillofacial ultrasound image capture	X	-
D0387	Intraoral tomosynthesis - comprehensive seris of rediographic images - image capture only	X	-
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	X	-
D0389	Intraoral tomosynthesis - periapical radiographic image- image capture only	X	-
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	X	-
D0393	Treatment simulation using 3d image volume	X	-
D0394	Digital subtraction of two or more images or image volumes of the same modality	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D0395	Fusion of two or more 3d image volumes of one or more modalities	X	-
D0411	Hba1c in-office point of service testing	X	-
D0412	Blood glucose level test-in-office using a glucose meter	X	-
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	X	-
D0415	Bacteriologic studies for determination of pathologic agents	X	-
D0416	Viral culture	X	-
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	X	-
D0418	Analysis of saliva sample	X	-
D0419	Assessment of salivary flow by measurement	X	-
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	X	-
D0423	Genetic test for susceptibility to diseases- specimen analysis	X	-
D0425	Caries susceptibility tests	X	-
D0426	Collection, preparation, and analysis of saliva sample-point-of-care	X	-
D0431	Diag tst detect mucos abnorm	X	-
D0460	Pulp vitality tests	X	-
D0461	Testing for cracked tooth	X	-
D0470	Diagnostic casts	X	-
D0472	Accession of tissue gross examination prep/transmission of written report	X	-
D0473	Accession of tissue gross and microscopic examination prep/trans of report	X	-
D0474	Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	X	-
D0475	Decalcification procedure	X	-
D0476	Spec stains for microorganis	X	-
D0477	Spec stains not for microorg	X	-
D0478	Immunohistochemical stains	X	-
D0479	Tissue in-situ hybridization	X	-
D0480	Processing and interpretation of cytologic smears incl the prep/trans of written report	X	-
D0481	Electron microscopy	X	-
D0482	Direct immunofluorescence	X	-
D0483	Indirect immunofluorescence	X	-
D0484	Consult slides prep elsewher	X	-
D0485	Consult inc prep of slides	X	-
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of written report	X	-
D0502	Other oral pathology procedures, by report	X	-
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	X	-
D0601	Caries risk assessment and documentation, with a finding of low risk	X	-
D0602	Caries risk assessment and documentation, with a finding of moderate risk	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D0603	Caries risk assessment and documentation, with a finding of high risk	X	-
D0636	Cone beam - three-dimensional image reconstruction using existing data, includes multiple images	X	-
D0701	Panoramic radiographic image – image capture only	X	-
D0702	2-d cephalometric radiographic image – image capture only	X	-
D0703	2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	X	-
D0704	3-d photographic image – image capture only	X	-
D0705	Extra-oral posterior dental radiographic image – image capture only	X	-
D0706	Intraoral – occlusal radiographic image – image capture only	X	-
D0707	Intraoral – periapical radiographic image – image capture only	X	-
D0708	Intraoral – bitewing radiographic image – image capture only	X	-
D0709	Intraoral – complete series of radiographic images – image capture only	X	-
D0801	3d dental surface scan -direct	X	-
D0802	3d dental surface scan - indirect	X	-
D0803	3d facial surface scan - direct	X	-
D0804	3d facial surface scan - indirect	X	-
D0999	Unspecified diagnostic procedure, by report	X	-
D1110	Prophylaxis-adult	X	-
D1120	Prophylaxis-child	X	-
D1206	Topical application of fluoride varnish	X	-
D1208	Topical application of fluoride- excluding varnish	X	-
D1301	A review of a patient's vaccine and medical history, and discussion of the vaccine benefits, risks, and consequences of not obtaining the vaccine. Counseling also includes a discussion of questions and concerns the patient, family, or caregiver may have and suggestions on where the patient can obtain the vaccine.	X	-
D1310	Nutritional counseling for the control of dental disease	X	-
D1320	Tobacco counseling for the control and prevention of oral disease	X	-
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	X	-
D1330	Oral hygiene instruction	X	-
D1351	Sealant-per tooth	X	-
D1352	Prev resin rest, perm tooth	X	-
D1353	Sealant repair- per tooth	X	-
D1354	Interim caries arresting medicament application-per tooth	X	-
D1355	Caries preventive medicament application – per tooth	X	-
D1510	Space maintainer-fixed unilateral	X	-
D1516	Space maintainer-fixed-bilateral, maxillary	X	-
D1517	Space maintainer-fixed-bilateral, mandibular	X	-
D1520	Space maintainer-removable unilateral	X	-
D1526	Space maintainer -removable-bilateral, maxillary	X	-
D1527	Space maintainer -removable-bilateral, mandibular	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D1551	Re-cement or re-bond bilateral space maintainer-maxillary	X	-
D1552	Re-cement or re-bond bilateral space maintainer-mandibular	X	-
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	X	-
D1556	Removal of fixed unilateral space maintainer- per quadrant	X	-
D1557	Removal of fixed bilateral space maintainer- maxillary	X	-
D1558	Removal of fixed bilateral space maintainer- mandibular	X	-
D1575	Distal shoe space maintainer-fixed-unilateral	X	-
D1720	Influenza vaccine administration	X	-
D1781	Vaccine administration - human papillomavisrus - dose 1	X	-
D1782	Vaccine administration - human papillomavisrus - dose 2	X	-
D1783	Vaccine administration - human papillomavisrus - dose 3	X	-
D1999	Unspecified preventive procedure, by report	X	-
D2140	Amalgam-one surface, permanent	X	-
D2150	Amalgam-two surfaces, permanent	X	-
D2160	Amalgam-three surfaces, permanent	X	-
D2161	Amalgam-fouror more surfaces, permanent	X	-
D2330	Resin-one surface, anterior	X	-
D2331	Resin-two surfaces, anterior	X	-
D2332	Resin-three surfaces, anterior	X	-
D2335	Resin-fouror more surfacesor involving incisal angle (anterior)	X	-
D2390	Resin-based composite crown, anterior	X	-
D2391	Resin-based composite - one surface, posterior	X	-
D2392	Resin-based composite - two surfaces, posterior	X	-
D2393	Resin-based composite - three surfaces, posterior	X	-
D2394	Resin-based composite - four or more surfaces, posterior	X	-
D2410	Gold foil-one surface	X	-
D2420	Gold foil-two surfaces	X	-
D2430	Gold foil-three surfaces	X	-
D2510	Inlay-metallic-one surface	X	-
D2520	Inlay-metallic-two surfaces	X	-
D2530	Inlay-metallic-three surfaces	X	-
D2542	Onlay - metallic - two surfaces	X	-
D2543	Onlay - metallic - three surfaces	X	-
D2544	Onlay - metallic - four or more surfaces	X	-
D2610	Inlay-porcelain/ceramic-one surface	X	-
D2620	Inlay-porcelain/ceramic-two surfaces	X	-
D2630	Inlay-porcelain/ceramic-three surfaces	X	-
D2642	Onlay - porcelain/ceramic - two surfaces	X	-
D2643	Onlay - porcelain/ceramic - three surfaces	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D2644	Onlay - porcelain/ceramic - four or more surfaces	X	-
D2650	Inlay-composite/resin-one surface (laboratory processed)	X	-
D2651	Inlay-composite/resin-two surfaces (laboratory processed)	X	-
D2652	Inlay-composite/resin-three surfaces (laboratory processed)	X	-
D2662	Onlay - composite/resin - two surfaces (laboratory processed)	X	-
D2663	Onlay - composite/resin - three surfaces (laboratory processed)	X	-
D2664	Onlay - composite/resin - four or more surfaces (laboratory processed)	X	-
D2710	Crown resin (laboratory)	X	-
D2712	Crown 3/4 resin-based compos	X	-
D2720	Crown-resin with high noble metal	X	-
D2721	Crown-resin with predominantly base metal	X	-
D2722	Crown-resin with noble metal	X	-
D2740	Crown-porcelain/ceramic	X	-
D2750	Crown-porcelain fused to high noble metal	X	-
D2751	Crown-procelain fused to predominantly base metal	X	-
D2752	Crown-porcelain fused to noble metal	X	-
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	X	-
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	X	-
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	X	-
D2929	Prefabricated porcelain/ceramic crown- primary tooth	X	-
D2930	Prefabricated stainless steel crown-primary tooth	X	-
D2931	Prefabricated stainless steel crown-permanent tooth	X	-
D2932	Prefabricated resin crown	X	-
D2933	Prefabricated stainless steel crown with resin window	X	-
D2934	Prefab steel crown primary	X	-
D2940	Protective restoration	X	-
D2941	Interim therapeutic restoration- primary dentition	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	X	-
D2952	Cast post and core in addition to crown	X	-
D2953	Each additional cast post - same tooth	X	-
D2954	Prefabricated post and core in addition to crown	X	-
D2955	Post removal	X	-
D2956	removal of an indirect restoration on a natural tooth	X	-
D2957	Each additional prefabricated post - same tooth	X	-
D2960	Labial veneer (laminate)-chairside	X	-
D2961	Labial veneer (resin laminate)-laboratory	X	-
D2962	Labial veneer (porcelain laminate)-laboratory	X	-
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	-
D2980	Crown repair necessitated by restorative material failure	X	-
D2981	Inlay repair necessitated by restorative material failure	X	-
D2982	Onlay repair necessitated by restorative material failure	X	-
D2983	Veneer repair necessitated by restorative material failure	X	-
D2989	Excavation of a tooth resulting in the determination of non-restorability	X	-
D2990	Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion	X	-
D2991	Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.	X	-
D2999	Unspecified restorative procedure, by report	X	-
D3110	Pulp cap-direct (excluding final restoration)	X	-
D3120	Pulp cap-indirect (excluding final restoration)	X	-
D3220	Therapeutic pulpotomy (excluding final restoration)	X	-
D3221	Gross pulpal debridement primary and permanent teeth	X	-
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	X	-
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud	X	-
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	X	-
D3310	Anterior (excluding final restoration)	X	-
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	X	-
D3330	Endodontic therapy, molar tooth (excluding final restoration)	X	-
D3331	Treatment of root canal obstruction; non-surgical access	X	-
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	X	-
D3333	Internal root repair of perforation defects	X	-
D3346	Retreatment-anterior, by report	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D3347	Retreatment of previous root canal therapy-premolar	X	-
D3348	Retreatment-molar, by report	X	-
D3351	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	X	-
D3352	Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	X	-
D3353	Apexification/recalcification-final visit (includes completed root can	X	-
D3355	Pulpal regeneration- initial visit	X	-
D3356	Pulpal regeneration- interim medication replacement	X	-
D3357	Pulpal regeneration- completion of treatment	X	-
D3410	Apicoectomy-anterior	X	-
D3421	Apicoectomy-premolar (first root)	X	-
D3425	Apicoectomy - molar (first root)	X	-
D3426	Apicoectomy - (each additional root)	X	-
D3428	Bone graft in conjunction with periradicular surgery- per tooth, single site	X	-
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	X	-
D3430	Retrograde filling-per root	X	-
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	X	-
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	X	-
D3450	Root amputation-per root	X	-
D3460	Endodontic endosseous implant	X	-
D3470	Intentional replantation (including necessary splinting)	X	-
D3471	Surgical repair of root resorption - anterior	X	-
D3472	Surgical repair of root resorption – premolar	X	-
D3473	Surgical repair of root resorption – molar	X	-
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	X	-
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	X	-
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	-
D3911	Intraorifice barrier	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	X	-
D3999	Unspecified endodontic procedure, by report	X	-
D4210	Gingivectomyor gingivoplasty-per quadrant	X	-
D4211	Gingivectomyor gingivoplasty-per tooth	X	-
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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	-
D4260	Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant	X	-
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant	X	-
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	-
D4266	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	-
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	X	-
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	X	-
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	X	-
D4276	Combined connective tissue and double pedicle graft	X	-
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	X	-
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	X	-
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same gra	X	-
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position	X	-
D4286	Removal of non-resorbable barrier	X	-
D4320	Provisional splinting-intracoronal	X	-
D4321	Provisional splinting-extracoronal	X	-
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	X	-
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	X	-
D4341	Periodontal scaling and root planing-per quadrant	X	-
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	X	-
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	X	-
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	X	-
D4910	Periodontal maintenance procedures (following active therapy)	X	-
D4920	Unscheduled dressing change (by someone other than treating dentist)	X	-
D4921	Gingival irrigation- per quadrant	X	-
D4999	Unspecified periodontal procedure, by report	X	-
D5110	Complete upper	X	-
D5120	Complete lower	X	-
D5130	Immediate upper	X	-
D5140	Immediate lower	X	-
D5211	Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	X	-
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	X	-
D5213	Upper partial-cast metal base with resin saddles (including any conven	X	-
D5214	Lower partial-cast metal base with resin saddles (including any conven	X	-
D5221	Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	X	-
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	X	-
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	X	-
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	X	-
D5225	Maxillary part denture flex	X	-
D5226	Mandibular part denture flex	X	-
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	X	-
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	X	-
D5282	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary	X	-
D5283	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular	X	-
D5284	Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant	X	-
D5286	Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant	X	-
D5410	Adjust complete denture-upper	X	-
D5411	Adjust complete denture-lower	X	-
D5421	Adjust partial denture-upper	X	-
D5422	Adjust partial denture-lower	X	-
D5511	Repair broken complete denture base, mandibular	X	-
D5512	Repair broken complete denture base, maxillary	X	-
D5520	Replace missingor broken teeth-complete denture (each tooth)	X	-
D5611	Repair resin partial denture base, mandibular	X	-
D5612	Repair resin partial denture base, maxillary	X	-
D5621	Repair cast partial framework, mandibular	X	-
D5622	Repair cast partial framework, maxillary	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D5630	Repair or replace broken retentive/clasping materials per tooth	X	-
D5640	Replace broken teeth-per tooth	X	-
D5650	Add tooth to existing partial denture	X	-
D5660	Add clasp to existing partial denture- per tooth	X	-
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	X	-
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	X	-
D5710	Rebase complete upper denture	X	-
D5711	Rebase complete lower denture	X	-
D5720	Rebase upper partial denture	X	-
D5721	Rebase lower partial denture	X	-
D5725	Rebase hybrid prosthesis	X	-
D5730	Reline upper complete denture (chairside)	X	-
D5731	Reline lower complete denture (chairside)	X	-
D5740	Reline upper partial denture (chairside)	X	-
D5741	Reline lower partial denture (chairside)	X	-
D5750	Reline upper complete denture (laboratory)	X	-
D5751	Reline lower complete denture (laboratory)	X	-
D5760	Reline upper partial denture (laboratory)	X	-
D5761	Reline lower partial denture (laboratory)	X	-
D5765	Soft liner for complete or partial removable denture - indirect	X	-
D5810	Interim complete denture (upper)	X	-
D5811	Interim complete denture (lower)	X	-
D5820	Interim partial denture (upper)	X	-
D5821	Interim partial denture (lower)	X	-
D5850	Tissue conditioning, upper-per denture unit	X	-
D5851	Tissue conditioning, lower-per denture unit	X	-
D5862	Precision attachment, by report	X	-
D5863	Overdenture- complete maxillary	X	-
D5864	Overdenture- partial maxillary	X	-
D5865	Overdenture- complete mandibular	X	-
D5866	Overdenture- partial mandibular	X	-
D5867	Replacement of replaceable part of semi-precision/attachment (m/f component)	X	-
D5875	Modification of removable prosthesis following implant surgery	-	X
D5876	Add metal substructure to acrylic full denture (per arch)	X	-
D5877	Duplication of complete denture - maxillary	X	-
D5878	Duplication of complete denture - mandibular	X	-
D5899	Removable prosthodontic proc	X	-
D5899	Unspecified removable prosthodontic procedure, by report	X	-
D5911	Facial moulage (sectional)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D5912	Facial moulage (complete)	X	-
D5913	Nasal prosthesis	X	-
D5914	Auricular prosthesis	X	-
D5915	Orbital prosthesis	X	-
D5916	Ocular prosthesis	X	-
D5919	Facial prosthesis	X	-
D5922	Nasal septal prosthesis	X	-
D5923	Ocular prosthesis, interim	X	-
D5924	Cranial prosthesis	X	-
D5925	Facial augmentation implant prosthesis	X	-
D5926	Nasal prosthesis, replacement	X	-
D5927	Auricular prosthesis, replacement	X	-
D5928	Orbital prosthesis, replacement	X	-
D5929	Facial prosthesis, replacement	X	-
D5930	Maxillary guidance prosthesis without guide flange	X	-
D5931	Obturator prosthesis, surgical	X	-
D5932	Obturator prosthesis, definitive	X	-
D5933	Obturator prosthesis, modification	X	-
D5934	Mandibular resection prosthesis with guide flange	X	-
D5935	Mandibular resection prosthesis without guide flange	X	-
D5936	Obturator/prosthesis, interim	X	-
D5937	Trismus appliance (not for tm treatment)	X	-
D5938	Resection prosthesis, maxillary complete removable	X	-
D5939	Resection prosthesis, mandibular complete removable	X	-
D5940	Resection prosthesis, maxillary partial removable	X	-
D5941	Resection prosthesis, mandibular partial removable	X	-
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	X	-
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	X	-
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	X	-
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	X	-
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	X	-
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	X	-
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	X	-
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	X	-
D5951	Feeding aid	X	-
D5952	Speech aid prosthesis, pediatric	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	X	-
D6010	Surgical placement of implant body: endosteal implant. see also 21248	X	-
D6011	Second stage implant surgery	X	-
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	X	-
D6013	Surgical placement of mini implant	X	-
D6040	Subperiosteal implant	X	-
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	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	-
D6063	Abutment supported cast metal crown (predominantly base metal)	X	-
D6064	Abutment supported cast metal crown (noble metal)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D6065	Implant supported porcelain/ceramic crown	X	-
D6066	Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)	X	-
D6067	Implant supported metal crown (titanium/alloy high noble metal)	X	-
D6068	Abutment supported retainer for porcelain/ceramic fpd	X	-
D6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	X	-
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	X	-
D6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	X	-
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	X	-
D6073	Abutment supported retainer for cast metal fpd (predominately base metal)	X	-
D6074	Abutment supported retainer for cast metal fpd (noble metal)	X	-
D6075	Implant supported retainer for ceramic fpd	X	-
D6076	Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	X	-
D6077	Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	X	-
D6080	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments	X	-
D6081	Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	X	-
D6082	Implant supported crown-porcelain fused to predominantly base alloys	X	-
D6083	Implant supported crown-porcelain fused to noble alloys	X	-
D6084	Implant supported crown-porcelain fused to titanium and titanium alloys	X	-
D6085	Provisional implant crown	X	-
D6086	Implant supported crown-predominantly base alloys	X	-
D6087	Implant supported crown-noble alloys	X	-
D6088	Implant supported crown-titanium and titanium alloys	X	-
D6089	Accessing and retorquing loose implant screw - per screw	X	-
D6090	Repair implant, by report	X	-
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesi	X	-
D6092	Re-cement or re-bond implant/abutment supported crown	X	-
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	X	-
D6094	Abut support crown titanium	X	-
D6095	Repair implant abutment, by report. see also code 21299	X	-
D6096	Remove broken implant retaining screw	X	-
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys	X	-
D6098	Implant supported retainer-porcelain fused to predominantly base alloys	X	-
D6099	Implant supported retainer for fpd-porcelain fused to noble alloys	X	-
D6100	Implant removal, by report	X	-
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D6102	Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces	X	-
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	X	-
D6105	Removal of implant body not requiring bone removal nor flap elevation	X	-
D6106	Guided tissue regeneration - resorbable barrier, per implant	X	-
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	X	-
D6110	Implant/abutment supported removable denture for edentulous arch-maxillary	X	-
D6111	Implant/ abutment supported removable denture for edentulous arch- mandibular	X	-
D6112	Implant/ abutment supported removable denture for partially edentulous arch- maxillary	X	-
D6113	Implant/ abutment supported removable denture for partially edentulous arch- mandibular	X	-
D6114	Implant/ abutment supported fixed denture for edentulous arch- maxillary	X	-
D6115	Implant/ abutment supported fixed denture for edentulous arch- mandibular	X	-
D6116	Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	X	-
D6117	Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	X	-
D6118	Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular	X	-
D6119	Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	X	-
D6120	Implant supported retainer -porcelain fused to titanium and titanium alloys	X	-
D6121	Implant supported retainer for metal fpd -predominantly base alloys	X	-
D6122	Implant supported retainer for metal fpd -noble alloys	X	-
D6123	Implant supported retainer for metal fpd -titanium and titanium alloys	X	-
D6180	implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	X	-
D6190	Radio/surgical implant index	X	-
D6191	Semi-precision abutment – placement	X	-
D6192	Semi-precision attachment – placement	X	-
D6193	replacement of an implant screw	X	-
D6194	Abut support retainer titani	X	-
D6195	Abutment supported retainer-porcelain fused to titanium and titanium alloys	X	-
