

odes Description	Not Covered	Preauthorization Required
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ect information regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.	1 1	V
01999 Unlisted anesth procedure	-	X
1960 Insert tissue expander(s)	-	X
1970 Replace tissue expander	-	X
1971 Remove tissue expander(s)	-	X
15775 Hair transplant punch grafts	-	X
15776 Hair transplant punch grafts	-	Χ
15780 Abrasion treatment of skin	-	X
15781 Abrasion treatment of skin	-	X
15782 Abrasion treatment of skin	-	X
15783 Abrasion treatment of skin	-	Χ
15788 Chemical peel, face, epiderm	-	X
15789 Chemical peel, face, dermal	-	Χ
5792 Chemical peel, nonfacial	-	Χ
5793 Chemical peel, nonfacial	-	X
15820 Revision of lower eyelid	_	Χ
5821 Revision of lower eyelid	-	X
15822 Revision of upper eyelid	-	Х
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
Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	-	X
15832 Excise excessive skin tissue	-	Х
5833 Excise excessive skin tissue	-	Х
5834 Excise excessive skin tissue	-	Х
15835 Excise excessive skin tissue	-	Х
15836 Excise excessive skin tissue	-	X
15837 Excise excessive skin tissue	_	X
5838 Excise excessive skin tissue	_	X
15839 Excise excessive skin tissue	_	X
15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes	-	
lumbilical	-	X
15876 Suction assisted lipectomy	_	X
15877 Suction assisted lipectomy		X
15877 Suction assisted lipectomy	-	
, DO / O TOUCHON ASSISTED INDECTORITY	-	X

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specialty m	edications and should be directed to the Pharmacy link option within the website.		
	Removal of pressure sore	-	X
	Destruction of skin lesions	-	X
17107	Destruction of skin lesions	-	X
17108	Destruction of skin lesions	-	X
	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	Х	-
20561	Ndl insj w/o njx 3+ musc	Х	1
20974	Electrical bone stimulation	-	X
20975	Electrical bone stimulation	-	X
20999	Musculoskeletal surgery	-	X
21031	Remove exostosis, mandible	-	Χ
21032	Remove exostosis, maxilla	-	Х
21076	Prepare face/oral prosthesis	-	X
21077	Prepare face/oral prosthesis	-	Х
21081	Prepare face/oral prosthesis	-	X
21082	Prepare face/oral prosthesis	-	Χ
21083	Prepare face/oral prosthesis	-	Χ
21084	Prepare face/oral prosthesis	-	Х

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1085 Prepare face/oral prosthesis	-	X
1086 Prepare face/oral prosthesis	-	X
1087 Prepare face/oral prosthesis	-	X
1088 Prepare face/oral prosthesis	-	X
1089 Prepare face/oral prosthesis	-	Χ
1137 Reduction of forehead	-	Χ
1138 Reduction of forehead	-	X
1139 Reduction of forehead	-	Χ
1141 Reconstruct midface, lefort	-	Χ
1142 Reconstruct midface, lefort	-	X
1143 Reconstruct midface, lefort	-	X
1145 Reconstruct midface, lefort	-	Χ
1146 Reconstruct midface, lefort	-	Χ
1147 Reconstruct midface, lefort	-	X
1150 Reconstruct midface, lefort	-	X
1151 Reconstruct midface, lefort	-	Х
1154 Reconstruct midface, lefort	-	X
1155 Reconstruct midface, lefort	-	Х
1159 Reconstruct midface, lefort	-	X
1160 Reconstruct midface, lefort	-	X
1172 Reconstruct orbit/forehead	-	Х
1175 Reconstruct orbit/forehead	-	Х
1179 Reconstruct entire forehead	-	Х
1180 Reconstruct entire forehead	-	Х
1181 Contour cranial bone lesion	-	Х
1182 Reconstruct cranial bone	-	Х
1183 Reconstruct cranial bone	-	Х
1184 Reconstruct cranial bone	-	Х
1188 Reconstruction of midface	-	Х
1193 Reconst lwr jaw w/o graft	-	X
1194 Reconst lwr jaw w/graft	_	Х
1195 Reconst lwr jaw w/o fixation	-	X
1196 Reconst lwr jaw w/fixation	_	X
1198 Reconstr lwr jaw segment	_	X
1199 Reconstr lwr jaw w/advance	_	X
1206 Reconstruct upper jaw bone	_	X
1208 Augmentation of facial bones		X
1209 Reduction of facial bones	-	X
1210 Face bone graft	-	X