D6196	Removal of an indirect restoration on an implant retained abutment	X	-
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	X	-
D6198	Remove interim implant component	X	-
D6199	Unspecified implant procedure, by report	X	-
D6205	Pontic-indirect resin based	X	-
D6210	Pontic-cast high noble metal	X	-
D6211	Pontic-cast predominantly base metal	X	-
D6212	Pontic-cast noble metal	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D6214	Pontic titanium	X	-
D6240	Pontic-porcelain fused to high noble metal	X	-
D6241	Pontic-porcelain fused to predominantly base metal	X	-
D6242	Pontic-porcelain fused to noble metal	X	-
D6243	Pontic-porcelain fused to titanium and titanium alloys	X	-
D6245	Pontic - porcelain/ceramic	X	-
D6250	Pontic-resin with high noble metal	X	-
D6251	Pontic-resin with predominantly base metal	X	-
D6252	Pontic-resin with noble metal	X	-
D6253	Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression	X	-
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments-per arch	X	-
D6545	Retainer-cast metal for acid etched fixed prosthesis	X	-
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	X	-
D6549	Resin retainer- for resin bonded fixed prosthesis	X	-
D6600	Retainer inlay-porcelain/ceramic, two surfaces	X	-
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	X	-
D6602	Retainer inlay - cast high noble metal, two surfaces	X	-
D6603	Retainer inlay - cast high noble metal, three or more surfaces	X	-
D6604	Retainer inlay - cast predominantly base metal, two surfaces	X	-
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	X	-
D6606	Retainer inlay - cast noble metal, two surfaces	X	-
D6607	Retainer inlay - cast noble metal, three or more surfaces	X	-
D6608	Retainer onlay - porcelain/ceramic, two surfaces	X	-
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	X	-
D6610	Retainer onlay - cast high noble metal, two surfaces	X	-
D6611	Retainer onlay - cast high noble metal, three or more surfaces	X	-
D6612	Retainer onlay - cast predominantly base metal, two surfaces	X	-
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	X	-
D6614	Retainer onlay - cast noble metal, two surfaces	X	-
D6615	Retainer onlay - cast noble metal, three or more surfaces	X	-
D6624	Retainer inlay titanium	X	-
D6634	Retainer onlay titanium	X	-
D6710	Retainer crown-indirect resin based composite	X	-
D6720	Retainer crown-resin with high noble metal	X	-
D6721	Retainer crown-resin with predominantly base metal	X	-
D6722	Retainer crown-resin with noble metal	X	-
D6740	Retainer crown - porcelain/ceramic	X	-
D6750	Retainer crown-porcelain fused to high noble metal	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D6751	Retainer crown-porcelain fused to predominantly base metal	X	-
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	X	-
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	X	-
D6999	Unspecified fixed prosthodontic procedure, by report	X	-
D7111	Extraction, coronal remnants - primary tooth	X	-
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	X	-
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	X	-
D7230	Removal of impacted tooth-partially bony	X	-
D7240	Removal of impacted tooth-completely bony	X	-
D7241	Removal of impacted tooth-completely bony, with unusual surgical compl	X	-
D7250	Removal of residual tooth roots (cutting procedure)	X	-
D7251	Coronectomy	X	-
D7252	partial extraction for immediate implant placement	X	-
D7259	nerve dissection	X	-
D7260	Oral antral fistula closure	X	-
D7261	Primary closure of a sinus perforation	X	-
D7270	Tooth re-implantation and/or stabilization of accidentally evulsedor d	X	-
D7272	Tooth transplantation	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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D7284	Excisional biopsy of minor salivary glands	X	-
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	X	-
D7286	Incisional biopsy of oral tissue-soft	X	-
D7287	Cytology sample collection	X	-
D7288	Brush biopsy	X	-
D7290	Surgical repositioning of teeth	X	-
D7291	Transseptal fiberotomy	X	-
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	X	-
D7321	Alveoloplasty not w/extracts	X	-
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	X	-
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	X	-
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	X	-
D7460	Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	X	-
D7461	Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	X	-
D7465	Destruction of lesion(s) by physicalor chemical methods, by report	X	-
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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D7490	Radical resection of mandible with bone graft	X	-
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	-
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	X	-
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	-
D7856	Myotomy	X	-
D7858	Joint reconstruction	X	-
D7860	Arthrotomy	X	-
D7865	Arthroplasty	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D7870	Arthrocentesis	X	-
D7871	Non-arthroscopic lysis and lavage	X	-
D7872	Arthroscopy-diagnosis, withor without biopsy	X	-
D7873	Arthroscopy: lavage and lysis of adhesions	X	-
D7874	Arthroscopy: disc repositioning and stabilizationo	X	-
D7875	Arthroscopy: synovectomy	X	-
D7876	Arthroscopy: discectomy	X	-
D7877	Arthroscopy: debridement	X	-
D7880	Occlusal orthotic appliance	X	-
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	X	-
D7912	Complicated suture-greater than 5 cm	X	-
D7920	Skin grafts (identify defect covered, location, and type of graft)	X	-
D7921	Collection and application of autologous blood concentrate product	X	-
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	X	-
D7939	A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	X	-
D7940	Osteoplasty-for orthognathic deformities	X	-
D7941	Osteotomy-ramus, closed	X	-
D7943	Osteotomy-ramus, open with bone graft	X	-
D7944	Osteotomy-segmentedor subapical-per sextantor quadrant	X	-
D7945	Osteotomy-body of mandible	X	-
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	X	-
D7955	Repair of maxillofacial soft and hard tissue defects	X	-
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	X	-
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	X	-
D7961	Buccal / labial frenectomy (frenulectomy)	X	-
D7962	Lingual frenectomy (frenulectomy)	X	-
D7963	Frenuloplasty	X	-
D7970	Excision of hyperplastic tissue-per arch	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D7971	Excision of pericoronal gingiva	X	-
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	-
D7996	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	-
D8060	Interceptive orthodontic treatment of the transitional dentition	X	-
D8070	Comprehensive orthodontic treatment of the transitional dentition	X	-
D8080	Comprehensive orthodontic treatment of the adolescent dentition	X	-
D8090	Comprehensive orthodontic treatment of the adult dentition	X	-
D8091	comprehensive orthodontic treatment with orthognathic surgery	X	-
D8210	Removable appliance therapy	X	-
D8220	Fixed appliance therapy	X	-
D8660	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	-
D8680	Orthodontic retention (removal of appliances, construction and placem	X	-
D8681	Removable orthodontic retainer adjustment	X	-
D8690	Orthodontic treatment (alternative billing to a contract fee)	X	-
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	X	-
D8696	Repair of orthodontic appliance-maxillary	X	-
D8697	Repair of orthodontic appliance-mandibular	X	-
D8698	Re-cement or re-bond fixed retainer-maxillary	X	-
D8699	Re-cement or re-bond fixed retainer-mandibular	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D8701	Repair of fixed retainer, includes reattachment-maxillary	X	-
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	-
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	X	-
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof	X	-
D9130	Temporomandibular joint dysfunction-non-invasive physical therapies	X	-
D9210	Local anesthesia n0t in conjunction with operativeor surgical procedu	X	-
D9211	Regional block anesthesia	X	-
D9212	Trigeminal division block anesthesia	X	-
D9215	Lcl ansthsa w oprtv or srgcl prcdrs	X	-
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	X	-
D9222	Deep sedation/general anesthesia ¿ first 15 minutes	X	-
D9223	Deep sedation/general anesthesia-each subsequent 15 minute increment	X	-
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof	X	-
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	X	-
D9230	Inhltn ntrs oxd/anlgsa, anxlyss	X	-
D9239	Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes	X	-
D9243	Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	X	-
D9244	In-office administration of minimal sedation - single drug-enteral	X	-
D9245	Administration of moderate sedation - enteral	X	-
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof	X	-
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof	X	-
D9248	Non-intravenous conscious sedation	X	-
D9310	Consultation (diagnostic service provided by dentistor physician other	X	-
D9311	Consultation with a medical health care professional	X	-
D9410	House call	X	-
D9420	Hsptl or asc call	X	-
D9430	Office visit for observation (during regularly scheduled hours) no oth	X	-
D9440	Office visit-after regularly scheduled hours	X	-
D9450	Case presentation, detailed and extensive treatment planning	X	-
D9610	Therapeutic drug injection, by report	X	-
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D9613	Infiltration of sustained release therapeutic drug-single or multiple sites	X	-
D9630	Drugs or medicaments dispensed in the office for home use	X	-
D9910	Application of desensitizing medicaments	X	-
D9911	Application of desensitizing resin for cervical and/or root surface per tooth	X	-
D9912	Pre-visit patient screening	X	-
D9913	administration of neuromodulators	X	-
D9914	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	-
D9933	Cleaning and inspection of removable complete denture, mandibular	X	-
D9934	Cleaning and inspection of removable partial denture, maxillary	X	-
D9935	Cleaning and inspection of removable partial denture, mandibular	X	-
D9936	Cleaning and inspection of occlusal guard - per appliance	X	-
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	X	-
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	X	-
D9941	Fabrication of athletic mouthguards	X	-
D9942	Repair/reline occlusal guard	X	-
D9943	Occlusal guard adjustment	X	-
D9944	Occlusal guard-hard appliance, full arch	X	-
D9945	Occlusal guard-soft appliance, full arch	X	-
D9946	Occlusal guard-hard appliance, partial arch	X	-
D9947	Custom sleep apnea appliance fabrication and placement	X	-
D9948	Adjustment of custom sleep apnea appliance	X	-
D9949	Repair of custom sleep apnea appliance	X	-
D9950	Occlusion analysis-mounted case	X	-
D9951	Occlusal adjustment-limited	X	-
D9952	Occlusal adjustment-complete	X	-
D9953	Reline custom sleep apnea appliance (indirect)	X	-
D9954	Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusal changes.	X	-
D9955	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.	X	-
D9956	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.	X	-
D9957	Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-related breathing disorders.	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
D9959	unspecified sleep apnea services procedure, by report	X	-
D9961	Duplicate/copy patient's records	X	-
D9970	Enamel microabrasion	X	-
D9971	Odontoplasty 1-2 teeth; includes removal of enamel projections	X	-
D9972	External bleaching- per arch- perfmored in offic	X	-
D9973	External bleaching - per tooth	X	-
D9974	Internal bleaching - per tooth	X	-
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	X	-
D9985	Sales tax	X	-
D9986	Missed appointment	X	-
D9987	Cancelled appointment	X	-
D9990	Certified translation or sign-certified translation or sign-language services per visit	X	-
D9991	Dental case management- addressing appointment compliance barriers	X	-
D9992	Dental case management- care coordination	X	-
D9993	Dental case management- motivational interviewing	X	-
D9994	Dental case management- patient education to improve oral health literacy	X	-
D9995	Teledentistry ¿ synchronous; real-time encounter	X	-
D9996	Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	X	-
D9997	Dental case management-patients with special health care needs	X	-
D9999	Unspecified adjunctive procedure, by report	X	-
E0117	Crutch, underarm, articulating, spring assisted, each	X	-
E0144	Enclosed walker w rear seat	X	-
E0150	Combination wheeled walker with seat and transport chair, folding, adjustable or fixed height	X	-
E0152	Walker, battery power wheels	X	-
E0172	Seat lift mechanism placed over or on top of toilet, any type	X	-
E0181	Press pad alternating w/ pum	-	X
E0182	Pressure pad alternating pum	-	X
E0183	Press underlay alter w/pump	-	X
E0191	Protector heel or elbow	X	-
E0193	Powered air flotation bed	-	X
E0194	Air fluidized bed	-	X
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	X	-
E0217	Water circ heat pad w pump	X	-
E0218	Water circ cold pad w pump	X	-
E0221	Infrared heating pad system	X	-
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wou	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	X	-
E0239	Hydrocollator unit portable	X	-
E0240	Bath/shower chair, with or without wheels, any size	X	-
E0241	Bath tub wall rail	X	-
E0242	Bath tub rail floor	X	-
E0243	Toilet rail	X	-
E0244	Toilet seat raised	X	-
E0245	Tub stool or bench	X	-
E0246	Transfer tub rail attachment	X	-
E0247	Transfer bench for tub or toilet with or without commode opening	X	-
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	X	-
E0250	Hosp bed fixed ht w/ mattres	-	X
E0251	Hosp bed fixd ht w/o mattres	-	X
E0255	Hospital bed var ht w/ mattr	-	X
E0256	Hospital bed var ht w/o matt	-	X
E0260	Hosp bed semi-electr w/ matt	-	X
E0261	Hosp bed semi-electr w/o mat	-	X
E0265	Hosp bed total electr w/ mat	-	X
E0266	Hosp bed total elec w/o matt	-	X
E0270	Hospital bed institutional t	X	-
E0273	Bed board	X	-
E0274	Over-bed table	X	-
E0277	Powered pres-redu air mattrs	-	X
E0280	Bed cradle	-	X
E0290	Hosp bed fx ht w/o rails w/m	-	X
E0291	Hosp bed fx ht w/o rail w/o	-	X
E0292	Hosp bed var ht w/o rail w/o	-	X
E0293	Hosp bed var ht w/o rail w/	-	X
E0294	Hosp bed semi-elect w/ mattr	-	X
E0295	Hosp bed semi-elect w/o matt	-	X
E0296	Hosp bed total elect w/ matt	-	X
E0297	Hosp bed total elect w/o mat	-	X
E0300	Pediatric crib, hospital grade, fully enclosed	-	X
E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	-	X
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	X
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	-	X
E0305	Rails bed side half length	-	X
E0310	Rails bed side full length	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
E0315	Bed accessory brd/tbl/supprt	-	X
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches	-	X
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai	-	X
E0350	Control unit bowel system	X	-
E0352	Disposable pack w/bowel syst	X	-
E0370	Air elevator for heel	X	-
E0371	Nonpower mattress overlay	-	X
E0372	Powered air mattress overlay	-	X
E0373	Nonpowered pressure mattress	-	X
E0445	Oximeter device for measuring blood oxygen levels non-invasively	X	-
E0446	Topical ox deliver sys, nos	X	-
E0457	Schest shell	X	-
E0459	Chest wrap	X	-
E0462	Rocking bed w/ or w/o side r	-	X
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	-	X
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	-	X
E0467	Home vent multi-function	-	X
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	X
E0470	Respiratory assist device, bi-level pressure capability, without backup rate	-	X**
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate	-	X**
E0472	Respiratory assist device, bi-level pressure capability, with backup rate	-	X**
E0481	Intrapulmonary percussive ventilation system and related accessories	X	-
E0482	Cough stimulating device, alternating positive and negative airway pressure	-	X
E0483	High frequency chest wall oscillation air-pulse generator system, (includeshoses and vest), each	-	X
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes	X	-
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu	-	X
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	X	-
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	X	-
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	X	-
E0561	Humidifier, non-heated, used with positive airway pressure device	-	X**
E0562	Humidifier, heated, used with positive airway pressure device	-	X**
E0601	Cont airway pressure device	-	X**

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
E0635	Patient lift electric	-	X
E0636	Multipositional patient support system, with integrated lift, patientaccessible controls	-	X
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	X	-
E0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	X	-
E0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	X	-
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	X	-
E0651	Pneum compressor segmental	-	X
E0652	Pneum compres w/cal pressure	-	X
E0655	Pneumatic appliance half arm	-	X
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	-	X
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	-	X
E0667	Seg pneumatic appl full leg	-	X
E0668	Seg pneumatic appl full arm	-	X
E0669	Seg pneumatic appli half leg	-	X
E0670	Segmental pneumatic appliance for use with pneumatic compressor, half	-	X
E0671	Pressure pneum appl full leg	-	X
E0672	Pressure pneum appl full arm	-	X
E0673	Pressure pneum appl half leg	-	X
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	X	-
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	X	-
E0677	Non-pneumatic sequential compression garment, trunk	-	X
E0678	Nonpneumatic sequential compression garment, full leg	-	X
E0679	Nonpneumatic sequential compression garment, half leg	-	X
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	-	X
E0681	Nonpneumatic compression controller without calibrated gradient pressure	-	X
E0682	Nonpneumatic sequential compression garment, full arm	-	X
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eyeprotection, 6 foot panel	-	X
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	-	X
E0700	Safety equipment, device or accessory, any type	X	-
E0710	Restraints any type	X	-
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	X	-
E0715	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	X	-
E0716	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	X	-
E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	X	-
E0732	Cranial electrotherapy stimulation (CES) system, any type	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	-	X
E0735	Noninvasive vagus nerve stimulator	-	X
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	X	-
E0738	Upper extremity rehab	X	-
E0739	Rehab sys active assist rt	X	-
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	X	-
E0746	Electromyograph biofeedback	X	-
E0747	Elec osteogen stim not spine	-	X
E0748	Elec osteogen stim spinal	-	X
E0749	Elec osteogen stim implanted	-	X
E0755	Electronic salivary reflex s	X	-
E0760	Osteogen ultrasound stimltor	-	X
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device	X	-
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	X	-
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for	-	X
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	-	X
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	X	-
E0782	Non-programble infusion pump	-	X
E0783	Programmable infusion pump	-	X
E0784	Ext amb infusn pump insulin	-	X
E0785	Replacement impl pump cathet	-	X
E0786	Implantable pump replacement	-	X
E0830	Ambulatory traction device	X	-
E0840	Tract frame attach headboard	X	-
E0850	Traction stand free standing	X	-
E0856	Cervical traction device, cervical collar with inflatable air bladder	X	-
E0920	Fracture frame attached to b	-	X
E0936	Continuous passive motion exercise device for use other than knee	X	-
E0970	Wheelchair no. 2 footplates	X	-
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	X
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	X
E0985	Wheelchair accessory, seat lift mechanism	-	X
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	-	X
E1003	Wheelchair accessory, power seating system, recline only, without shear	-	X
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	-	X
E1005	Wheelchair accessory, power seatng system, recline only, with power shear	-	X
E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg	-	X
E1011	Modification to pediatric wheelchair, width adjustment package (not to bedispensed with initial chair)	-	X
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair,each	-	X
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair,each	-	X
E1022	Wheelchr transport secur	X	-
E1023	Wheelchr transit securement	X	-
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	-	X
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci	-	X
E1085	Hemi-wheelchair fixed arms	X	-
E1086	Hemi-wheelchair detachable a	X	-
E1089	Wheelchair lightwt fixed arm	X	-
E1130	Whlchr stand fxd arm ft rest	X	-
E1140	Wheelchair standard detach a	X	-
E1220	Whlchr special size/constrc	-	X
E1230	Power operated vehicle	-	X
E1239	Ped power wheelchair nos	-	X
E1250	Wheelchair lightwt fixed arm	X	-
E1260	Wheelchair lightwt foot rest	X	-
E1285	Wheelchair heavy duty fixed	X	-
E1290	Wheelchair hvy duty detach a	X	-
E1300	Whirlpool portable	X	-
E1301	Whirlpool tub, walk-in, portable	X	-
E1310	Whirlpool non-portable	-	X
E1399	Durable medical equipment mi	-	X
E1699	Dialysis equipment unspecifi	-	X
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interfacematerial	-	X
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	-	X
E1841	Static str shldr dev rom adj	-	X
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	X	-
E2102	Adjunctive continuous glucose monitor or receiver	-	X
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	X
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	-	X
E2301	Power wheelchair accessory, power standing system	X	-
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches	-	X
E2324	Power wheelchair accessory, chin cup for chin control interface	-	X
E2325	Power wheelchair accessory, sip and puff interface, nonproportional	-	X
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	X
E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	X
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	X
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	X
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	-	X
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	X
E2351	Power wheelchair accessory, electronic interface to operate speech generating device	-	X
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	-	X
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	X
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	-	X
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac	-	X
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	-	X
E2402	Negative pressure wound therapy electrical pump, stationary or portable	-	X
E2403	Ext oculr neg pres pump	-	X
E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	-	X
E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	-	X
E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	-	X
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling	-	X
E2510	Speech generating device, synthesized speech, permitting multiple methods	-	X
E2511	Speech generating software program, for personal computer or personal digital assistant	-	X
E2512	Accessory for speech generating device, mounting system	-	X
E2513	Accessory for speech generating device, electromyographic sensor	X	-
E2599	Accessory for speech generating device, not otherwise classified	-	X
E2610	Powered w/c cushion	X	-
E3000	Speech volume modulation system, any type, including all components and accessories	X	-
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	,X	-
E8000	Posterior gait trainer	X	-
E8001	Upright gait trainer	X	-
E8002	Anterior gait trainer	X	-
G0028	Doc med rsn no scr tob	X	-
G0029	No tob scr/cess int	X	-
G0030	Pt scr tob & cess int	X	-
G0031	Pall serv during meas	X	-
G0032	2+ antipsy schiz	X	-
G0033	2+ benzo seiz	X	-
G0034	Pall serv during meas	X	-
G0035	Pt ed pos 23	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G0036	Pt/ptn decln assess	X	-
G0037	Pt not able to participate	X	-
G0038	Clin pt no ref	X	-
G0039	Pt no ref, rn spec	X	-
G0040	Pt phys/occ therapy	X	-
G0041	Pt/ptn decln referral	X	-
G0042	Ref to therapy	X	-
G0043	Pt mech pros ht valv	X	-
G0044	Pt mitral stenosis	X	-
G0045	Mrs 90 days post stk	X	-
G0046	No mrs 90 days post stk	X	-
G0047	Ped blunt hd traum	X	-
G0048	Pall serv during meas	X	-
G0049	Main hemo in-cntr	X	-
G0050	Pt w/ lmted life expec	X	-
G0051	Pt hospice mnth	X	-
G0052	Pt peri dialysis dur mo	X	-
G0053	Adv rheum pt care mvp	X	-
G0054	Strk cr prev pos outcme mvp	X	-
G0055	Adv care heart dx mvp	X	-
G0056	Opt chronic dx mang mvp	X	-
G0057	Best pct pt safety em mvp	X	-
G0058	Imprv care le jnt repr mvp	X	-
G0059	Pt sfty pos exp w aneth mvp	X	-
G0060	Allergy/immunology ss	X	-
G0061	Anesthesiology ss	X	-
G0062	Audiology ss	X	-
G0063	Cardiology ss	X	-
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
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	X
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	X
G0076	Care manag h vst new pt 20 m	X	-
G0077	Care manag h vst new pt 30 m	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G0078	Care manag h vst new pt 45 m	X	-
G0079	Care manag h vst new pt 60 m	X	-
G0080	Care manag h vst new pt 75 m	X	-
G0081	Care man h v ext pt 20 mi	X	-
G0082	Care man h v ext pt 30 m	X	-
G0083	Care man h v ext pt 45 m	X	-
G0084	Care man h v ext pt 60 m	X	-
G0085	Care man h v ext pt 75 m	X	-
G0086	Care man home care plan 30 m	X	-
G0087	Care man home care plan 60 m	X	-
G0088	Adm iv drug 1st home visit	-	X
G0089	Adm subq drug 1st home visit	-	X
G0090	Adm iv chemo 1st home visit	-	X
G0122	Colon ca scrn; barium enema	X	-
G0129	Partial hosp prog service	-	X*
G0151	Hhcp-serv of pt,ea 15 min	-	X
G0152	Hhcp-serv of ot,ea 15 min	-	X
G0153	Hhcp-svs of s/l path,ea 15mn	-	X
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	-	X
G0157	Hhc pt assistant ea 15	-	X*
G0158	Hhc ot assistant ea 15	-	X*
G0159	Hhc pt maint ea 15 min	-	X
G0160	Hhc occup therapy ea 15	-	X
G0219	Pet img wholebody melanoma nonco	X	-
G0235	Pet imaging, any site, not otherwise specified	X	-
G0238	Therapeutic procedures to improve respiratory function , other than described by g0237, one on one, face to face, per	-	X
G0249	Provision of test materials and equipment for home inr monitoring to patientwith mechanical heart valve(s) who meets med	-	X
G0252	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis ofbreast cancer and/or surgical planning for	X	-
G0255	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	-
G0283	Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy p	-	X*
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	X	-
G0295	Electromagnetic stimulation, to one or more areas	X	-
G0302	Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	X	-
G0303	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	X	-
G0304	Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	X	-
G0305	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services	X	-
G0310	Immunize counsel 5-15 min	X	-
G0311	Immunize counsel 16-30 mins	X	-
G0312	Immunize couns < 21yr 5-15 m	X	-
G0313	Immunize couns < 21yr 6-30 m	X	-
G0314	Counsel immune <21 16-30 m	X	-
G0315	Counsel immune <21 5-15 m	X	-
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	-	X
G0339	Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first	-	X
G0340	Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo	-	X
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	X	-
G0452	Molecular pathology procedure; physician interpretation and report	-	X
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15	-	X
G0490	Home visit rn, lpn by rhc/fq	X	-
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model	X	-
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	X	-
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model	X	-
G0522	Management of a new patient with dementia, low complexity, for use in cmmi model	X	-
G0523	Management of a new patient with dementia, moderate to high complexity, for use in cmmi model	X	-
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model	X	-
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	X	-
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model	X	-
G0527	Management of established patient with dementia, low complexity, for use in cmmi model	X	-
G0528	Management of established patient with dementia, moderate to high complexity, for use in cmmi model	X	-
G0529	In-home respite care, 4-hour unit, for use in cmmi model	X	-
G0530	Adult day center, 8-hour unit, for use in cmmi model	X	-
G0531	Facility-based respite, 24-hour unit, for use in cmmi model	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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)	X	-
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	-	X
G0566	3d bn img algor drvd fr mri	X	-
G0660	TEAM REMOTE E/M NEW PT 10 MN	X	-
G0661	TEAM REMOTE E/M NEW PT 20 MN	X	-
G0662	TEAM REMOTE E/M NEW PT 30 MN	X	-
G0663	TEAM REMOTE E/M NEW PT 45 MN	X	-
G0664	TEAM REMOTE E/M NEW PT 60 MN	X	-
G0665	TEAM REMOTE E/M EST PT 10 MN	X	-
G0666	TEAM REMOTE E/M EST PT 15 MN	X	-
G0667	TEAM REMOTE E/M EST PT 25 MN	X	-
G0668	TEAM REMOTE E/M EST PT 40 MN	X	-
G0681	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct,	X	-
G0682	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct,	X	-
G0683	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct,	X	-
G0684	Application of a premarket approval (pma), 510(k), 361 human cells, tissues or cellular and tissue-based products (hct,	X	-
G0685	Algorithm assessment for asd	X	-
G1025	Pt mnth 1 mcp prov	X	-
G1026	Pt hemo > 3mo	X	-
G1027	Pt hemo < 3mo	X	-
G1028	Take home supply 8mg per 0.1	X	-
G2001	Post d/c h vst new pt 20 m	X	-
G2002	Post-d/c h vst new pt 30 m	X	-
G2003	Post-d/c h vst new pt 45 m	X	-
G2004	Post-d/c h vst new pt 60 m	X	-
G2005	Post-d/c h vst new pt 75 m	X	-
G2006	Post-d/c h vst ext pt 20 m	X	-
G2007	Post-d/c h vst ext pt 30 m	X	-
G2008	Post-d/c h vst ext pt 45 m	X	-
G2009	Post-d/c h vst ext pt 60 m	X	-
G2013	Post-d/c h vst ext pt 75 m	X	-
G2014	Post-d/c care plan overs 30m	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G2015	Post-d/c care plan overs 60m	X	-
G2020	Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes)	X	-
G2081	Pt 66+ snp or ltc pos > 90d	X	-
G2082	Visit esketamine 56m or less	-	X
G2083	Visit esketamine, > 56m	-	X
G2090	Pt 66+ frailty and med dem	X	-
G2091	Pt 66+ frailty and adv ill	X	-
G2092	Ace arb arni	X	-
G2093	Med doc rsn no ace arn arni	X	-
G2094	Pt rsn no ace arn arni	X	-
G2095	Sys rsn no ace arn arni	X	-
G2096	No rsn ace arb arni	X	-
G2097	Child dx uri 3d of other dx	X	-
G2098	Pt 66+ frailty and med dem	X	-
G2099	Pt 66+ frailty and adv ill	X	-
G2100	Pt 66+ frailty and med dem	X	-
G2101	Pt 66+ frailty and adv ill	X	-
G2105	Pt 66+ lt ints > 90	X	-
G2106	Pt 66+ lt ints > 90	X	-
G2107	Pt 66+ frailty and adv ill	X	-
G2108	Pt 66+ lt ints > 90	X	-
G2109	Pt 66+ frailty and med dem	X	-
G2110	Pt 66+ frailty and adv ill	X	-
G2112	Pred<=5 mg ra glu <6m	X	-
G2113	Pred>5 mg >6m, no chg da	X	-
G2115	Pt 66+ frailty and med dem	X	-
G2116	Pt 66+ frailty and adv ill	X	-
G2118	Pt 81+ frailty	X	-
G2121	Psy dep anx ap and icd asse	X	-
G2122	Psy/dep/anx/apandicd noasse	X	-
G2125	Pt 81+ frailty	X	-
G2126	Pt 66+ frailty adv ill	X	-
G2127	Pt 66+ frailty med dem	X	-
G2128	No aspirin med rsn	X	-
G2129	No bp outpt	X	-
G2136	Bk pain vas 6-20wk = 3	X	-
G2137	Bk pain vas 6-20wk > 3	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G2138	Bk pain vas 9-15mo = 3	X	-
G2139	Bk pain vas 9-20mo > 3	X	-
G2140	Leg pain vas 6-20wk = 3	X	-
G2141	Leg pain vas 6-20wk > 3	X	-
G2142	Fs odi 9-15mo postop<= 22	X	-
G2143	Fs odi 9-15mo > 22	X	-
G2144	Fs odi 6-20wk postop > 22	X	-
G2145	Fsodi 6-20wk >22 or chg 30pt	X	-
G2146	Leg pain vas 9-15mo <= 3	X	-
G2147	Leg pain vas 9-15mo > 3	X	-
G2148	Mpm used	X	-
G2149	No mpm med rsn	X	-
G2150	No mpm	X	-
G2151	Dx degen neuro	X	-
G2152	Res change sc =0	X	-
G2167	Res change sc < 0	X	-
G2168	Svs by pt in home health	-	X*
G2169	Svs by ot in home health	-	X*
G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment services furnished for the demonstration project	X	-
G2173	Uri w comorb 12m oth dx	X	-
G2174	Uri new rx antibiotic 30d	X	-
G2175	Pt comorb dx 12m of epi	X	-
G2176	Outpt ed obs w inpt admit	X	-
G2177	Bronch w rx antibx 30d	X	-
G2178	Pt not elig low neuro ex	X	-
G2179	Med doc rsn no low ex	X	-
G2180	Inelig footwr eval	X	-
G2181	Bmi not doc medrsn ptref	X	-
G2182	Pt 1st biolog antirheum	X	-
G2183	Doc pt unable comm	X	-
G2184	No caregiver	X	-
G2185	Caregiver dem trained	X	-
G2186	Pt ref app rsrcs	X	-
G2187	Clin ind img hd trauma	X	-
G2188	Pt 50 yrs w/clin ind hd	X	-
G2189	Img hd abnml neuro exam	X	-
G2190	Ind img hd rad neck	X	-
G2191	Ind img hd pos hd ache	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G2192	>55 yrs temp hd ache	X	-
G2193	<6yr new onset hd ache	X	-
G2194	New hdache ped pt dis	X	-
G2195	Occip hdache child	X	-
G2196	Screen unhlthy etoh use	X	-
G2197	Screen hlthy etoh use	X	-
G2198	Med rsn no unhlthy etoh	X	-
G2199	Not scrn etoh no rsn	X	-
G2200	Unhlthy etoh rcvd couns	X	-
G2201	Med rsn no brief couns	X	-
G2202	No rsn no brief couns	X	-
G2203	Med rsn no etoh couns	X	-
G2204	Pt 50-85 w/ scope	X	-
G2205	Preg drng adjv trtmt	X	-
G2206	Adjv trtmt chemo her2	X	-
G2207	Rsn no trtmt chem her2	X	-
G2208	No trtmt chemo and her2	X	-
G2209	Refused to participate	X	-
G2210	No neck fs prom no rsn	X	-
G4000	Dermatology ss	X	-
G4001	Diagnostic rad ss	X	-
G4002	Ep cardio ss	X	-
G4003	Emergency med ss	X	-
G4004	Endocrinology ss	X	-
G4005	Family medicine ss	X	-
G4006	Gastroenterology ss	X	-
G4007	General surgery ss	X	-
G4008	Geriatrics ss	X	-
G4009	Hospitalists ss	X	-
G4010	Infectious disease ss	X	-
G4011	Internal medicine ss	X	-
G4012	Interventional rad ss	X	-
G4013	Mentl/behav health ss	X	-
G4014	Nephrology ss	X	-
G4015	Neurology ss	X	-
G4016	Neurosurgical ss	X	-
G4017	Nutrition/dietician ss	X	-
G4018	Ob/gyn ss	X	-
G4019	Oncology/hema ss	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G4020	Ophthalmology ss	X	-
G4021	Orthopedic surgery ss	X	-
G4022	Otolaryngology ss	X	-
G4023	Pathology ss	X	-
G4024	Pediatric ss	X	-
G4025	Physical medicine ss	X	-
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	X	-
G4037	Urology ss	X	-
G4038	Vascular surgery ss	X	-
G8395	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli	X	-
G8396	Left ventricular ejection fraction (lvef) not performed or documented	X	-
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	X	-
G8399	Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or pharmacologic therapy (othe	X	-
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not ordered or pharmacologic thera	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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G8428	Cur meds not document	X	-
G8430	Documentation that patient is not eligible for medication assessment	X	-
G8431	Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented	X	-
G8432	No documentation of clinical depression screening using an age appropriate standardized tool	X	-
G8433	Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate	X	-
G8450	Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as mod	X	-
G8451	Clinician documented patient with left ventricular ejection fraction (lvef) <40% or documentation as moderately or sever	X	-
G8452	Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as	X	-
G8465	High risk of recurrence of prostate cancer	X	-
G8473	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed	X	-
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d	X	-
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not s	X	-
G8476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg	X	-
G8477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg	X	-
G8478	Blood pressure measurement not performed or documented, reason not specified	X	-
G8506	Patient receiving angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	-
G8510	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	X	-
G8511	Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified	X	-
G8535	No documentation of an elder maltreatment screen, patient not eligible	X	-
G8536	No documentation of an elder maltreatment screen, reason not specified	X	-
G8539	Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies	X	-
G8540	Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool	X	-
G8541	No documentation of a current functional outcome assessment using a standardized tool, reason not specified	X	-
G8542	Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required	X	-
G8543	Documentation of a current functional outcome assessment using a standardized tool; no documentationof a care plan, reas	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluatio	X	-
G8560	Patient has a history of active drainage from the ear within the previous 90 days	X	-
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	X	-
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	X	-
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	X	-
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	X	-
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	X	-
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur	X	-
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	X	-
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic e	X	-
G8569	Prolonged intubation (>24 hrs) required	X	-
G8570	Prolonged intubation (>24 hrs) not required	X	-
G8575	Developed postoperative renal failure or required dialysis	X	-
G8576	No postoperative renal failure/dialysis not required	X	-
G8577	Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	X	-
G8578	Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	X	-
G8598	Aspirin or another antithrombotic therapy used	X	-
G8599	Aspirin or another antithrombotic therapy not used, reason not otherwise specified	X	-
G8600	Iv t-pa initiated within three hours (<= 180 minutes) of time last known well	X	-
G8601	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician	X	-
G8602	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified	X	-
G8633	Pharm ther osteo rx	X	-
G8635	No pharm ther osteo rx	X	-
G8647	Fun stat score knee >= 0	X	-
G8648	Fun stat score knee < 0	X	-
G8650	Rafs crs ki no scor no surv	X	-
G8651	Fun stat score hip >= 0	X	-
G8652	Fun stat score hip < 0	X	-
G8654	Rafs crs hi no scor no surv	X	-
G8655	Fun stat score le >= 0	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G8656	Fun stat score le < 0	X	-
G8658	Fun stat score le not done	X	-
G8659	Fun stat score ls >= 0	X	-
G8660	Fun stat score ls < 0	X	-
G8661	Fun stat score ls pt no elg	X	-
G8662	Rafs crs lbi no scor no surv	X	-
G8663	Fun stat score shdl >=0	X	-
G8664	Fun stat score shdl < 0	X	-
G8666	Rafs crs si no scor no surv	X	-
G8667	Fun stat score ue >=0	X	-
G8668	Fun stat score ue < 0	X	-
G8670	Rafs crs ewh no scor no surv	X	-
G8694	Left ventricular ejection fraction (lvef) < 40%	X	-
G8708	Patient not prescribed or dispensed antibiotic	X	-
G8709	Patient prescribed or dispensed antibiotic for documented medical reason(s)	X	-
G8710	Patient prescribed or dispensed antibiotic	X	-
G8711	Prescribed or dispensed antibiotic	X	-
G8712	Antibiotic not prescribed or dispensed	X	-
G8721	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report	X	-
G8722	Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report	X	-
G8723	Specimen site is other than anatomic location of primary tumor	X	-
G8724	Pt category, pn category and histologic grade were not documented in the pathology report, reason not otherwise specified	X	-
G8733	Documentation of a positive elder maltreatment screen and documented follow-up plan	X	-
G8734	Elder maltreatment screen documented as negative, no follow-up required	X	-
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified	X	-
G8749	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of syp	X	-
G8752	Most recent systolic blood pressure < 140 mmhg	X	-
G8753	Most recent systolic blood pressure >= 140 mmhg	X	-
G8754	Most recent diastolic blood pressure < 90 mmhg	X	-
G8755	Most recent diastolic blood pressure >= 90 mmhg	X	-
G8756	No documentation of blood pressure measurement, reason not otherwise specified	X	-
G8783	Blood pressure screening performed as recommended by the defined screening interval	X	-
G8785	Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	X	-
G8797	Specimen site other than anatomic location of esophagus	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G8798	Specimen site other than anatomic location of prostate	X	-
G8806	Performance of transabdominal or transvaginal ultrasound	X	-
G8807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician	X	-
G8808	Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified	X	-
G8815	Statin therapy not prescribed for documented reasons	X	-
G8816	Statin medication prescribed at discharge	X	-
G8817	Statin therapy not prescribed at discharge, reason not specified	X	-
G8818	Patient discharge to home no later than postoperative day #7	X	-
G8825	Patient not discharged to home by postoperative day #7	X	-
G8826	Patient discharge to home no later than postoperative day #2 following evar	X	-
G8833	Patient not discharge to home by postoperative day #2 following evar	X	-
G8834	Patient discharged to home no later than postoperative day #2 following cea	X	-
G8838	Patient not discharged to home by postoperative day #2	X	-
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	X	-
G8840	Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visits between initial testing and	X	-
G8841	Sleep apnea symptoms not assessed, reason not otherwise specified	X	-
G8842	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	X	-
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis	X	-
G8844	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified	X	-
G8845	Positive airway pressure therapy prescribed	X	-
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)	X	-
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy	X	-
G8850	Positive airway pressure therapy not prescribed, reason not otherwise specified	X	-
G8851	Objective measurement of adherence to positive airway pressure therapy, documented	X	-
G8852	Positive airway pressure therapy prescribed	X	-
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy	X	-
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified	X	-
G8856	Referral to a physician for an otologic evaluation performed	X	-
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	X	-
G8858	Referral to a physician for an otologic evaluation not performed, reason not specified	X	-
G8863	Patients not assessed for risk of bone loss, reason not otherwise specified	X	-
G8864	Pneumococcal vaccine administered or previously received	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	X	-
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	X	-
G8867	Pneumococcal vaccine not administered or previously received, reason not otherwise specified	X	-
G8869	Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy	X	-
G8875	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	X	-
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not otherwise specified	X	-
G8878	Sentinel lymph node biopsy procedure performed	X	-
G8880	Documentation of reason(s) sentinel lymph node biopsy not performed	X	-
G8881	Stage of breast cancer is greater than t1n0m0 or t2n0m0	X	-
G8882	Sentinel lymph node biopsy procedure not performed	X	-
G8883	Biopsy results reviewed, communicated, tracked and documented	X	-
G8884	Clinician documented reason that patient's biopsy results were not reviewed	X	-
G8885	Biopsy results not reviewed, communicated, tracked or documented	X	-
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event;	X	-
G8908	Patient documented to have received a burn prior to discharge	X	-
G8909	Patient documented not to have received a burn prior to discharge	X	-
G8910	Patient documented to have experienced a fall within asc	X	-
G8911	Patient documented not to have experienced a fall within ambulatory surgical center	X	-
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	X	-
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	X	-
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc	X	-
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc	X	-
G8916	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time	X	-
G8917	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic not initiated on time	X	-
G8918	Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis	X	-
G8923	Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G8924	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)	X	-
G8934	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function	X	-
G8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	-
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	-
G8937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	X	-
G8941	Elder maltreatment screen documented, patient not eligible for follow-up	X	-
G8942	Documented functional outcomes assessment and care plan within the previous 30 days	X	-
G8944	Ajcc melanoma cancer stage 0 through iic melanoma	X	-
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic	X	-
G8950	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	X	-
G8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	X	-
G8955	Most recent assessment of adequacy of volume management	X	-
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	X	-
G8958	Assessment of adequacy of volume management not documented, reason not given	X	-
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	X	-
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low ri	X	-
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci wihin 2 years	X	-
G8964	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	-
G8967	Warfarin or another oral anticoagulant that is fda approved prescribed	X	-
G8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e.g., allergy, risk of bleeding, transient o	X	-
G8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., economic, social, and/or religious impediments, nonco	X	-
G8970	No risk factors or one moderate risk factor for thromboembolism	X	-
G9001	Mccd, initial rate	X	-
G9002	Mccd,maintenance rate	X	-
G9003	Mccd, risk adj hi, initial	X	-
G9004	Mccd, risk adj lo, initial	X	-
G9005	Mccd, risk adj, maintenance	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9006	Mccd, home monitoring	X	-
G9007	Mccd, sch team conf	X	-
G9008	Mccd,phys coor-care ovrsght	X	-
G9009	Coordinated care fee, risk adjusted maintenance, level 3	X	-
G9010	Coordinated care fee, risk adjusted maintenance, level 4	X	-
G9011	Coordinated care fee, risk adjusted maintenance , level 5	X	-
G9012	Other specified case mgmt	X	-
G9013	Esrd demo basic bundle level i	X	-
G9014	Esrd demo expanded bundle including venous access and related services	X	-
G9016	Demo-smoking cessation coun	X	-
G9050	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence	X	-