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	Lower jaw bone graft	-	X
	Reconstruction of lower jaw	-	X
	Reconstruction of jaw	-	X
	Reconstruction of jaw	-	X
	Reconstruction of jaw	-	X
	Augmentation, cheek bone	-	X
	Cranio/maxillofacial surgery	-	X
	Head surgery procedure	-	X
	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	-	Χ
1899	Neck/chest surgery procedure	_	Х
	Remove extra spine segment	_	X
	Remove extra spine segment	-	X
	Revision of neck spine	_	X
	Revision of thorax spine	_	X
	Revision of lumbar spine	_	X
	Revise, extra spine segment	_	X
	Perq cervicothoracic inject	_	X
	Perg lumbosacral injection	_	X
	Vertebroplasty addl inject	-	X
	Perg vertebral augmentation	_	X
	Perq vertebral augmentation	_	X
	Perq vertebral augmentation	_	X
	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	Х	-
2527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo	Х	-
2533	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; lumbar	-	Х
	Neck spine fusion	-	X
	Neck spine fuse&remove	_	X
	Neck spine fuse&remove addl	_	X
	Neck spine fusion	_	X
	Thorax spine fusion	_	X
	Lumbar spine fusion	_	X
	Additional spinal fusion	_	X
	PrescrI fuse /w instr I5/1	_	X

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	Spine & skull spinal fusion	1	X
	Neck spinal fusion	-	X
		-	X
	Neck spine fusion	-	
	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	X
	Spine fusion, extra segment	-	Χ
22630	Lumbar spine fusion	ı	Χ
22632	Spine fusion, extra segment	-	Χ
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	Х
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	Х
22800	Fusion of spine	-	Х
2802	Fusion of spine	-	X
22804	Fusion of spine	-	Х
2808	Fusion of spine	-	Х
22810	Fusion of spine	-	X
	Fusion of spine	-	Х
	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	-	Х
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	-	Х
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	-	Х
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	Х
22854	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	Х
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	-	Х
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	Х
	Second level cer diskectomy		Х
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arth	-	Х
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (list separately in addition to code for primary procedure)	-	Х

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22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi	-	X
2862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba	Х	-
2864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	-	Χ
2865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	-	X
2867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance	-	Х
	when performed, with open decompression, lumbar; sing		
2868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; seco	-	Χ
2869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion,		
	including image guidance when performed, lumbar; single	-	X
2870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion,		V
	including image guidance when performed, lumbar; second	-	Х
22899	Spine surgery procedure	-	Х
22999	Abdomen surgery procedure	-	X
23470	Reconstruct shoulder joint	-	Х
23472	Reconstruct shoulder joint	-	X
23929	Shoulder surgery procedure	-	Χ
24999	Upper arm/elbow surgery	-	Χ
25999	Forearm or wrist surgery	-	Χ
26989	Hand/finger surgery	-	Х
27130	Total hip replacement	-	Χ
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture p	Х	-
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt	Х	-
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, u	Х	-
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring,	Х	-
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg,		V
	bone allograft[s], synthetic device[s]), without placement of transfixation device		Х
	Arthrodesis sacroiliac joint	-	Χ
	Pelvis/hip joint surgery	-	Χ
	Incision of thigh tendon	-	Χ
	Incision of thigh tendons	-	Х
27412	Autologous chondrocyte implantation, knee	-	Χ
	Total knee replacement	-	Х

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pecialty medications and should be directed to the Pharmacy link option within the website.	1	·
27599 Leg surgery procedure	-	Х
27700 Revision of ankle joint	-	Х
P7702 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	-	×
9999 Unlisted procedure, arthroscopy	-	Х
0400 Reconstruction of nose	-	Х
0410 Reconstruction of nose	-	Х
0420 Reconstruction of nose	-	Х
Revision of nose	-	Х
Revision of nose	-	Х
0450 Revision of nose	-	Х
0460 Revision of nose	_	Х
0462 Revision of nose	-	Х
0465 Repair nasal stenosis	-	Х
0520 Repair of nasal septum	_	Х
0999 Nasal surgery procedure	-	Х
31299 Sinus surgery procedure	_	Х
1599 Larynx surgery procedure	_	Х
1647 Bronchial valve init insert	-	Х
11660 Bronch thermoplsty 1 lobe	_	Х
11661 Bronch termoplsty 2/> lobes	_	Х
1899 Airways surgical procedure	-	Х
32701 Thorax stereo rad target w/tx	_	Х
32850 Donor pneumonectomy	-	Х
2851 Lung transplant, single	-	Х
32852 Lung transplant with bypass	-	Х
2853 Lung transplant, double	-	Х
2854 Lung transplant with bypass	-	Х
2855 Backbench standard preparation of cadaver donor lung allograft; unilateral	-	X
2856 Backbench standard preparation of cadaver donor lung allograft; bilateral	-	X
2999 Chest surgery procedure	-	X
3274 Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance	е	
(eg, fluoroscopy, venous ultrasound, ventriculography, fe	-	X
3275 Transcatheter removal of permanent leadless pacemaker, right ventricular	_	Х