G9051	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	X	-
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	X	-
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	X	-
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	X	-
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed	X	-
G9056	Oncology; practice guidelines; management adheres to guidelines	X	-
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	X	-
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin	X	-
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment	X	-
G9060	Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness	X	-
G9061	Oncology; practice guidelines; patients condition not addressed by available guidelines	X	-
G9062	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	X	-
G9063	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1	X	-
G9064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii	X	-
G9065	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii	X	-
G9066	Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic	X	-
G9067	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation	X	-
G9068	Oncology; disease status; limited to small cell and combined small cell/non small cell	X	-
G9069	Oncoloyg; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small	X	-
G9071	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
G9072	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
G9073	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
G9074	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
G9075	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma	X	-
G9083	Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	X	-
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9092	Oncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
G9105	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	X	-
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma	X	-
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis	X	-
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown	X	-
G9109	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	X	-
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-
G9113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	X	-
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	X	-
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv	X	-
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	X	-
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	X	-
G9123	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-
G9124	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-
G9125	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-
G9126	Oncology; disease statu; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib	X	-
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	X	-
G9129	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	X	-
G9130	Oncoloyg; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	X	-
G9131	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	X	-
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	X	-
G9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	X	-
G9136	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	X	-
G9137	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	X	-
G9138	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin	X	-
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	X	-
G9140	Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of	X	-
G9143	Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	X
G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine	X	-
G9148	National committee for quality assurance - level 1 medical home	X	-
G9149	National committee for quality assurance - level 2 medical home	X	-
G9150	National committee for quality assurance - level 3 medical home	X	-
G9151	Mapcp demonstration - state provided services	X	-
G9152	Mapcp demonstration - community health teams	X	-
G9153	Mapcp demonstration - physician incentive pool	X	-
G9157	Transesophageal doppler used for cardiac monitoring	X	-
G9187	Bpci home visit	X	-
G9188	Beta not given no reason	X	-
G9189	Beta pres or already taking	X	-
G9190	Medical reason for no beta	X	-
G9191	Pt reason for no beta	X	-
G9192	System reason for no beta	X	-
G9196	Med reason for no ceph	X	-
G9197	Order for ceph	X	-
G9198	No order for ceph no reason	X	-
G9212	Doc of dsm-iv init eval	X	-
G9213	No doc of dsm-iv	X	-
G9223	Pjp proph ordered cd4 low	X	-
G9225	Norsn no foot exam	X	-
G9226	3 comp foot exam completed	X	-
G9227	Docrsn no care plan	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9228	Gc chl syp documented	X	-
G9229	Ptrsn no gc chl syp test	X	-
G9230	Norsn for gc chl syp test	X	-
G9231	Doc esrd dia trans preg	X	-
G9242	Doc viral load >=200	X	-
G9243	Doc viral load <200	X	-
G9246	No med visit in 24mo	X	-
G9247	1 med visit in 24mo	X	-
G9250	Doc of pain comfort 48hr	X	-
G9251	Doc no pain comfort 48hr	X	-
G9254	Doc pt dischg >2d	X	-
G9255	Doc pt dischg <=2d	X	-
G9273	Sys<140 and dia<90	X	-
G9274	Bp out of nrml limits	X	-
G9275	Doc of non tobacco user	X	-
G9276	Doc of tobacco user	X	-
G9277	Doc daily aspirin or contra	X	-
G9278	Doc no daily aspirin	X	-
G9279	Pne scrn done doc vac done	X	-
G9280	Pne not given norsn	X	-
G9281	Pne scrn done doc not ind	X	-
G9282	Doc medrsn no histo type	X	-
G9283	Hist type doc on report	X	-
G9284	No hist type doc on report	X	-
G9285	Site not small cell lung ca	X	-
G9286	Doc antibio order w in 7d	X	-
G9287	No doc antibio order w in 7d	X	-
G9288	Doc medrsn no hist type rpt	X	-
G9289	Doc type nsm lung ca	X	-
G9290	No doc type nsm lung ca	X	-
G9291	Not nsm lung ca	X	-
G9292	Medrsn no pt category	X	-
G9293	No pt category on report	X	-
G9294	Pt cat and thck on report	X	-
G9295	Non cutaneous loc	X	-
G9296	Doc share dec prior proc	X	-
G9297	No doc share dec prior proc	X	-
G9298	Eval risk vte card 30d prior	X	-
G9299	No eval riskk vte card prior	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9305	No interv req for leak	X	-
G9306	Interv req for leak	X	-
G9307	No ret for surg w in 30d	X	-
G9308	Unplnd ret to surg w in 30d	X	-
G9309	No unplnd hosp readm in 30d	X	-
G9310	Unplnd hosp readm in 30d	X	-
G9311	No surg site infection	X	-
G9312	Surgical site infection	X	-
G9313	Docrsn not first line amox	X	-
G9314	Norsn not first line amox	X	-
G9315	Doc first line amox	X	-
G9316	Doc comm risk calc	X	-
G9317	No doc comm risk calc	X	-
G9318	Image std nomenclature	X	-
G9319	Image not std nomenclature	X	-
G9321	Doc count of ct in 12mo	X	-
G9322	No doc count of ct in 12mo	X	-
G9341	Srch for ct w in 12 mos	X	-
G9342	No srch for ct in 12mo norsn	X	-
G9344	Sysrsn no dicom srch	X	-
G9345	Follow up pulm nod	X	-
G9347	No follow up pulm nod norsn	X	-
G9351	Doc >1 sinus ct w 90d dx	X	-
G9352	Not >1 sinus ct w 90d dx	X	-
G9353	Medrsn >1 sinus ct w 90d dx	X	-
G9354	Norsn >1 sinus ct w 90d dx	X	-
G9355	No early ind/delivery	X	-
G9356	Early ind/delivery	X	-
G9357	Pp eval/edu perf	X	-
G9358	Pp eval/edu not perf	X	-
G9359	Neg mgd pos tb notact	X	-
G9360	No doc of neg or man pos tb	X	-
G9361	Medical indication for elective delivery or early induction	X	-
G9364	Sinus caus bac inx	X	-
G9367	2high risk med ord	X	-
G9368	2high risk no ord	X	-
G9380	Off assis eol iss	X	-
G9382	No off assis eol	X	-
G9383	Recd scrn hcv infec	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9384	Doc med reas no offer eol	X	-
G9385	Doc pt reas not rec hcv srn	X	-
G9386	Scrn hcv infec not recd	X	-
G9393	Ini phq9 >9 remiss <5	X	-
G9394	Dx bipol, death, nhres, hosp	X	-
G9395	Ini phq9 >9 no remiss >=5	X	-
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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	-
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	X	-
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	X	-
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	X	-
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	X	-
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	X	-
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	X	-
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	X	-
G9480	Admission to medicare care choice model program (mccm)	X	-
G9481	Remote e/m new pt 10mins	X	-
G9482	Remote e/m new pt 20mins	X	-
G9483	Remote e/m new pt 30mins	X	-
G9484	Remote e/m new pt 45mins	X	-
G9485	Remote e/m new pt 60mins	X	-
G9486	Remote e/m est. pt 10mins	X	-
G9487	Remote e/m est. pt 15mins	X	-
G9488	Remote e/m est. pt 25mins	X	-
G9489	Remote e/m est. pt 40mins	X	-
G9490	Joint replac mod home visit	X	-
G9497	Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	X	-
G9498	Antibiotic regimen prescribed	X	-
G9500	Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented	X	-
G9501	Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	X	-
G9502	Med reas no perf foot exam	X	-
G9504	Doc reas no hbv status	X	-
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	X	-
G9506	Biologic immune response modifier prescribed	X	-
G9507	Doc reas on statin or contra	X	-
G9508	Documentation that the patient is not on a statin medication	X	-
G9509	Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	X	-
G9510	Remis12m not phq-9 score <5	X	-
G9511	Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	X	-
G9512	Individual had a pdc of 0.8 or greater	X	-
G9513	Individual did not have a pdc of 0.8 or greater	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9514	Patient required a return to the operating room within 90 days of surgery	X	-
G9515	Patient did not require a return to the operating room within 90 days of surgery	X	-
G9516	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 not given	X	-
G9518	Documentation of active injection drug use	X	-
G9519	Final ref +/- 1.0 w/in 90d	X	-
G9520	Refract not +/- 1.0 w/in 90d	X	-
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	X	-
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	X	-
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	X	-
G9530	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	X	-
G9531	Pt doc	X	-
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	X	-
G9537	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	X	-
G9539	Intent for potential removal at time of placement	X	-
G9540	Patient alive 3 months post procedure	X	-
G9541	Filter removed within 3 months of placement	X	-
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	X	-
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	X	-
G9544	No filt remov w/in 3mos plcm	X	-
G9547	Cys ren les or adren	X	-
G9548	No f/u rec image study	X	-
G9549	Doc med rsn for f/u imag	X	-
G9550	Imag rec	X	-
G9551	Imag no les	X	-
G9552	Incidental thyroid nodule < 1.0 cm noted in report	X	-
G9553	Prior thyroid disease diagnosis	X	-
G9554	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	X	-
G9555	Doc med reas no follow imag	X	-
G9556	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	X	-
G9557	Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9580	Door to puncture time of less than 2 hours	X	-
G9582	Door to puncture time of greater than 2 hours, no reason given	X	-
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	X	-
G9594	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	X	-
G9595	Doc shnt/tum/coag	X	-
G9596	Hd inj >24h/gcs >15/no res	X	-
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	X	-
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	X	-
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	X	-
G9603	Patient survey score improved from baseline following treatment	X	-
G9604	Patient survey results not available	X	-
G9605	Patient survey score did not improve from baseline following treatment	X	-
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	X	-
G9607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	X	-
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	X	-
G9609	Documentation of an order for anti-platelet agents or p2y12 antagonists	X	-
G9610	Doc md rsn no antipla/p2y12	X	-
G9611	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	X	-
G9612	Photodocumentation of one or more cecal landmarks to establish a complete examination	X	-
G9613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	X	-
G9614	No photodocumentation of cecal landmarks to establish a complete examination	X	-
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	X	-
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	X	-
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	X	-
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	X	-
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	X	-
G9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	X	-
G9625	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9626	Pt not elig	X	-
G9627	Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
G9628	Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
G9629	Pt not elig	X	-
G9630	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	X	-
G9632	Pt not elig	X	-
G9633	Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
G9637	Doc >1 dose reduc tech	X	-
G9638	No doc >1 dose reduc tech	X	-
G9642	Current cigarette smokers	X	-
G9643	Elective surgery	X	-
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	X	-
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	X	-
G9646	Patients with 90 day mrs score of 0 to 2	X	-
G9648	Patients with 90 day mrs score greater than 2	X	-
G9649	Psori tool doc w/benchmk	X	-
G9651	Psori tool doc/no bnchmk met	X	-
G9654	Monitored anesthesia care (mac)	X	-
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	X	-
G9656	Patient transferred directly from anesthetizing location to pacu	X	-
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	X	-
G9659	>85y no hx colo ca/rsn scope	X	-
G9660	Doc med rsn scope pt >85y	X	-
G9661	>85y scope othr rsn	X	-
G9662	Previously diagnosed or have an active diagnosis of clinical ascvd	X	-
G9663	Fast/dir ldl <= 190 mg/dl	X	-
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	X	-
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	X	-
G9666	The highest fasting or direct ldl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	X	-
G9674	Patients with clinical ascvd diagnosis	X	-
G9675	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	X	-
G9676	40-75y w/type 1/2 w/ldl-c rs	X	-
G9679	Acute care pneumonia	X	-
G9680	Acute care congestive heart	X	-
G9681	Acute care chronic obstruct	X	-
G9682	Acute care skin infection	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9683	Acute care fluid or electrol	X	-
G9684	Acute care urinary tract inf	X	-
G9685	Acute nursing facility care	X	-
G9687	Hospice anytime msmt per	X	-
G9688	Pt w/hosp anytime msmt per	X	-
G9689	Inpt elect carotid intervent	X	-
G9690	Pt rec hospice dur msmt per	X	-
G9691	Pt hosp dur msmt period	X	-
G9692	Hosp recd by pt dur msmt per	X	-
G9693	Pt use hosp during msmt per	X	-
G9694	Hosp srv used pt in msmt per	X	-
G9695	Long act inhal bronchdil pre	X	-
G9696	Med rsn no presc bronchdil	X	-
G9697	Pt rsn no presc bronchdil	X	-
G9698	Sys rsn no presc bronchdil	X	-
G9699	Long inhal bronchdil no pres	X	-
G9700	Pt is w/hosp during msmt per	X	-
G9702	Pt use hosp during msmt per	X	-
G9703	Child anbx 30 prior dx phary	X	-
G9704	Ajcc br ca stg i: t1 mic/t1a	X	-
G9705	Ajcc br ca stg ib	X	-
G9706	Low recur prost ca	X	-
G9708	Bilat mast/hx bi /unilat mas	X	-
G9709	Hosp srv used pt in msmt per	X	-
G9710	Pt prov hosp srv msmt per	X	-
G9711	Pt hx tot col or colon ca	X	-
G9712	Doc med rsn presc anbx	X	-
G9713	Pt use hosp during msmt per	X	-
G9714	Pt is w/hosp during msmt per	X	-
G9715	Pt w/hosp anytime msmt per	X	-
G9716	Bmi not norm, no follow, doc	X	-
G9717	Doc dx depr/dx bipol, no scr	X	-
G9718	Hospice anytime msmt per	X	-
G9719	Pt not ambul/immob/wc	X	-
G9720	Hospice anytime msmt per	X	-
G9721	Pt not ambul/immob/wc	X	-
G9722	Doc hx renal fail or cr+ >4	X	-
G9723	Hosp recd by pt dur msmt per	X	-
G9724	Pt w/doc use anticoag mst yr	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9725	Pt w/hosp anytime msmt per	X	-
G9726	Refused to participate	X	-
G9727	Pt unable cmplt knee fs prom	X	-
G9728	Refused to participate	X	-
G9729	Pt unbl cmplt hip fs prom	X	-
G9730	Refused to participate	X	-
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 shld 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	X	-
G9756	Surg proc w/silicone oil	X	-
G9757	Surg proc w/silicone oil	X	-
G9758	Hospice or term phase	X	-
G9761	Pt w/hosp anytime msmt per	X	-
G9762	Pt had hpv b/t 9-13 yr	X	-
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	X	-
G9767	Hosp new dx cva consid evst	X	-
G9768	Pt w/hosp anytime msmt per	X	-
G9769	Bn den 2yr/got ost med/ther	X	-
G9770	Perip nerve block	X	-
G9771	Anes end, 1 temp >35.5(95.9)	X	-
G9772	Doc med rsn no temp >= 35.5	X	-
G9773	No temp >35.5(95.9), anes	X	-
G9774	Pt had hyst	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	-
G9781	Doc rsn no statin	X	-
G9782	Hx dx fam/pure hypercholes	X	-
G9784	Path/derm 2nd opin bx	X	-
G9785	Path report sent	X	-
G9786	Path report not sent	X	-
G9787	Pt alive lst day msmt yr	X	-
G9788	Most rct bp </= 140/90	X	-
G9789	Record bp ip, er, urg/self	X	-
G9790	Most rct bp >/= 140/90	X	-
G9791	Most rct tob stat free	X	-
G9792	Most rct tob stat not free	X	-
G9793	Pt on daily asa/antiplat	X	-
G9794	Doc med rsn no asa/antiplat	X	-
G9795	Pt no daily asa/antiplat	X	-
G9796	Pt not currently on statin	X	-
G9797	Pt currently on statin	X	-
G9805	Pt w/hosp anytime msmt per	X	-
G9806	Pt recd cerv cyto/hpv	X	-
G9807	Pt no recd cerv cyto/hpv	X	-
G9808	Pt no asthm cont med mst per	X	-
G9809	Pt w/hosp anytime msmt per	X	-
G9810	Pdc 75% w/asth cont med	X	-
G9811	No pdc 75% w/asth cont med	X	-
G9812	Pt died during inpt/30d aft	X	-
G9813	Pt not died w/in 30d of proc	X	-
G9818	Doc sex activity	X	-
G9819	Pt w/hosp anytime msmt per	X	-
G9820	Doc chlam scr test w/follow	X	-
G9821	No doc chlam scr ts w/follow	X	-
G9822	Endo abl proc yr prev ind dt	X	-
G9823	Endo smpl/hyst bx res doc	X	-
G9824	Endo smpl/hyst bx res no doc	X	-
G9830	Her-2 pos	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9831	Ajcc stg brt ca dx ii or iii	X	-
G9832	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	-
G9842	Pt met dis at dx	X	-
G9843	Kras gene mut	X	-
G9844	Pt no recd anti-egfr ther	X	-
G9845	Pt recd anti-egfr ther	X	-
G9846	Pt died from cancer	X	-
G9847	Pt recd chemo last 14d life	X	-
G9848	Pt no chemo last 14d life	X	-
G9852	Pt died from cancer	X	-
G9853	Icu stay last 30d life	X	-
G9854	No icu stay last 30d life	X	-
G9858	Pt enroll hospice	X	-
G9859	Pt died from cancer	X	-
G9860	Pt less 3d hospice	X	-
G9861	Pt more than 3d hospice	X	-
G9862	Doc rsn no 10 yr follow	X	-
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, less than 10 minutes	X	-
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 10-20 minutes	X	-
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 20 or more minutes	X	-
G9873	1 em core session	X	-
G9874	4 em core sessions	X	-
G9875	9 em core sessions	X	-
G9876	2 em core ms mo 7-9 no wl	X	-
G9877	2 em core ms mo 10-12 no wl	X	-
G9878	2 em core ms mo 7-9 wl	X	-
G9879	2 em core ms mo 10-12 wl	X	-
G9880	Em 5 percent wl	X	-
G9881	Em 9 percent wl	X	-
G9882	2 em ongoing ms mo 13-15 wl	X	-
G9883	2 em ongoing ms mo 16-18 wl	X	-
G9884	2 em ongoing ms mo 19-21 wl	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9885	2 em ongoing ms mo 22-24 wl	X	-
G9890	Em bridge payment	X	-
G9891	Em session reporting	X	-
G9894	Adr dep thrpy prescribed	X	-
G9895	Doc med rsn no adr dep thrpy	X	-
G9896	Doc pt rsn no adr dep thrpy	X	-
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	-
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	X	-
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	-
G9914	Pt receiving anti-tnf agent	X	-
G9915	No documntd hbv results rcd	X	-
G9916	Funct status past 12 months	X	-
G9917	Adv dem crgvr limited	X	-
G9918	No funct stat perf, rsn nos	X	-
G9922	Sfty cncrns scrn nd mit recs	X	-
G9923	Safty cncrns scrn and neg	X	-
G9925	No scrn prov rsn nos	X	-
G9926	Sfty cncrns scrn but no recs	X	-
G9927	Doc no warf /fda pt trial	X	-
G9928	No warf or fda drug presc	X	-
G9929	Trs/rev af	X	-
G9930	Com care	X	-
G9931	No chad or chad scr 0 or 1	X	-
G9932	Doc pt rsn no tb scrn recrds	X	-
G9938	Pt 66+ snp or ltc pos	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	-
G9948	Adtl spine proc on same date	X	-
G9949	Leg pain no vas	X	-
G9954	Pt >2 rsk fac post-op vomit	X	-
G9955	Inhlnt anesth only for induc	X	-
G9956	Combo thrpy of >= 2 prophly	X	-
G9957	Doc med rsn no combo thrpy	X	-
G9958	No combo prohpyl thrp for pt	X	-
G9959	Systemic antimicro not presc	X	-
G9960	Med rsn sys antimi nt rx	X	-
G9961	Systemic antimicro presc	X	-
G9962	Embolization doc separatly	X	-
G9963	Embolization not doc separat	X	-
G9964	Pt recv >=1 well-chld visit	X	-
G9965	No well-chld vist recv by pt	X	-
G9968	Pt refrd 2 pvdr/spclst in pp	X	-
G9969	Pvdr rfrd pt rprt rcvd	X	-
G9970	Pvdr rfrd pt no rprt rcvd	X	-
G9976	Doc pat rsn no mac exm perf	X	-
G9977	Dil mac exam no perf rsn nos	X	-
G9978	Remote e/m new pt 10 mins	X	-
G9979	Remote e/m new pt 20 mins	X	-
G9980	Remote e/m new pt 30 mins	X	-
G9981	Remote e/m new pt 45 mins	X	-
G9982	Remote e/m new pt 60 mins	X	-
G9983	Remote e/m est. pt 10 mins	X	-
G9984	Remote e/m est. pt 15 mins	X	-
G9985	Remote e/m est. pt 25 mins	X	-
G9986	Remote e/m est. pt 40 mins	X	-
G9987	Bpci advanced in home visit	X	-
G9988	Pall serv during meas	X	-
G9989	Med rsn no pneum vax	X	-
G9992	Pall serv during meas	X	-
G9993	Pall serv during meas	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
G9994	Pall serv during meas	X	-
G9995	Pall serv during meas	X	-
G9996	Doc pt pal or hospice	X	-
G9997	Doc pt preg dur msrmt pd	X	-
G9998	Doc med rsn <3 colon	X	-
G9999	Doc sys rsn <3 colon	X	-
H0001	Alcohol and/or drug assess	X	-
H0002	Alcohol and/or drug screenin	X	-
H0003	Alcohol and/or drug screenin	X	-
H0004	Alcohol and/or drug services	X	-
H0005	Alcohol and/or drug services	X	-
H0006	Alcohol and/or drug services	X	-
H0007	Alcohol and/or drug services	X	-
H0008	Alcohol and/or drug services	X	-
H0009	Alcohol and/or drug services	X	-
H0010	Alcohol and/or drug services	X	-
H0011	Alcohol and/or drug services	X	-
H0012	Alcohol and/or drug services	X	-
H0013	Alcohol and/or drug services	X	-
H0014	Alcohol and/or drug services	X	-
H0015	Alcohol and/or drug services	X	-
H0016	Alcohol and/or drug services	X	-
H0017	Alcohol and/or drug services	X	-
H0018	Alcohol and/or drug services	X	-
H0019	Alcohol and/or drug services	X	-
H0020	Alcohol and/or drug services	X	-
H0021	Alcohol and/or drug training	X	-
H0022	Alcohol and/or drug interven	X	-
H0023	Alcohol and/or drug outreach	X	-
H0024	Alcohol and/or drug preventi	X	-
H0025	Alcohol and/or drug preventi	X	-
H0026	Alcohol and/or drug preventi	X	-
H0027	Alcohol and/or drug preventi	X	-
H0028	Alcohol and/or drug preventi	X	-
H0029	Alcohol and/or drug preventi	X	-
H0030	Alcohol and/or drug hotline	X	-
H0031	Mental health assessment, by non-physician	X	-
H0032	Mental health service plan development by non-physician	X	-
H0033	Oral medication administration, direct observation	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
H0034	Medication training and support, per 15 minutes	X	-
H0035	Mental health partial hospitalization, treatment, less than 24 hours	X	-
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	X	-
H0037	Community psychiatric supportive treatment program, per diem	X	-
H0038	Self-help/peer services, per 15 minutes	X	-
H0039	Assertive community treatment, face-to-face, per 15 minutes	X	-
H0040	Assertive community treatment program, per diem	X	-
H0041	Foster care, child, non-therapeutic, per diem	X	-
H0042	Foster care, child, non-therapeutic, per month	X	-
H0043	Supported housing, per diem	X	-
H0044	Supported housing, per month	X	-