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•	uld be directed to the Pharmacy link option within the website.	1	
	threnic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization,		V
all imaging g	uidance, and pulse generator initial analysis with diagnostic mode activation, when performed	-	X
3277 Insertion of p	hrenic nerve stimulator transvenous sensing lead (list separately in addition to code for primary		X
procedure)		-	^
3287 Removal and	d replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and		Х
interrogation	and programming, when performed; pulse generator	-	^
3288 Removal and	d replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and		Х
interrogation	and programming, when performed; transvenous stimulation or sensing lead(s)	- 1	^
3340 Percutaneou	s transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy,		V
transseptal p	uncture, catheter placement(s), left atrial angio	- 1	X
3361 Replace aort	ic valve preq	-	X
3362 Replace aort	ic valve open	-	X
3363 Replace aort	ic valve open	-	X
3364 Replace aort	ic valve open; open iliac artery approach	-	X
3365 Replace aort	ic valve open;transaortic approach	-	Х
3366 Trcath replace	ce aortic valve	-	X
3367 Replace aort	ic valce w/byp	-	Х
3368 Replace aort	ic valve w/byp	-	X
3369 Replace aort	ic valve w/byp	-	X
3418 Repair tcat n	nitral valve	-	X
3419 Repair tcat n	nitral valve	-	X
3440 Replacemen	t, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus		V
	of the left ventricular outflow tract with valved con	-	X
	er pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site,		V
when perforr		-	X
	of a total replacement heart system (artificial heart) w/recipient cardiectomy	-	Х
	replacement of total replacement heart system (artificial heart)	-	X
	replacement heart system (artifical heart) for transp	-	X
3930 Removal of		-	X
	tandard preparation of cadaver donor heart/lung allograft	-	X
3935 Transplantat		-	X
3940 Removal of		-	Х
	tandard preparation of cadaver donor heart allograft	-	Х
3945 Transplantat		- 1	Х
	entricular assist device, percutaneous, including radiological supervision and interpretation; right heart,		
venous acce		-	X
3999 Cardiac surg		-	Х
6299 Vessel inject			X

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6465 Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	_	X
6466 Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	_	X
6468 Injection(s), spider veins	Х	-
6470 Injection therapy of vein	_	Х
6471 Injection therapy of veins	-	X
Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	-	Х
Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a si	-	Х
6475 Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	_	Х
6476 Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins,same extrem,sep sites	-	Х
6478 Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	_	Х
6479 Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	X
6482 Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	_	Х
6483 Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	_	X
7214 Cessi therapy cath removal	_	X
Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	-	Х
Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; wo distal embolic protection	Х	-
7217 Stent placemt retro carotid	-	X
7218 Stent placemt ante carotid	-	Х
7501 Unlisted vascular endoscopy procedure	-	Х
7700 Revise leg vein	-	X
7718 Ligation, division, and stripping, short saphenous vein	-	Х
7722 Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	-	Х
7735 Removal of leg veins/lesion	-	X
7760 Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg	-	X
7761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	-	Х
7765 Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	-	X
7766 Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	-	X
7780 Revision of leg vein	-	X
7785 Revise secondary varicosity	-	Х
7799 Vascular surgery procedure	-	Х
8129 Laparoscope proc, spleen	-	X
8205 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	_	Х