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	-
H2000	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	-
H2014	Skills training and development, per 15 minutes	X	-
H2015	Comprehensive community support services, per 15 minutes	X	-
H2016	Comprehensive community support services, per diem	X	-
H2017	Psychosocial rehabilitation services, per 15 minutes	X	-
H2018	Psychosocial rehabilitation services, per diem	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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 diem	X	-
H2025	Ongoing support to maintain employment, per 15 minutes	X	-
H2026	Ongoing support to maintain employment, per diem	X	-
H2027	Psychoeducational service, per 15 minutes	X	-
H2028	Sexual offender treatment service, per 15 minutes	X	-
H2029	Sexual offender treatment service, per diem	X	-
H2030	Mental health clubhouse services, per 15 minutes	X	-
H2031	Mental health clubhouse services, per diem	X	-
H2032	Activity therapy, per 15 minutes	X	-
H2033	Multisystemic therapy for juveniles, per 15 minutes	X	-
H2034	Alcohol and/or drug abuse halfway house services, per diem	X	-
H2035	Alcohol and/or other drug treatment program, per hour	X	-
H2036	Alcohol and/or other drug treatment program, per diem	X	-
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	X	-
H2038	Skill train and dev/diem	X	-
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	X	-
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	X	-
K0005	Ultralightweight wheelchair	-	X
K0010	Stnd wt frame power whlchr	-	X
K0011	Stnd wt pwr whlchr w control	-	X
K0012	Ltwt portbl power whlchr	-	X
K0108	W/c component-accessory nos	-	X
K0553	Ther cgm supply allowance	-	X
K0554	Ther cgm receiver/monitor	-	X
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	-	X
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	X	-
K0800	Pov group 1 std up to 300 lbs	-	X
K0801	Pov group 1 hd 301-450 lbs	-	X
K0802	Pov group 1 vhd 451-600 lbs	-	X
K0806	Pov group 2 std up to 300lbs	-	X
K0807	Pov group 2 hd 301-450 lbs	-	X
K0808	Pov group 2 vhd 451-600 lbs	-	X
K0812	Power operated vehicle noc	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
K0813	Pwc gp 1 std port seat/back	-	X
K0814	Pwc gp 1 std port cap chair	-	X
K0815	Pwc gp 1 std seat/back	-	X
K0816	Pwc gp 1 std cap chair	-	X
K0820	Pwc gp 2 std port seat/back	-	X
K0821	Pwc gp 2 std port cap chair	-	X
K0822	Pwc gp 2 std seat/back	-	X
K0823	Pwc gp 2 std cap chair	-	X
K0824	Pwc gp 2 hd seat/back	-	X
K0825	Pwc gp 2 hd cap chair	-	X
K0826	Pwc gp2 vhd seat/back	-	X
K0827	Pwc gp 2 vhd cap chair	-	X
K0828	Pwc gp 2 xtra hd seat/back	-	X
K0829	Pwc gp 2 xtra hd cap chair	-	X
K0830	Pwc gp2 std seat elevate s/b	-	X
K0831	Pwc gp2 std seat elevate cap	-	X
K0835	Pwc gp2 std sing pow opt s/b	-	X
K0836	Pwc gp2 std sing pow opt cap	-	X
K0837	Pwc gp 2 hd sing pow opt s/b	-	X
K0838	Pwc gp 2 hd sing pow opt cap	-	X
K0839	Pwc gp2 vhd sing pow opt s/b	-	X
K0840	Pwc gp2 xhd sing pow opt s/b	-	X
K0841	Pwc gp2 std mult pow opt s/b	-	X
K0842	Pwc gp2 std mult pow opt cap	-	X
K0843	Pwc gp2 hd mult pow opt s/b	-	X
K0848	Pwc gp 3 std seat/back	-	X
K0849	Pwc gp 3 std cap chair	-	X
K0850	Pwc gp 3 hd seat/back	-	X
K0851	Pwc gp 3 hd cap chair	-	X
K0852	Pwc gp 3 vhd seat/back	-	X
K0853	Pwc gp 3 vhd cap chair	-	X
K0854	Pwc gp 3 xhd seat/back	-	X
K0855	Pwc gp 3 xhd cap chair	-	X
K0856	Pwc gp3 std sing pow opt s/b	-	X
K0857	Pwc gp3 std sing pow opt cap	-	X
K0858	Pwc gp3 hd sing pow opt s/b	-	X
K0859	Pwc gp3 hd sing pow opt cap	-	X
K0860	Pwc gp3 vhd sing pow opt s/b	-	X
K0861	Pwc gp3 std mult pow opt s/b	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
K0862	Pwc gp3 hd mult pow opt s/b	-	X
K0863	Pwc gp3 vhd mult pow opt s/b	-	X
K0864	Pwc gp3 xhd mult pow opt s/b	-	X
K0868	Pwc gp 4 std seat/back	-	X
K0869	Pwc gp 4 std cap chair	-	X
K0870	Pwc gp 4 hd seat/back	-	X
K0871	Pwc gp 4 vhd seat/back	-	X
K0877	Pwc gp4 std sing pow opt s/b	-	X
K0878	Pwc gp4 std sing pow opt cap	-	X
K0879	Pwc gp4 hd sing pow opt s/b	-	X
K0880	Pwc gp4 vhd sing pow opt s/b	-	X
K0884	Pwc gp4 std mult pow opt s/b	-	X
K0885	Pwc gp4 std mult pow opt cap	-	X
K0886	Pwc gp4 hd mult pow s/b	-	X
K0890	Pwc gp5 ped sing pow opt s/b	-	X
K0891	Pwc gp5 ped mult pow opt s/b	-	X
K0898	Power wheelchair noc	-	X
K0900	Cstm dme other than wheelchr	-	X
K1001	Electronic posa treatment	X	-
K1002	Ces system w/supplies access	X	-
K1003	Whirlpool tub walkin portabl	X	-
K1004	Lo freq us diathermy device	X	-
K1005	Disp col sto bag breast milk	X	-
K1007	Bil hkaf pc s/d micro sensor	-	X
K1009	Speech volume modulation sys	X	-
K1018	External upper limb tremor stimulator of the peripheral nerves of the wrist	-	X
K1020	Non-invasive vagus nerve stimulator	-	X
K1022	Endoskel posit rotat unit	-	X
K1024	Non pneum comp control cal	-	X
K1025	Non pneum compress full arm	-	X
K1026	Mech allergen parti barrier	X	-
K1027	Oral dev without fix mech	-	X
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	X	-
K1029	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	-
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	X	-
K1031	Non-pneumatic compression controller without calibrated gradient pressure	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
K1032	Non-pneumatic sequential compression garment, full leg	-	X
K1033	Non-pneumatic sequential compression garment, half leg	-	X
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	X	-
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	X	-
K1037	Docking station for oral dev	X	-
L0480	Tlso, triplanar control, one piece rigid plastic shell without interface liner,with multiple straps and closures, poster	-	X
L0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner,multiple straps and closures, posterior exte	-	X
L0484	Tlso, triplanar control, two piece rigid plastic shell without interface liner,with multiple straps and closures, poster	-	X
L0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner,multiple straps and closures, posterior exte	-	X
L0700	Ctlso a-p-l control molded	-	X
L0710	Ctlso a-p-l control w/ inter	-	X
L0810	Halo cervical into jckt vest	-	X
L0820	Halo cervical into body jack	-	X
L0830	Halo cerv into milwaukee typ	-	X
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings abd pins, any material	-	X
L0984	Protective body sock each	X	-
L0999	Add to spinal orthosis nos	-	X
L1000	Ctlso milwauke initial model	-	X
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	-	X
L1200	Furnsh initial orthosis only	-	X
L1300	Body jacket mold to patient	-	X
L1310	Post-operative body jacket	-	X
L1330	Sternocostal orthosis prefab	X	-
L1499	Spinal orthosis nos	-	X
L1681	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	-	X
L1690	Combination bilateral ho	-	X
L1844	Ko w/adj jt rot cntrl molded	-	X
L2005	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,	-	X
L2006	Kaf sng/dbl swg/stn mcpr cus	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation contro	-	X
L2036	Kafo plas doub free knee mol	-	X
L2037	Kafo plas sing free knee mol	-	X
L2038	Kafo w/o joint multi-axis an	-	X
L2128	Kafo fem fx cast molded to p	-	X
L2221	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source	-	X
L2627	Plastic mold recipro hip & c	-	X
L2628	Metal frame recipro hip & ca	-	X
L2840	Tibial length sock fx or equ	X	-
L2850	Femoral lgth sock fx or equa	X	-
L2999	Lower extremity orthosis nos	-	X
L3215	Orthopedic ftwear ladies oxf	X	-
L3216	Orthoped ladies shoes dpth i	X	-
L3217	Ladies shoes hightop depth i	X	-
L3219	Orthopedic mens shoes oxford	X	-
L3221	Orthopedic mens shoes dpth i	X	-
L3222	Mens shoes hightop depth inl	X	-
L3224	Woman's shoe oxford brace	-	X
L3620	Trans shoe solid stirrup exi	-	X
L3640	Shoe dennis browne splint bo	-	X
L3649	Orthopedic shoe modifica nos	-	X
L3901	Hinge ext/flex wrist finger	-	X
L3904	Whfo electric custom fitted	-	X
L3960	Sewho airplan desig abdu pos	-	X
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr	-	X
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without	-	X
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuck	-	X
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, include	-	X
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, cust	-	X
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	X

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, t	-	X
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	X
L3999	Upper limb orthosis nos	-	X
L5010	Mold socket ank hgt w/ toe f	-	X
L5020	Tibial tubercle hgt w/ toe f	-	X
L5050	Ank symes mold sckt sach ft	-	X
L5060	Symes met fr leath socket ar	-	X
L5100	Molded socket shin sach foot	-	X
L5105	Plast socket jts/thgh lacer	-	X
L5150	Mold sckt ext knee shin sach	-	X
L5160	Mold socket bent knee shin s	-	X
L5200	Kne sing axis fric shin sach	-	X
L5210	No knee/ankle joints w/ ft b	-	X
L5220	No knee joint with artic ali	-	X
L5230	Fem focal defic constant fri	-	X
L5250	Hip canad sing axi cons fric	-	X
L5270	Tilt table locking hip sing	-	X
L5280	Hemipelvect canad sing axis	-	X
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	-	X
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	-	X
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	-	X
L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	X
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	X
L5500	Init bk ptb plaster direct	-	X
L5505	Init ak ischal plstr direct	-	X
L5510	Prep bk ptb plaster molded	-	X
L5520	Perp bk ptb thermopls direct	-	X
L5530	Prep bk ptb thermopls molded	-	X
L5535	Prep bk ptb open end socket	-	X
L5540	Prep bk ptb laminated socket	-	X
L5560	Prep ak ischial plast molded	-	X
L5570	Prep ak ischial direct form	-	X
L5580	Prep ak ischial thermo mold	-	X
L5585	Prep ak ischial open end	-	X
L5590	Prep ak ischial laminated	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
L5595	Hip disartic sach thermopls	-	X
L5600	Hip disart sach laminat mold	-	X
L5610	Above knee hydracadence	-	X
L5611	Ak 4 bar link w/fric swing	-	X
L5613	Ak 4 bar ling w/hydraul swig	-	X
L5614	4-bar link above knee w/swng	-	X
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	-	X
L5616	Ak univ multiplex sys frict	-	X
L5639	Below knee wood socket	-	X
L5643	Hip flex inner socket ext fr	-	X
L5649	Isch containmt/narrow m-l so	-	X
L5651	Ak flex inner socket ext fra	-	X
L5673	Addition to lower extremity, below knee/above knee, custom fabricated	-	X
L5679	Addition to lower extremity, below knee/above knee, custom fabricated	-	X
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X
L5700	Replace socket below knee	-	X
L5701	Replace socket above knee	-	X
L5702	Replace socket hip	-	X
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	-	X
L5707	Custm shape cover hip disart	-	X
L5724	Knee-shin exo fluid swing ph	-	X
L5726	Knee-shin ext jnts fld swg e	-	X
L5728	Knee-shin fluid swg & stance	-	X
L5780	Knee-shin pneum/hydra pneum	-	X
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system	-	X
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system, heavy dut	-	X
L5783	Add low ext mec limb vol sys	-	X
L5795	Exoskel hip ultra-light mate	-	X
L5814	Endo knee-shin hydral swg ph	-	X
L5816	Endo knee-shin polyc mch sta	-	X
L5818	Endo knee-shin frct swg & st	-	X
L5822	Endo knee-shin pneum swg frc	-	X
L5824	Endo knee-shin fluid swing p	-	X
L5826	Miniature knee joint	-	X
L5827	Endo knee shin single axis	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
L5828	Endo knee-shin fluid swg/sta	-	X
L5830	Endo knee-shin pneum/swg pha	-	X
L5840	Multi-axial knee/shin system	-	X
L5841	Addition endoskletl knee-shi	-	X
L5845	Knee-shin sys stance flexion	-	X
L5848	Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	X
L5856	Elec knee-shin swing/stance	-	X
L5857	Elec knee-shin swing only	-	X
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	-	X
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	-	X
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	-	X
L5930	High activity knee frame	-	X
L5960	Endo hip ultra-light materia	-	X
L5961	Endo poly hip, pneu/hyd/rot	-	X
L5964	Above knee flex cover system	-	X
L5966	Hip flexible cover system	-	X
L5968	Multiaxial ankle w dorsiflex	-	X
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes	-	X
L5979	Multi-axial ankle/ft prosth	-	X
L5980	Flex foot system	-	X
L5981	Flex-walk sys low ext prosth	-	X
L5984	Endoskeletal axial rotation	-	X
L5987	Shank ft w vert load pylon	-	X
L5988	Vertical shock reducing pylo	-	X
L5990	Addition to lower extremity prosthesis, user adjustable heel height	-	X
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	-	X
L5999	Lowr extremity prosthes nos	-	X
L6026	Part hand myo exclu term dev	-	X
L6028	Part handfng endoskel molded	-	X
L6029	Test interface part handfing	-	X
L6030	External frame part handfing	-	X
L6031	Rep interface handfng molded	-	X
L6032	Part handfng ultralite tcf/=	-	X
L6033	Part handfing acrylic	-	X
L6200	Elbow mold outsid lock hinge	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
L6205	Elbow molded w/ expand inter	-	X
L6250	Elbow inter loc elbow forarm	-	X
L6300	Shlder disart int lock elbow	-	X
L6310	Shoulder passive restor comp	-	X
L6320	Shoulder passive restor cap	-	X
L6350	Thoracic intern lock elbow	-	X
L6360	Thoracic passive restor comp	-	X
L6370	Thoracic passive restor cap	-	X
L6400	Below elbow prosth tiss shap	-	X
L6450	Elb disart prosth tiss shap	-	X
L6500	Above elbow prosth tiss shap	-	X
L6550	Shldr disar prosth tiss shap	-	X
L6570	Scap thorac prosth tiss shap	-	X
L6580	Wrist/elbow bowden cable mol	-	X
L6582	Wrist/elbow bowden cbl dir f	-	X
L6584	Elbow fair lead cable molded	-	X
L6586	Elbow fair lead cable dir fo	-	X
L6588	Shdr fair lead cable molded	-	X
L6590	Shdr fair lead cable direct	-	X
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	-	X
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	-	X
L6638	Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered elbow	-	X
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us	-	X
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	-	X
L6660	Heavy duty control cable	-	X
L6693	Lockingelbow forearm cntrbal	-	X
L6694	Elbow socket ins use w/lock	-	X
L6700	Ue add ext power myoel	-	X
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	-	X
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	X
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	-	X
L6715	Terminal device model #5xa	-	X
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined	-	X
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined	-	X
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
L6881	Automatic grasp feature, additional to upper limb prosthetic terminal device.	-	X
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	-	X
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	-	X
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	-	X
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex	-	X
L6890	Production glove	-	X
L6920	Wrist disarticul switch ctrl	-	X
L6925	Wrist disart myoelectronic c	-	X
L6930	Below elbow switch control	-	X
L6935	Below elbow myoelectronic ct	-	X
L6940	Elbow disarticulation switch	-	X
L6945	Elbow disart myoelectronic c	-	X
L6950	Above elbow switch control	-	X
L6955	Above elbow myoelectronic ct	-	X
L6960	Shldr disartic switch contro	-	X
L6965	Shldr disartic myoelectronic	-	X
L6970	Interscapular-thor switch ct	-	X
L6975	Interscap-thor myoelectronic	-	X
L7007	Electric hand, switch or myoelectric controlled, adult	-	X
L7008	Electric hand, switch or myoelectric, controlled, pediatric	-	X
L7009	Electric hook, switch or myoelectric controlled, adult	-	X
L7040	Prehensile actuator hosmer s	-	X
L7045	Electron hook child michigan	-	X
L7170	Electronic elbow hosmer swit	-	X
L7180	Electronic elbow utah myoele	-	X
L7181	Electronic elbo simultaneous	-	X
L7185	Electron elbow adolescent sw	-	X
L7186	Electron elbow child switch	-	X
L7190	Elbow adolescent myoelectron	-	X
L7191	Elbow child myoelectronic ct	-	X
L7259	Electronic wrist rotator any	-	X
L7406	Add to upp extr user adj mec	-	X
L7499	Upper extremity prosthes nos	-	X
L7600	Prosthetic donning sleeve, any material, each	X	-
L7900	Vacuum erection system	X	-
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
L8031	Breast prosthesis, silicone or equal, with integral adhesive	X	-
L8033	Nipple prosthesis custom, ea	X	-
L8035	Custom breast prosthesis	X	-
L8040	Nasal prosthesis	-	X
L8041	Midfacial prosthesis	-	X
L8042	Orbital prosthesis	-	X
L8043	Upper facial prosthesis	-	X
L8044	Hemi-facial prosthesis	-	X
L8045	Auricular prosthesis	-	X
L8046	Partial facial prosthesis	-	X
L8047	Nasal septal prosthesis	-	X
L8048	Unspec maxillofacial prosth	-	X
L8049	Repair maxillofacial prosth	-	X
L8410	Sheath above knee	-	X
L8465	Shrinker upper limb	-	X
L8499	Unlisted misc prosthetic ser	-	X
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only	-	X
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis	-	X
L8515	Gel cap app device for trach	-	X
L8600	Implant breast silicone/eq	-	X
L8605	Tissue expander implant	-	X
L8609	Artificial cornea	-	X
L8614	Cochlear device/system	-	X
L8615	Coch implant headset replace	-	X
L8616	Coch implant microphone repl	-	X
L8617	Coch implant trans coil repl	-	X
L8618	Coch implant tran cable repl	-	X
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	-	X
L8621	Repl zinc air battery	-	X
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	-	X
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	-	X
L8627	Cochlear implant, external speech processor, component, replacement	-	X
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	-	X
L8630	Metacarpophalangeal implant	-	X
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal	-	X
L8641	Metatarsal joint implant	-	X
L8658	Interphalangeal joint implnt	-	X
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
L8670	Vascular graft, synthetic	-	X
L8679	Imp neurosti pls gn any type	-	X
L8680	Implantable neurostimulator electrode (with any number of contact points), each	X	-
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	-	X
L8682	Implantable neurostimulator radiofrequency receiver	-	X
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	-	X
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladde	-	X
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	X	-
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	X	-
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	X	-
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	X	-
L8689	External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified	-	X
L8690	Auditory osseointegrated device, includes all internal and external components	-	X
L8691	Auditory osseointegrated device, external sound processor, replacement	-	X
L8692	Auditory osseointedgrated device, external sound processor, used without osseiontegration, body worn, includes headband	X	-
L8693	Aud osseo dev, abutment	-	X
L8699	Prosthetic implant nos	-	X
L8701	Pow ue rom dev ewh uprt cust	-	X
L8702	Pow ue rom dev ewhf uprt cus	-	X
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	X	-
L8721	Receptor sole for use with l8720, replacement, each	X	-
L9900	O&p supply/accessory/service	-	X
M0001	Advancing cancer care mips value pathways	X	-
M0002	Optimal care for kidney health mips value pathways	X	-
M0003	Optimal care for patients with episodic neurological conditions mips value pathways	X	-
M0004	Supportive care for neurodegenerative conditions mips value pathways	X	-
M0005	Promoting wellness mips value pathways	X	-
M0010	Enhancing oncology model (eom) monthly enhanced oncology services (meos) payment for eom enhanced services	X	-
M0075	Cellular therapy	X	-
M0076	Prolotherapy	X	-
M0100	Intragastric hypothermia	X	-
M0300	Iv chelationtherapy	X	-
M0301	Fabric wrapping of aneurysm	X	-
M1004	Doc med rsn no srn tb	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1005	Tb screening not performed or results not interpreted, reason not given	X	-
M1006	Disease activity not assessed, reason not given	X	-
M1007	>=50% of total number of a patient's outpatient ra encounters assessed	X	-
M1008	<50% of total number of a patient's outpatient ra encounters assessed	X	-
M1009	Dc eoc doc med rec	X	-
M1010	Dc eoc doc med rec	X	-
M1011	Dc eoc doc med rec	X	-
M1012	Dc eoc doc med rec	X	-
M1013	Dc eoc doc med rec	X	-
M1014	Dc epi care doc medrec	X	-
M1016	Female patients unable to bear children	X	-
M1017	Patient admitted to palliative care services	X	-
M1018	Pt dx hst cr pt sk lg cr scr	X	-
M1019	Adl pt mj dep ds rs 12 phq<5	X	-
M1020	Adl pt mj dep ds no rs 12 mo	X	-
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	X	-
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 of more than seven days	X	-
M1035	Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment	X	-
M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days	X	-
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	X	-
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	X	-
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	X	-
M1041	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	X	-
M1043	Fs no odi 9-15mo	X	-
M1045	Fs oks 9-15mo = 37	X	-
M1046	Fs oks 9-15mo = 37	X	-
M1049	Fs wth scr no odi pre and p	X	-
M1051	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	X	-
M1052	Lg pn not meas w/ vas 1yr po	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1054	Patient had only urgent care visits during the performance period	X	-
M1055	Aspirin or another antiplatelet therapy used	X	-
M1056	Presc antico med in pp	X	-
M1057	Aspirin or another antiplatelet therapy not used, reason not given	X	-
M1058	Patient was a permanent nursing home resident at any time during the performance period	X	-
M1059	Patient was in hospice or receiving palliative care at any time during the performance period	X	-
M1060	Patient died prior to the end of the performance period	X	-
M1067	Hospice services for patient provided any time during the measurement period	X	-
M1068	Adults who are not ambulatory	X	-
M1069	Patient screened for future fall risk	X	-
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	X	-
M1073	Rom rad therapy anal, tc	X	-
M1074	Rom rad therapy bladder, pc	X	-
M1075	Rom rad therapy bladder, tc	X	-
M1076	Rom rad ther bone mets, pc	X	-
M1077	Rom rad ther bone mets, tc	X	-
M1078	Rom rad ther brain mets, pc	X	-
M1079	Rom rad ther brain mets, tc	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	X	-
M1095	Rom rad therapy lung, tc	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	-
M1100	Rom rad therapy prostate, pc	X	-
M1101	Rom rad therapy prostate, tc	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1102	Rom rad therapy gi, pc	X	-
M1103	Rom rad therapy gi, tc	X	-
M1104	Rom rad therapy uterus, pc	X	-
M1105	Rom rad therapy uterus, tc	X	-
M1106	Start eoc doc med rec	X	-
M1107	Docu dx degen neuro	X	-
M1108	Oc ni pt 1-2 vis	X	-
M1109	Oc ni pt dc 1-2 vis	X	-
M1110	Oc ni pt selfdc 1-2 vis	X	-
M1111	Start eoc doc med rec	X	-
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	-
M1117	Docu dx degen neuro	X	-
M1118	Oc ni pt 1-2 vis	X	-
M1119	Oc ni pt dc 1-2 vis	X	-
M1120	Oc ni pt selfdc 1-2 vis	X	-
M1121	Start eoc doc med rec	X	-
M1122	Docu dx degen neuro	X	-
M1123	Oc ni pt 1-2 vis	X	-
M1124	Oc ni pt dc 1-2 vis	X	-
M1125	Oc ni pt selfdc 1-2 vis	X	-
M1126	Start eoc doc med rec	X	-
M1127	Docu dx degen neuro	X	-
M1128	Oc ni pt 1-2 vis	X	-
M1129	Oc ni pt dc 1-2 vis	X	-
M1130	Oc ni pt self dc 1-2 vis	X	-
M1131	Docu dx degen neuro	X	-
M1132	Oc ni pt 1-2 vis	X	-
M1133	Oc ni pt dc 1-2 vis	X	-
M1134	Oc ni pt self dc 1-2 vis	X	-
M1135	Start eoc doc med rec	X	-
M1141	Fs no oks	X	-
M1142	Emerge cases	X	-
M1143	Ni rehab med chiro	X	-
M1146	Ongoing care not ind	X	-
M1147	Care not poss med rsn	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1148	Pt self dschg	X	-
M1149	No neck fs prom incap	X	-
M1150	Left ventricular ejection fraction (lvef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	X	-
M1151	Patients with a history of heart transplant or with a left ventricular assist device (lvad)	X	-
M1152	Patients with a history of heart transplant or with a left ventricular assist device (lvad)	X	-
M1153	Patient with diagnosis of osteoporosis on date of encounter	X	-
M1156	Patient received active chemotherapy any time during the measurement period	X	-
M1157	Patient received bone marrow transplant any time during the measurement period	X	-
M1158	Patient had history of immunocompromising conditions prior to or during the measurement period	X	-
M1159	Hospice services provided to patient any time during the measurement period	X	-
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	X	-
M1161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	X	-
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	X	-
M1163	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	X	-
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	X	-
M1165	Patients who use hospice services any time during the measurement period	X	-
M1166	Pathology report for tissue specimens produced from wide local excisions or re-excisions	X	-
M1167	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	-
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	X	-
M1170	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	X	-
M1171	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	X	-
M1172	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	X	-
M1173	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	X	-
M1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	X	-
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1176	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	X	-
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	X	-
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	X	-
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	X	-
M1180	Patients on immune checkpoint inhibitor therapy	X	-
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	X	-
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	X	-
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	X	-
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	X	-
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	X	-
M1186	Patients who have an order for or are receiving hospice or palliative care	X	-
M1187	Patients with a diagnosis of end stage renal disease (esrd)	X	-
M1188	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	X	-
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr) performed	X	-
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)	X	-
M1191	Hospice services provided to patient any time during the measurement period	X	-
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	X	-
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both	X	-
M1194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	X	-
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not given	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	X	-
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	X	-
M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	X	-
M1199	Patients receiving rrt	X	-
M1200	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	X	-
M1201	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	X	-
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)	X	-
M1203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	X	-
M1204	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	X	-
M1205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	X	-
M1206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	X	-
M1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	X	-
M1208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	X	-
M1209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	X	-
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	X	-
M1211	Most recent hemoglobin a1c level > 9.0%	X	-
M1212	Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)	X	-
M1213	No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%	X	-
M1214	Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed	X	-
M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	X	-
M1216	No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed with results documented during the encounter	X	-
M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	X	-
M1218	Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; with evidence of retinopathy	X	-
M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy	X	-
M1222	Glaucoma plan of care not documented, reason not otherwise specified	X	-
M1223	Glaucoma plan of care documented	X	-
M1224	Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	X	-
M1225	Intraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level	X	-
M1226	IOP measurement not documented, reason not otherwise specified	X	-
M1227	Evidence-based therapy was prescribed	X	-
M1228	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv treatment initiated within 3 months of the reactive hcv antibody test	X	-
M1229	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection	X	-
M1230	Patient has a reactive hcv antibody test and does not have a follow up hcv viral test, or patient has a reactive hcv antibody test and has a follow up hcv viral test that detects hcv viremia and is not referred to a clinician who treats hcv infection within 1 month and does not have hcv treatment initiated within 3 months of the reactive hcv antibody test, reason not given	X	-
M1231	Patient receives hcv antibody test with nonreactive result	X	-
M1232	Patient receives hcv antibody test with reactive result	X	-
M1233	Patient does not receive hcv antibody test or patient does receive hcv antibody test but results not documented, reason not given	X	-
M1234	Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia	X	-
M1235	Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period	X	-
M1236	Baseline mrs > 2	X	-
M1237	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	X	-
M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31)	X	-
M1239	Patient did not respond to the question of patient felt heard and understood by this provider and team	X	-
M1240	Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care	X	-
M1241	Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	X	-
M1242	Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1243	Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team	X	-
M1244	Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care	X	-
M1245	Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	X	-
M1246	Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life	X	-
M1247	Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care	X	-
M1248	Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem	X	-
M1249	Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life	X	-
M1250	Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team	X	-
M1251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)	X	-
M1252	Patients who did not complete at least one of the four patient experience hu survey items and return the hu survey within 60 days of the ambulatory palliative care visit	X	-
M1253	Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	X	-
M1254	Patients who were deceased when the hu survey reached them	X	-
M1255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an ob provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	X	-
M1256	Prior history of known cvd	X	-
M1257	CVD risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not otherwise specified	X	-
M1258	CVD risk assessment performed, have a documented calculated risk score	X	-
M1259	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	X	-
M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	X	-
M1261	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	X	-
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	X	-
M1266	Patients admitted to a skilled nursing facility (snf)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1267	patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-
M1268	patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-
M1269	receiving esrd mcp dialysis services by the provider on the last day of the reporting month	X	-
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-
M1271	Patients with dementia at any time prior to or during the month	X	-
M1272	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-
M1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms-2728 form	X	-
M1274	Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month	X	-
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	X	-
M1276	BMI documented outside normal parameters, no follow-up plan documented, no reason given	X	-
M1277	Colorectal cancer screening results documented and reviewed	X	-
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	X	-
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	X	-
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	X	-
M1281	Blood pressure reading not documented, reason not given	X	-
M1282	Patient screened for tobacco use and identified as a tobacco non-user	X	-
M1283	Patient screened for tobacco use and identified as a tobacco user	X	-
M1284	Patients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	X	-
M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified	X	-
M1286	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	X	-
M1287	BMI is documented below normal parameters and a follow-up plan is documented	X	-
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	X	-
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	X	-
M1290	Patient not eligible due to active diagnosis of hypertension	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	X	-
M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	X	-
M1293	BMI is documented above normal parameters and a follow-up plan is documented	X	-
M1294	Normal blood pressure reading documented, follow-up not required	X	-
M1295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	X	-
M1296	BMI is documented within normal parameters and no follow-up plan is required	X	-
M1297	BMI not documented due to medical reason or patient refusal of height or weight measurement	X	-
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	X	-
M1299	Influenza immunization administered or previously received	X	-
M1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	X	-
M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	X	-
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	X	-
M1303	Hospice services provided to patient any time during the measurement period	X	-
M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	X	-
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	X	-
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	X	-
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	X	-
M1308	Influenza immunization was not administered, reason not given	X	-
M1309	Palliative care services provided to patient any time during the measurement period	X	-
M1310	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	-
M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	X	-
M1312	Patient not screened for tobacco use	X	-
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	X	-
M1314	BMI not documented and no reason is given	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	X	-
M1316	Current tobacco non-user	X	-
M1317	Patients who are counseled on connection with a csp and explicitly opt out	X	-
M1318	Patients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening or documentation that there was no contact with a csp	X	-
M1319	Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening	X	-
M1320	Patients who screened positive for at least 1 of the 5 hrsns	X	-
M1321	Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a documented iop or no plan of care documented if the iop was >25 mm hg	X	-
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop =<25 mm hg for injected eye	X	-
M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop) with tonometry with documented iop >25 mm hg and a plan of care was documented	X	-
M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	X	-
M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment)	X	-
M1326	Patients with a diagnosis of hypotony	X	-
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	X	-
M1328	Patients with a diagnosis of acute vitreous hemorrhage	X	-
M1329	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8 weeks after initial acute pvd encounter	X	-
M1330	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	X	-
M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	X	-
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	X	-
M1333	Acute vitreous hemorrhage	X	-
M1334	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter	X	-
M1335	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	X	-
M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	X	-
M1337	Acute PVD	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	X	-
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	X	-
M1340	Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period	X	-
M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	X	-
M1342	Patients who died during the performance period	X	-
M1343	Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam	X	-
M1344	Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score	X	-
M1345	Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score	X	-
M1346	Patients who did not have a net increase in pam score of at least 6 points within a 6 to 12 month period	X	-
M1347	Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing)	X	-
M1348	Patients who achieved a net increase in pam score of at least 6-points in a 6 to 12 month period (excellent)	X	-
M1349	Patients who did not have a net increase in pam score of at least 3 points within 6 to 12 month period	X	-
M1350	Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	X	-
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	X	-
M1352	Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	X	-
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter	X	-
M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	X	-
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	-
M1356	Patients who died during the measurement period	X	-
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	X	-
M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	X	-
M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained	X	-
M1360	Suicidal ideation and/or behavior symptoms based on the c-ssrs	X	-
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1362	Patients who died during the measurement period	X	-
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	X	-
M1364	Calculated 10-year ascvd risk score of = 20 percent during the performance period	X	-
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	X	-
M1366	Focusing on women's health mips value pathway	X	-
M1367	Quality care for the treatment of ear, nose, and throat disorders mips value pathway	X	-
M1368	Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway	X	-
M1369	Quality care in mental health and substance use disorders mips value pathway	X	-
M1370	Rehabilitative support for musculoskeletal care mips value pathway	X	-
M1371	Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	X	-
M1372	Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	X	-
M1373	Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%	X	-
M1374	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	X	-
M1375	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	X	-
M1376	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	X	-
M1377	Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient	X	-
M1378	Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical reasons)	X	-
M1379	A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	X	-
M1380	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"	X	-
M1381	Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure	X	-
M1382	Patient encounter during the performance period with place of service code 11	X	-
M1383	Acute pvd	X	-
M1384	Patients who died during the performance period	X	-
M1385	Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four months between baseline pam assessment and follow-up	X	-
M1386	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of 0, i, or ii at the start of the performance period	X	-
M1387	Patients who died during the performance period	X	-
M1388	Patients with documentation of an exam performed for recurrence of melanoma	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1389	Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	X	-
M1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period	X	-
M1391	All patients who were diagnosed with recurrent melanoma during the current performance period	X	-
M1392	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	X	-
M1393	Patients who were not diagnosed with recurrent melanoma during the current performance period	X	-
M1394	Stages i-iii breast cancer	X	-
M1395	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-
M1396	Patients on a therapeutic clinical trial	X	-
M1397	Patients with recurrence/disease progression	X	-
M1398	Patients with baseline and follow-up promis surveys documented in the medical record	X	-
M1399	Patients who leave the practice during the follow-up period	X	-
M1400	Patients who died during the follow-up period	X	-
M1401	Stages i-iii breast cancer	X	-
M1402	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-
M1403	Patients with baseline and follow-up promis surveys documented in the medical record	X	-
M1404	Patients on a therapeutic clinical trial	X	-
M1405	Patients with recurrence/disease progression	X	-
M1406	Patients who leave the practice during the follow-up period	X	-
M1407	Patients who died during the follow-up period	X	-
M1408	Patients who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer	X	-
M1409	Patients who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis	X	-
M1410	Patients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis	X	-
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy	X	-
M1412	Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1 rearrangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement	X	-
M1413	Patients who had a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	X	-

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1414	Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication)	X	-
M1415	Patients who did not have a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	X	-
M1416	Patient received hospice services any time during the performance period	X	-
M1417	Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	X	-
M1418	Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination because of a medical contraindication documented by clinician	X	-
M1419	Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	X	-
M1420	Complete ophthalmologic care mips value pathway	X	-
M1421	Dermatological care mips value pathway	X	-
M1422	Gastroenterology care mips value pathway	X	-
M1423	Optimal care for patients with urologic conditions mips value pathway	X	-
M1424	Pulmonology care mips value pathway	X	-
M1425	Surgical care mips value pathway	X	-
M1426	TELEHEALTH ENC	X	-
M1427	DOC MED RSN BONE SCN	X	-
M1428	BILATERAL ABSENCE OF EYES	X	-
M1429	RETINOPATHY IN OD, OS, OU	X	-
M1430	RET EXM OU NO RETINOPTHY DOC	X	-
M1431	TELEHEALTH ENC	X	-
M1432	TELEHEALTH ENC	X	-
M1433	ORAL CHEMO WTHN 30 DAYS ENC	X	-
M1434	ORL CHEMO WTHN 30 D POST ENC	X	-
M1435	ORAL CHEMO IN PERF PD	X	-
M1436	TELEHEALTH ENC	X	-
M1437	TELEHEALTH ENC	X	-
M1438	LST KNWN WELL <=210 MIN	X	-
M1439	SIG OCU COND IMP SURG OUT	X	-
M1440	TELEHEALTH ENC	X	-
M1441	INIT DX SLP APN = 1ST ENC	X	-
M1442	TELEHEALTH ENC	X	-
M1443	TELEHEALTH ENC	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1444	DEL < 39 WEEKS GEST	X	-
M1445	PP CARE VISIT BY 12 WEEKS	X	-
M1446	PT DIED BEF END MEAS PD	X	-
M1447	PT DX BD BEF END MEAS PD	X	-
M1448	PT DX PD BEF END MEAS PD	X	-
M1449	PT DX SCZ/PYS BEF END MSR PD	X	-
M1450	PT HOS/PAL CARE DUR ID/PF PD	X	-
M1451	PT DX PPD DUR ID/PF PD	X	-
M1452	PT DX DEMENTIA EVER	X	-
M1453	PREOP VIS ACU > 20/40	X	-
M1454	NEW CIED	X	-
M1455	REP/REV CIED	X	-
M1456	PT HAD HTX	X	-
M1457	DX ASTH DUR CRNT/PRV PERF PD	X	-
M1458	PT DIED BEF END MEAS PD	X	-
M1459	PT HOSP/PAL CARE DUR PERF PD	X	-
M1460	DX COPD, CF, OR ARF	X	-
M1461	PT DX CHRON HEPC	X	-
M1462	PT CLIN IND HD IMAGE	X	-
M1463	2 F/U WTHN 180 DAY RX ATMP	X	-
M1464	NO RECORD OF F/U BY 180 DAYS	X	-
M1465	F/U > 180 DAYS AFTER RX	X	-
M1466	PT DISC/LAM PROC SAME DAY	X	-
M1467	PT DX LYNCH SYN	X	-
M1468	HEP B VACCINE RECEIVED	X	-
M1469	HX OF HEP B, OR POS BLD TEST	X	-
M1470	HEP B VAC NOT REC'D MED RSN	X	-
M1471	FFS HEP B NOT COVERED	X	-
M1472	HEP B VACCINE NOT RECEIVED	X	-
M1473	PT FUNC CAP NOT ALLOW IMPR	X	-
M1474	PT DX DEMENTIA	X	-
M1475	PT DX HUNTINGTON	X	-
M1476	PT DX COG IMP OR AD	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
M1477	DX DELIRIUM	X	-
M1478	PSYCHOACTIVE SUB ABUSE	X	-
M1479	PT FUNC CAP NOT ALLOW IMPR	X	-
M1480	PT FUNC CAP NOT ALLOW IMPR	X	-
M1481	PT IN HOSP/PAL CARE WHO DIED	X	-
M1482	POS QUAN HEP C OR QUAL RNA	X	-
M1483	NEG QUAN HEP C OR QUAL RNA	X	-
M1484	NO RPT HCV RNA PERF MED RSN	X	-
M1485	NEG VIRO RESP HEP C/QUAL RNA	X	-
M1486	PT ADMITTED TO SNF DUR EVAL	X	-
M1487	PT ADM TO HOSPICE DUR EVAL	X	-
M1488	DX DEMENTIA IN MSR TIMEFRAME	X	-
M1489	PT STATUS DOC	X	-
M1490	PT STATUS NOT DOC	X	-
M1491	REC'D ESRD MCP DUR PERF PD	X	-
M1492	NO REPORTED FALL	X	-
M1493	NO FALL DOC MED RSN	X	-
M1494	FALL REP SINCE LAST VISIT	X	-
M1495	FALL W/ POC, NO FALL	X	-
M1496	NO DOC OF FALL OR POC	X	-
M1497	NO DOC FALL MED RSN	X	-
M1498	DIAGNOSTIC RADIOLOGY MVP	X	-
M1499	INTERVENTIONAL RADIOLOGY MVP	X	-
M1500	NEUROPSYCHOLOGY MVP	X	-
M1501	PATHOLOGY MVP	X	-
M1502	PODIATRY MVP	X	-
M1503	VASCULAR SURGERY MVP	X	-
P9020	Platelet rich plasma, each unit	X	-
P9099	Blood component/product noc	-	X
Q0479	Power module combo vad, rep	-	X
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	-	X
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	-	X
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	-	X
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	X
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	-	X
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	-	X
Q4050	Cast supplies, for unlisted types and materials of casts	-	X
Q4130	Strattice, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4134	HMatrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4135	Mediskin, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4136	EZ Derm, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4138	BioDFence DryFlex, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	-	X
Q4140	BioDFence, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4142	XCM biologic tissue matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4143	Repriza, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4146	TENSIX, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4149	Excellagen, 0.1 cc	-	X
Q4150	AlloWrap DS or dry, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4151	AmnioBand or Guardian, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4152	DermaPure, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4153	Dermavest and Plurivest, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4154	Biovance, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4155	Neox Flo or Clarix Flo 1 mg	-	X
Q4156	Neox 100 or Clarix 100, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4157	Revitalon, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4158	Kerecis Omega3, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4159	Affinity, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4160	NuShield, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4161	bio-ConneKt wound matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	-	X
Q4163	WoundEx, BioSkin, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4164	Helicoll, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4165	Keramatrix or Kerasorb, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4167	Truskin, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4168	AmnioBand, 1 mg	-	X
Q4169	Artacent wound, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4170	Cygnus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4171	Interfyl, 1 mg	-	X
Q4173	PalinGen or PalinGen XPlus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	-	X
Q4175	Miroderm, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4176	NeoPatch or Therion, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4177	FlowerAmnioFlo, 0.1 cc	-	X
Q4178	FlowerAmnioPatch, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4179	FlowerDerm, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4180	Revita, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4181	Amnio Wound, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4182	TransCyte, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4183	surgiGRAFT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4184	Cellesta or Cellesta Duo, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	-	X
Q4187	Epicord, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4188	AmnioArmor, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4189	Artacent AC, 1 mg	-	X
Q4190	Artacent AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4191	Restorigin, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4192	Restorigin, 1 cc	-	X
Q4193	Coll-e-Derm, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4194	Novachor, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4195	PuraPly, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4196	PuraPly AM, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4197	PuraPly XT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4198	Genesis Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4199	Cygnus matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4200	SkinTE, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4201	Matrion, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4202	Keroxx (2.5 g/cc), 1 cc	-	X
Q4203	Derma-Gide, per sq cm (add-on, list separately in addition to primary procedure)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q4204	XWRAP, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4205	Membrane Graft or Membrane Wrap, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4206	Fluid Flow or Fluid GF, 1 cc	-	X
Q4207	Carbon life, per sq cm	X	-
Q4209	SurGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4211	Amnion Bio or AxoBioMembrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4212	AlloGen, per cc	-	X
Q4213	Ascent, 0.5 mg	-	X
Q4214	Cellesta Cord, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	-	X
Q4216	Artacent Cord, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4218	SurgiCORD, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4219	SurgiGRAFT-DUAL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4220	BellaCell HD or SureDerm, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4221	Amnio Wrap2, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4222	ProgenaMatrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4223	Dermabind sl optic per sq cm	X	-
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4225	AmnioBind or DermaBind TL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	-	X
Q4227	AmnioCore, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4229	Cogenex Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4230	Cogenex Flowable Amnion, per 0.5 cc	-	X
Q4232	Corplex, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4233	SurFactor or NuDyn, per 0.5 cc	-	X
Q4234	XCellerate, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4235	AMNIOREPAIR or AltiPly, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4236	carePATCH, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4237	Cryo-Cord, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4238	Derm-Maxx, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4240	CoreCyte, for topical use only, per 0.5 cc	-	X
Q4241	PolyCyte, for topical use only, per 0.5 cc	-	X
Q4242	AmnioCyte Plus, per 0.5 cc	-	X
Q4243	Amchomatrix, per sq cm	X	-
Q4245	AmnioText, per cc	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q4246	CoreText or ProText, per cc	-	X
Q4247	AmnioText Patch, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4249	AMNIPLY, for topical use only, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4250	AmnioAmp-MP, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4251	Vim, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4252	Vendaje, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4253	Zenith Amniotic Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4255	REGUaRD, for topical use only, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4256	MLG-Complete, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4257	Relese, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4258	Enverse, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4260	Signature APatch, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4261	TAG, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4262	Dual Layer Impax Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4263	SurGraft TL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4264	Cocoon Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4265	NeoStim TL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4266	NeoStim Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4267	NeoStim DL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4268	SurGraft FT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4269	SurGraft XT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4270	Complete SL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4271	Complete FT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4272	Esano A, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4273	Esano AAA, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4274	Esano AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4275	Esano ACA, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4276	ORION, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4278	EPIEFFECT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4279	Vendaje AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4280	Xcell Amnio Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4281	Barrera SL or Barrera DL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4282	Cygnus Dual, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4284	DermaBind SL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm (add-on, list separately in addition to primary procedure)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q4286	NuDYN SL or NuDYN SLW, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4287	DermaBind DL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4288	DermaBind CH, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4289	RevoShield+ Amniotic Barrier, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4290	Membrane Wrap-Hydro, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4291	Lamellas XT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4292	Lamellas, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4293	Acesso DL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4294	Amnio Quad-Core, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4295	Amnio Tri-Core Amniotic, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4296	Rebound Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4297	Emerge Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4298	AmniCore Pro, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4299	AmniCore Pro+, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4300	Acesso TL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4301	Activate Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4302	Complete ACA, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4303	Complete AA, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4305	American Amnion AC Tri-Layer, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4306	American Amnion AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4307	American Amnion, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4308	Sanopellis, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4309	VIA Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4310	Procenta, per 100 mg	-	X
Q4311	Acesso, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4312	Acesso AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4313	DermaBind FM, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4314	Reeva FT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4316	AmchoPlast, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4317	VitoGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4318	E-Graft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4319	SanoGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4320	PelloGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4321	RenoGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4322	CaregraFT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4323	alloPLY, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4324	AmnioTX, per sq cm (add-on, list separately in addition to primary procedure)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q4325	ACApatch, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4326	WoundPlus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4327	DuoAmnion, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4328	MOST, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4329	Singlay, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4330	TOTAL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4331	Axolotl Graft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4332	Axolotl DualGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4333	ArdeoGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4334	AmnioPlast 1, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4335	AmnioPlast 2, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4336	Artacent C, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4337	Artacent Trident, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4338	Artacent Velos, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4339	Artacent Vericlen, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4340	SimpliGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4341	SimpliMax, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4342	TheraMend, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4344	Tri-Membrane Wrap, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4346	Shelter DM Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4347	Rampart DL Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4348	Sentry SL Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4349	Mantle DL Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4350	Palisade DM Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4351	Enclose TL Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4352	Overlay SL Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4353	Xceed TL Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4354	PalinGen Dual-Layer Membrane and Dual-Layer PalinGen X-Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4355	Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4357	XWRAP Plus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4358	XWRAP Dual, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4359	ChoriPly, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4360	AmchoPlast FD, per sq cm (add-on, list separately in addition to primary procedure)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q4361	EPIXPRESS, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4362	CYGNUS Disk, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4367	AmnioCore SL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4368	AmchoThick, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4369	AmnioPlast 3, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4370	AeroGuard, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4371	NeoGuard, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4372	AmchoPlast EXCEL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4373	Membrane Wrap-Lite, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4375	duoGRAFT AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4376	Duograft AA, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4377	triGRAFT FT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4378	Renew FT Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4379	AmnioDefend FT Matrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4380	AdvoGraft One, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4382	AdvoGraft Dual, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4383	Axolotl Graft Ultra, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4384	Axolotl DualGraft Ultra, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4385	Apollo FT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4386	Acesso TrifACA, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4387	NeoThelium FT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4388	NeoThelium 4L, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4389	NeoThelium 4L Plus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4390	Ascendion, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4391	AmnioPlast Double, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4393	SurGraft AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4394	SurGraft ACA, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4395	Acelagraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4396	Natalin, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4397	Summit AAA, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4398	Summit AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4399	Summit FX, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4400	Polygon3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q4401	Absolv3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4402	XWRAP 2.0, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4403	XWRAP Dual Plus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4404	XWRAP Hydro Plus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4405	XWRAP Fenestra Plus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4406	XWRAP Fenestra, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4407	XWRAP Tribus, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4408	XWRAP Hydro, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4409	AmniomatrixF3X, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4410	AmchoMatrixDL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4411	AmniomatrixF4X, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4412	CHORIOFIX, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4413	Cygnus Solo, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4414	SimpliChor, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4415	AlexiGuard SL-T, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4416	AlexiGuard TL-T, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4417	AlexiGuard DL-T, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4418	BioLab Membrane Wrap Flow, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4419	BioLab Membrane Wrap Lite Flow, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4420	NuForm, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4421	BioLab Membrane Wrap Solo, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4422	A/C Wrap, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4423	BioLab Tri-Membrane Wrap Flow, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4424	Revive FT, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4425	Revive TL, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4426	DermaBind TL + or DermaBind TL X, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4427	DermaBind DL N, DermaBind DL +, or DermaBind DL X, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4428	DermaBind SL N, DermaBind SL +, or DermaBind SL X, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4429	DermaBind CH N or DermaBind CH X, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4431	PMA skin substitute product, not otherwise specified (list in addition to primary procedure)	-	X
Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)	-	X
Q4433	361 HCT/P skin substitute product, not otherwise specified (list in addition to primary procedure)	-	X
Q4435	Renati Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4436	Renati AC Membrane, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4437	Revival AC, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4438	Pretect, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q4439	InstaGraft, per sq cm (add-on, list separately in addition to primary procedure)	-	X

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
Q4440	CuraMatrix, per sq cm (add-on, list separately in addition to primary procedure)	-	X
Q9001	Va chaplain assessment	X	-
Q9002	Va chaplain counsel individu	X	-
Q9003	Va chaplain counsel group	X	-
Q9004	Va whole health partner serv	X	-
S0201	Partial hospitalization services, less than 24 hours, per diem	X	-
S0207	Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	X	-
S0208	Paramedic intercept, hospital-based als service (non-voluntary), non transport	X	-
S0209	Wheelchair van, mileage, per mile	X	-
S0215	Non-emergency transportation; mileage	X	-
S0220	Medical conference by physic	X	-
S0221	Medical conference, 60 min	X	-
S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	X	-
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designa	X	-
S0257	End of life counseling	X	-
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro	X	-
S0265	Genetic counseling, under physician supervision, each 15 minutes	X	-
S0270	Physician management f patient home care standard monthly case rate per 30 days	X	-
S0271	Physician management of patient home care hospice monthly case rate per 30 days	X	-
S0272	Physician management of patient home care episodic care monthly case rate per 30 days	X	-
S0273	Physician visit at members home outside of a capitation arrangement	X	-
S0274	Nurse practioner visit at members home outside of a capitation arrangement	X	-
S0280	Medical home program, comprehensive care coordination and planning, initial plan	X	-
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	X	-
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	X	-
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.)	X	-
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	X	-
S0315	Disease management program, initial assessment and initiation of program	X	-
S0316	Disease management program, followup assessment	X	-
S0317	Disease management program; per diem	X	-
S0320	Telephone calls by reg nurse to disease management program member	X	-
S0340	Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar	X	-
S0341	Lifestyle modification program for management for coronary artery disease, including all supportive services; second or	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S0342	Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua	X	-
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	X	-
S0400	Global fee for extracorporeal shock wave lithortripsy treatment of kidney stone(s)	X	-
S0500	Disposable contact lens, per lens	X	-
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	X	-
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens	X	-
S0512	Daily wear specialty contact lens, per lens	X	-
S0514	Color contract lens, per lens	X	-
S0515	Scleral lens, liquid bandage device, per lens	X	-
S0516	Safety eyeglass frames	X	-
S0518	Sunglasses frames	X	-
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)	X	-
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	X	-
S0590	Integral lens service, miscellaneous services reported separately	X	-
S0592	Comprehensive contact lens evaluation	X	-
S0595	Dispensing new spectacle lenses for patient supplied frame	X	-
S0596	Phakic intraocular lens for correction of refractive error	X	-
S0601	Screening proctoscopy	X	-
S0610	Annual gynecological examina	X	-
S0612	Annual gynecological examina	X	-
S0613	Annual gynecological examination; clinical breast examination without pelvic examination	X	-
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	X	-
S0620	Routine ophthalmological exa	X	-
S0621	Routine ophthalmological exa	X	-
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and managem	X	-
S0630	Removal of sutures	X	-
S0800	Laser in situ keratomileusis	X	-
S0810	Photorefractive keratectomy	X	-
S0812	Phototheraputic keratectomy (ptk)	X	-
S1001	Deluxe item, patient aware (list in addition to code for basic item)	X	-
S1002	Customized item (list in addition to code for basic item)	X	-
S1015	Iv tubing extension set	X	-
S1016	Non-pvc intravenous administ	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	X	-
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	X	-
S1034	Art pancreas system	X	-
S1035	Art pancreas inv disp sensor	X	-
S1036	Art pancreas ext transmitter	X	-
S1037	Art pancreas ext receiver	X	-
S1040	Cranial remodeling orthosis, rigid w/soft interface material	X	-
S1091	Stent, non-coronary, temporary, with delivery system (propel)	X	-
S2053	Transplantation of small int	X	-
S2054	Transplantation of multivisc	X	-
S2055	Harvesting of donor multivis	X	-
S2060	Lobar lung transplantation	X	-
S2061	Donor lobectomy (lung)	X	-
S2065	Simultaneous pancreas kidney transplantation	X	-
S2066	Breast reconstruction with gluteal artery perforator (gap) flap, including harvesting of the flap, microvascular transfe	X	-
S2067	Breast reconstruction of a single breast with "stacked" depp inferior epigastric perforator (diep) flap(s) and/or glutea	X	-
S2068	Breast reconstruction with deep inferior epigastric perforator (diep) flap, including microvascular anastomosis and clos	X	-
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser	X	-
S2079	Laparoscopic esophagomyotomy (heller type)	X	-
S2080	Laser-assisted uvulopalatoplasty (laup)	X	-
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	X	-
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	X	-
S2102	Islet cell tissue transplant	X	-
S2103	Adrenal tissue transplant	X	-
S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	X	-
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	X	-
S2115	Osteotomy, periacetabular, with internal fixation	X	-
S2117	Arthroereisis, subtalar	X	-
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	X	-
S2120	Low density lipoprotein(ldl)	X	-
S2140	Cord blood harvesting	X	-
S2142	Cord blood-derived stem-cell	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	X	-
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement,	X	-
S2202	Echosclerotherapy	X	-
S2205	Minimally invasive direct co	X	-
S2206	Minimally invasive direct co	X	-
S2207	Minimally invasive direct co	X	-
S2208	Minimally invasive direct co	X	-
S2209	Minimally invasive direct co	X	-
S2225	Myringotomy, laser-assisted	X	-
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	X	-
S2235	Implantation of auditory brain stem implant	X	-
S2260	Induced abortion, 17 to 24 weeks, any surgical method	X	-
S2265	Abortion for fetal indication, 25-28 weeks	X	-
S2266	Abortion for fetal indication, 29-31 weeks	X	-
S2267	Abortion for fetal induction, 32 weeks or greater	X	-
S2300	Arthroscopy, shoulder, surgi	X	-
S2325	Hip core decompression	X	-
S2340	Chemodenervation of abductor	X	-
S2341	Chemodenervation of adductor muscle(s) of vocal cord	X	-
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(	X	-
S2348	Decompress disc rf lumbar	X	-
S2350	Diskectomy, anterior, with d	X	-
S2351	Diskectomy, anterior, with d	X	-
S2400	Repair, congenital hernia in the fetus, procedure performed in utero	X	-
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	X	-
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	X	-
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	X	-
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	X	-
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	X	-
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	X	-
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	X	-
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	X	-
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	X	-
S3005	Performance measurement, evaluation of patient self assessment, depression	X	-
S3600	Stat laboratory request (situations other than s3601)	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S3601	Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	X	-
S3620	Newborn metabolic screening	X	-
S3630	Eosinophil count, blood direct	X	-
S3645	Hiv-1 antibody testing of or	X	-
S3650	Saliva test, hormone level;	X	-
S3652	Saliva test, hormone level;	X	-
S3655	Antisperm antibodies test (immunobead)	X	-
S3708	Gastrointestinal fat absorpt	X	-
S3722	Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	X	-
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	X	-
S3840	Dna analysis for germline mutations of the ret proto-oncogene	X	-
S3841	Genetic testing for retinoblastoma	X	-
S3842	Genetic testing for von hippel-lindau disease	X	-
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	X	-
S3845	Genetic testing for alpha-thalassemia	X	-
S3846	Genetic testing for hemoglobin e beta-thalassemia	X	-
S3849	Genetic testing for niemann-pick disease	X	-
S3850	Genetic testing for sickle cell anemia	X	-
S3852	Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	X	-
S3853	Genetic testing for myotonic muscular dystrophy	X	-
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	X	-
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrom	X	-
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	X	-
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mu	X	-
S3870	Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or mental	X	-
S3900	Surface electromyography (emg)	X	-
S3902	Ballistocardiogram	X	-
S3904	Masters two step	X	-
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	X	-
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	X	-
S4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	X	-
S4014	Complete cycle, zygote intrafallopian transfer (zift), case rate	X	-
S4015	Complete in vitro fertilization cycle, case rate	X	-
S4016	Frozen in vitro fertilization cycle, case rate	X	-
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	X	-
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	X	-
S4021	In vitro fertilization procedure cancellation after aspiration, case rate	X	-
S4022	Assisted oocyte fertilization, case rate	X	-
S4023	Donor egg cycle, incomplete, case rate	X	-
S4024	Air polymer-type a intrauterine foam, per study dose	X	-
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	X	-
S4026	Procurement of donor sperm from sperm bank	X	-
S4027	Storage of previously frozen embryos	X	-
S4028	Microsurgical epididymal sperm aspiration (mesa)	X	-
S4030	Sperm procurement and cryopreservation services; initial visit	X	-
S4031	Sperm procurement and cryopreservation services; subsequent visit	X	-
S4035	Stimulated intrauterine insemination (iui), case rate	X	-
S4037	Cryopreserved embryo transfer, case rate	X	-
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	X	-
S4042	Ovulation mgmt per cycle	X	-
S4981	Insertion of levonorgestrel-releasing intrauterine system	X	-
S4989	Contraceptive intrauterine device (e.g., progestacert iud), including implants and supplies	X	-
S4990	Nicotine patches, legend	X	-
S4991	Nicotine patches, non-legend	X	-
S4993	Contraceptive pills for birth control	X	-
S4995	Smoking cessation gum	X	-
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	X	-
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	X	-
S5100	Day care services, adult, per 15 minutes	X	-
S5101	Day care services, adult, per half day	X	-
S5102	Day care services, adult, per diem	X	-
S5105	Day care services, center based, not incl in program fee, per diem	X	-
S5108	Home care training to home care client, per 15 minutes	X	-
S5109	Home care training to home care client, per 15 minutes per session	X	-
S5110	Home care training, family, per 15 minutes	X	-
S5111	Home care training, family, per session	X	-
S5115	Home care training, non-family, per 15 minutes	X	-
S5116	Home care training, non-family, per session	X	-
S5120	Chore services, per 15 minutes	X	-
S5121	Home care training, family, per diem	X	-
S5125	Attendant care services, per 15 minutes	X	-
S5126	Attendant care services, per diem	X	-
S5130	Homemaker service, nos, per 15 minutes	X	-
S5131	Homemaker services, nos, per diem	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S5135	Companion care, adult, per 15 minutes	X	-
S5136	Companion care, adult, per diem	X	-
S5140	Foster care, adult, per diem	X	-
S5141	Foster care, adult, per month	X	-
S5145	Foster care, therapeutic, child, per diem	X	-
S5146	Foster care, therapeutic, child, per month	X	-
S5150	Unskilled respite care, not hospice, per 15 minutes	X	-
S5151	Unskilled respite care, not hospice, per diem	X	-
S5160	Emergency response system, installation and testing	X	-
S5161	Emergency response system, service fee per month	X	-
S5162	Emergency response system, purchase only	X	-
S5165	Home modifications, per service	X	-
S5170	Home delivered meals, including preparation, per meal	X	-
S5175	Laundry service, external, professional, per order	X	-
S5180	Home health respiratory therapy, initial evaluation	X	-
S5181	Home health respiratory therapy, nos, per diem	X	-
S5185	Medication reminder services, no face to face, per month	X	-
S5190	Wellness assessment, performed by non-physician	X	-
S5199	Personal care item, nos, each	X	-
S5550	Insulin, rapid onset, 5 units	X	-
S5551	Insulin, most rapid onset (lispro or aspart); 5 units	X	-
S5552	Insulin, intermediate acting (nph or lente); 5 units	X	-
S5553	Insulin, long acting; 5 units	X	-
S5560	Insulin delivery device, reusable pen; 1.5 ml size	X	-
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	-
S5571	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	-
S8035	Magnetic source imaging	X	-
S8037	Magnetic resonance cholangiopancreatography (mrcp)	X	-
S8040	Topographic brain mapping	X	-
S8042	Magnetic resonance imaging (mri), low-field	X	-
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used with the physician doing	X	-
S8080	Scintimammography	X	-
S8085	Fluorine-18 fluorodeoxygluco	X	-
S8092	Electron beam computed tomog	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S8096	Portable peak flow meter	X	-
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional vide, brochure, and/or space	X	-
S8100	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	X	-
S8110	Peak expiratory flow rate (p	X	-
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	X	-
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	X	-
S8130	Interferential current stimulator, 2 channel	X	-
S8131	Interferential current stimulator, 4 channel	X	-
S8185	Flutter device	X	-
S8186	Swivel adaptor	X	-
S8189	Tracheotomy supply, not otherwise classified	X	-
S8210	Mucus trap	X	-
S8265	Haberman feeder for cleft lip/palate	X	-
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	X	-
S8301	Infect control supplies nos	X	-
S8415	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	-
S8422	Gradient pressure aid (sleeve), custom made, medium weight	X	-
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	X	-
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)	X	-
S8451	Splint, prefabricated, wrist or ankle	X	-
S8452	Splint, prefabricated, elbow	X	-
S8460	Camisole, post-mastectomy	X	-
S8490	Insulin syringes (100 syringes, any size)	X	-
S8930	Auricular electrostim	X	-
S8940	Equestrian/hippotherapy, per session	X	-
S8948	Application of a modality (requiring constant provider attendance) to one or	X	-
S8950	Complex lymphedema therapy,	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	X	-
S8999	Resuscitation bag	X	-
S9001	Home uterine monitor with or	X	-
S9002	Intra-vag motion sens biofk	X	-
S9007	Ultrafiltration monitor	X	-
S9024	Paranasal sinus ultrasound	X	-
S9025	Omnicardiogram/cardiointegra	X	-
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	X	-
S9055	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	-
S9090	Vertebral axial decompressio	X	-
S9097	Home visit for wound care	X	-
S9098	Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood draw, supplies a	X	-
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per	X	-
S9117	Back school, per visit	X	-
S9122	Home health aide or certifie	X	-
S9123	Nursing care, in the home; b	X	-
S9124	Nursing care, in the home; b	X	-
S9125	Respite care, in the home, p	X	-
S9126	Hospice care, in the home, p	X	-
S9127	Social work visit, in the ho	X	-
S9128	Speech therapy, in the home,	X	-
S9129	Occupational therapy, in the	X	-
S9131	Physical therapy, in the home, per diem	X	-
S9140	Diabetic management program,	X	-
S9141	Diabetic management program,	X	-
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	X	-
S9150	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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S9214	Home management of gestational diabetes	X	-
S9341	Home therapy; enteral nutrition; via gravity	X	-
S9342	Home therapy; enteral nutrition via pump	X	-
S9343	Home therapy; enteral nutrition via bolus	X	-
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	X	-
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, persession	X	-
S9430	Pharmacy compounding and dispensing services	X	-
S9432	Med food non inborn err meta	X	-
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	X	-
S9434	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	-
S9442	Birthing classes, non-physician provider, per session	X	-
S9443	Lactation classes, non-physical provider per session	X	-
S9444	Parenting classes, non-physician provider, per session	X	-
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	X	-
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	X	-
S9447	Infant safety (including cpr) classes, non-physician provider, per session	X	-
S9449	Weight management classes, non-physician provider, per session	X	-
S9451	Exercise classes, non-physician provider, per session	X	-
S9452	Nutrition classes, non-physician provider, per session	X	-
S9453	Smoking cessation classes, non-physician provider, per session	X	-
S9454	Stress management classes, non-physician provider, per session	X	-
S9455	Diabetic management program,	X	-
S9460	Diabetic management program,	X	-
S9465	Diabetic management program,	X	-
S9470	Nutritional counseling, diet	X	-
S9472	Cardiac rehabilitation progr	X	-
S9473	Pulmonary rehabilitation pro	X	-
S9474	Enterostomal therapy by a re	X	-
S9475	Ambulatory setting substance	X	-
S9476	Vestibular rehabilitation program, non-physician provider, per diem	X	-
S9480	Intensive outpatient psychia	X	-
S9482	Family stabilization services, per 15 minutes	X	-
S9484	Crisis intervention mental health services, per hour	X	-
S9485	Crisis intervention mental h	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	X	-
S9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	X	-
S9900	Services by a journal-listed christian science practitioner for the purpose of healing, per diem	X	-
S9901	Christian sci nurse visit	X	-
S9960	Air ambulanc nonemerg fixed	X	-
S9961	Air ambulan nonemerg rotary	X	-
S9970	Health club membership, annual	X	-
S9975	Transplant related lodging, meals and transportation, per diem	X	-
S9976	Lodging, per diem, not otherwise specified	X	-
S9977	Meals, per diem, not otherwise specified	X	-
S9981	Medical records copying fee, administrative	X	-
S9982	Medical records copying fee, per page	X	-
S9986	Not medically necessary service (patient is aware that service not medically necessary)	X	-
S9988	Services provided as part of a phase i clinical trial	X	-
S9989	Services provided outside of the united states of america (list in addition to code(s) for service(s)	X	-
S9990	Services provided as part of	X	-
S9991	Services provided as part of	X	-
S9992	Transportation costs to and	X	-
S9994	Lodging costs (e.g. hotel ch	X	-
S9996	Meals for clinical trial par	X	-
S9999	Sales tax	X	-
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes	X	-
T1001	Nursing assessment/evaluation	X	-
T1002	Rn services, up to 15 minutes	X	-
T1003	Lpn/lvn services, up to 15 minutes	X	-
T1004	Services of a qualified nursing aide, up to 15 minutes	X	-
T1005	Respite care services, up to 15 minutes	X	-
T1006	Alcohol and/or substance abuse services, family/couple counseling	X	-
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	X	-
T1009	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)	X	-
T1012	Alcohol and/or substance abuse services, skills development	X	-
T1013	Sign language or oral interpreter services	X	-
T1014	Telehealth transmission, per minute, professional services bill separately	X	-
T1015	Clinic visit/encounter, all-inclusive	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
T1016	Case management, each 15 minutes	X	-
T1017	Targeted case management, each 15 minutes	X	-
T1018	School-based individualized education program (iep) services, bundled	X	-
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	X	-
T1020	Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	X	-
T1021	Home health aide or certified nurse assistant, per visit	X	-
T1022	Contracted home health agency services, all services provided under contract,per day	X	-
T1023	Screening to determine the appropriateness of consideration of an individualfor participation in a specified program, pr	X	-
T1024	Evaluation and treatment by an integrated, specialty team contracted to providecoordinated care to multiple or severely	X	-
T1025	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	X	-
T1026	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	X	-
T1027	Family training and counseling for child development, per 15 minutes	X	-
T1028	Assessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	X	-
T1029	Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	X	-
T1030	Nursing care, in the home, by registered nurse, per diem	X	-
T1031	Nursing care, in the home, by licensed practical nurse, per diem	X	-
T1032	Sv doula brth wrk per 15 min	X	-
T1033	Sv doula brth wrk per diem	X	-
T1040	Comm bh clinic svc per diem	X	-
T1041	Comm bh clinic svc per month	X	-
T1502	Administration of oral, intramuscular and/or subcutaneous medication by healthcare agency/professional, per visit	X	-
T1503	Administration of medication other than oral and/or injectable by a health care agency professional per visit	X	-
T1505	Elec med comp dev, noc	X	-
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwiseclassified; identify product in "remarks"	X	-
T2001	Non-emergency transportation; patient attendant/escort	X	-
T2002	Non-emergency transportation; per diem	X	-
T2003	Non-emergency transportation; encounter/trip	X	-
T2004	Non-emergency transport; commercial carrier, multi-pass	X	-
T2005	Non-emergency transportation; non-ambulatory stretcher van	X	-
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
T2010	Preadmission screening and resident review (pasrr) level i id screening, per screen	X	-
T2011	Preadmission screening and resident review (pasrr) level ii eval, per eval	X	-
T2012	Habilitation, educational; waiver, per diem	X	-
T2013	Habilitation, educational, waiver; per hour	X	-
T2014	Habilitation, prevocational, waiver; per diem	X	-
T2015	Habilitation, prevocational, waiver; per hour	X	-
T2016	Habilitation, residential, waiver; per diem	X	-
T2017	Habilitation, residential, waiver; 15 minutes	X	-
T2018	Habilitation, supported employment, waiver; per diem	X	-
T2019	Habilitation, supported employment, waiver; per 15 minutes	X	-
T2020	Day habilitation, waiver; per diem	X	-
T2021	Day habilitation, waiver; per 15 minutes	X	-
T2022	Case management, per month	X	-
T2023	Targeted case management; per month	X	-
T2024	Service assessment/plan of care development, waiver	X	-
T2025	Waiver services; not otherwise specified (nos)	X	-
T2026	Specialized childcare, waiver; per diem	X	-
T2027	Specialized childcare, waiver; per 15 minutes	X	-
T2028	Specialized supply, not otherwise specified, waiver	X	-
T2029	Specialized medical equipment, not otherwise specified, waiver	X	-
T2030	Assisted living, waiver; per month	X	-
T2031	Assisted living; waiver, per diem	X	-
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	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
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	X	-
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 lg	X	-
T4528	Adult size pull-on xl	X	-
T4529	Ped size brief/diaper sm/med	X	-
T4530	Ped size brief/diaper lg	X	-
T4531	Ped size pull-on sm/med	X	-
T4532	Ped size pull-on lg	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	-
T4538	Diaper serv reusable diaper	X	-
T4539	Reuse diaper/brief any size	X	-
T4540	Reusable underpad chair size	X	-
T4541	Large disposable underpad	X	-
T4542	Small disposable underpad	X	-
T4543	Disposable incontinence product, brief/diaper, bariatric, each	X	-
T4544	Adlt disp und/pull on abv xl	X	-
T4545	Incontinence product, disposable, penile wrap, each	X	-
T5001	Positioning seat for persons with special orthopedic needs, for use in vehicles	X	-
T5999	Supply, not otherwise specified	X	-
V2025	Eyeglasses delux frames	X	-
V2199	Lens single vision not oth c	-	X
V2524	Cntct lens hydrophil photoch	X	-
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	X	-
V2599	Contact lens/es other type	-	X
V2600	Hand held low vision aids	X	-
V2610	Single lens spectacle mount	X	-
V2615	Telescop/othr compound lens	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
V2626	Reduction of eye prosthesis	-	X
V2627	Scleral cover shell	-	X
V2702	Deluxe lens feature	X	-
V2755	Uv lens/es	-	X
V2756	Eye glass case	X	-
V2760	Scratch resistant coating	X	-
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	X	-
V2762	Polarization, any lens material, per lens	X	-
V2781	Progressive lens per lens	X	-
V2786	Specialty occupational multifocal lens, per lens	X	-
V2787	Astigmatism correcting function of intraocular lens	X	-
V2788	Presbyopia correcting function of intraocular lens	X	-
V2799	Miscellaneous vision service	-	X
V5008	Hearing screening	X	-
V5010	Assessment for hearing aid	X	-
V5011	Hearing aid fitting/checking	X	-
V5014	Hearing aid repair/modifying	X	-
V5020	Conformity evaluation	X	-
V5030	Body-worn hearing aid air	X	-
V5040	Body-worn hearing aid bone	X	-
V5050	Hearing aid monaural in ear	X	-
V5060	Behind ear hearing aid	X	-
V5070	Glasses air conduction	X	-
V5080	Glasses bone conduction	X	-
V5090	Hearing aid dispensing fee	X	-
V5095	Semi-implantable middle ear hearing prosthesis	X	-
V5100	Body-worn bilat hearing aid	X	-
V5110	Hearing aid dispensing fee	X	-
V5120	Body-worn binaur hearing aid	X	-
V5130	In ear binaural hearing aid	X	-
V5140	Behind ear binaur hearing ai	X	-
V5150	Glasses binaural hearing aid	X	-
V5160	Dispensing fee binaural	X	-
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	X	-
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	X	-
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	X	-
V5190	Glasses cros hearing aid	X	-
V5200	Cros hearing aid dispens fee	X	-
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	X	-
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	X	-
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	X	-
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	X	-
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	X	-
V5230	Glasses bicros hearing aid	X	-
V5240	Dispensing fee bicros	X	-
V5241	Dispensing fee, monaural healing aid, any type	X	-
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	X	-
V5243	Hearing aid, analog, monaural, itc (in the canal)	X	-
V5244	Hearing aid, digitally programmable analog, monaural, cic	X	-
V5245	Hearing aid, digitally programmable analog, monaural, itc	X	-
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	X	-
V5247	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	X	-
V5248	Hearing aid, analog, binaural, cic	X	-
V5249	Hearing aid, analog, binaural, itc	X	-
V5250	Hearing aid, digitally programmable analog, binaural, cic	X	-
V5251	Hearing aid, digitally programmable analog, binaural, itc	X	-
V5252	Hearing aid, digitally programmable binaural, ite	X	-
V5253	Hearing aid, digitally programmable binaural, bte	X	-
V5254	Hearing aid, digital, monaural, cic	X	-
V5255	Hearing aid, digital, monaural, itc	X	-
V5256	Hearing aid, digital, monaural, ite	X	-
V5257	Hearing aid, digital, monaural, bte	X	-
V5258	Hearing aid, digital, binaural, cic	X	-
V5259	Hearing aid, digital, binaural, itc	X	-
V5260	Hearing aid, digital, binaural, ite	X	-
V5261	Hearing aid, digital, binaural, bte	X	-
V5262	Hearing aid, disposable, and type, monaural	X	-
V5263	Hearing aid, disposable, and type, binaural	X	-
V5264	Ear mold/insert, not disposable, any type	X	-
V5265	Ear mold/insert, disposable, any type	X	-
V5266	Battery for use in hearing device	X	-
V5267	Hearing aid supplies/accessories	X	-
V5268	Assistive listening device, telephone amplifier, any type	X	-
V5269	Assistive listening device, alerting, any type	X	-
V5270	Assistive listening device, television amplifier, any type	X	-
V5271	Assistive listening device, television caption decoder	X	-
V5272	Assistive listening device, tdd	X	-

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

**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23

Medicare codes not covered or requiring preauthorization - Colorado

As of: 09/23/26

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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website.			
V5273	Assistive listening device, for use with cochlear implant	X	-
V5274	Assistive listening devise, not otherwise specified	X	-
V5275	Ear impression, each	X	-
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	-
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	X	-
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	X	-
V5284	Assistive listening device, personal fm/dm, ear level receiver	X	-
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	X	-
V5286	Assistive listening device, personal blue tooth fm/dm receiver	X	-
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	X	-
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	X	-
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	X	-
V5290	Assistive listening device, transmitter microphone, any type	X	-
V5298	Hearing aid, not otherwise classified	X	-
V5299	Hearing service	-	X
V5336	Repair communication device	X	-
V5362	Speech screening	X	-
V5363	Language screening	X	-
V5364	Dysphagia screening	X	-
END OF DATA			

*Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.
**Preauth after 3rd rental month when criteria not met

© 2023 Select Health. All rights reserved. 2197751 9/23