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-	ood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	-	X
	ansplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Х	-
38208 Tr	ansplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per	Х	-
88209 Tr	ansplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Х	-
8210 Tr	ansplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	Х	-
8211 Tr	ansplant preparation of hematopoietic progenitor cells; tumor cell depletion	Х	-
	ansplant preparation of hematopoietic progenitor cells; red blood cell removal	Х	-
	ansplant preparation of hematopoietic progenitor cells; platelet depletion	Х	-
	ansplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	Х	=
	ansplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Х	-
8230 Bo	one marrow harvesting for transplantation; allogenic	-	X
	one marrow harvesting for transplantation; autologous	-	Х
	one marrow/stem transplant	-	X
	one marrow/stem transplant	-	Х
	one marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions	_	Х
8243 Tr	ansplj hematopoietic boost	-	Х
	paroscope proc, lymphatic	-	X
8999 BI	ood/lymph system procedure	-	Х
	nest procedure	-	X
9599 Di	aphragm surgery procedure	-	Х
	epair cleft lip/nasal	-	Х
	o surgery procedure	-	X
	eatment of mouth lesion	-	Х
	outh surgery procedure	-	X
1599 To	ongue and mouth surgery	-	X
1899 De	ental surgery procedure	-	X
2299 Pa	alate/uvula surgery	-	Χ
2699 Sa	alivary surgery procedure	-	Χ
2999 Tr	roat surgery procedure	-	X
	sophagoscopy lesion ablate	-	Χ
	oper gi endoscopy/tumor	-	X
3257 U	gi endoscopy; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia	Х	-
	paroscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device, magnetic band), including cruroplasty when performed	Х	-
	emoval of esophageal sphincter augmentation device	Х	-

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	_aparoscope proc, esoph	-	X
	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Х	-
	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	-	X
	Removal of stomach, partial	-	X
	_aparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)	-	X
13645	_aparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	Х
	_aparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	-	X
13648	_aparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	-	Χ
	_aparoscope proc, stom	-	Х
	_aparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneou	-	Х
13771	_aparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	-	Х
	_aparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	_	X
13773	_aparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component	-	X
13774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port	-	Х
	_aparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	_	Х
	Gastroplasty for obesity	Х	
	Gastroplasty for obesity	-	Х
	Gastric revision for obesity	_	X
	Gastric bypass for obesity	_	X
	Gastric bypass for obesity	_	X
	Revision gastroplasty	_	X
	mplantation or replacement of gastric neurostimulator electrodes, antrum, open	_	X
	Revision or removal of gastric neurostimulator electrodes, antrum, open	_	X
	Gastric restrictive procedure, open; revision of subcutaneous port component only	_	X
	Gastric restrictive procedure, open; removal of subcutaneous port component only	_	X
	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	_	X
	Stomach surgery procedure	_	X
	Enterectomy, cadaver donor	_	X
	Enterectomy, live donor	_	X
	ntestine transplnt, cadaver		X
	ntestine transplant, live		X
	Removal of transplanted intestinal allograft, complete	-	X
	Jnlisted laparoscopy procedure, intestine (except rectum)	-	X
	Prepare fecal microbiota	X	^
	Backbench standard preparation of cadaver or living donor intestine allograft	-	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ct information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.	1	
H4720 Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	-	X
Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	-	X
14799 Intestine surgery procedure	-	X
4899 Bowel surgery procedure	-	X
4979 Laparoscope proc, app	-	X
5399 Unlisted procedure colon	-	X
5499 Unlisted laparoscopy procedure, rectum	-	X
5999 Rectum surgery procedure	-	Χ
6707 Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	X	-
6999 Anus surgery procedure	-	Χ
7133 Removal of donor liver	-	Χ
7135 Transplantation of liver	-	Χ
7140 Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only	-	Χ
7141 Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy	-	Χ
7142 Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	Х
7143 Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	X
7144 Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts	-	Х
Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts	-	Х
7379 Laparoscope procedure, liver	-	Х
7383 Perq abltj lvr cryoablation	-	X
7399 Liver surgery procedure	-	Χ
7579 Laparoscope proc, biliary	-	Χ
7999 Bile tract surgery procedure	-	Χ
8160 Pancreas removal/transplant	X	-
8550 Donor pancreatectomy	-	X
8551 Backbench standard preparation of cadaver donor pancreas allograft	-	X
8554 Transpl allograft pancreas	-	X
8556 Removal, allograft pancreas	-	Х
8999 Pancreas surgery procedure	-	X
9329 Laparo proc, abdm/per/oment	-	X
9659 Laparo proc, hernia repair	-	Х
9999 Abdomen surgery procedure	-	Х
0300 Removal of donor kidney	-	X
0320 Removal of donor kidney	_	X
0323 Backbench standard preparation of cadaver donor renal allograft	 -	X
0325 Backbench standard preparation of living donor renal allograft (open or laparoscopic)	 -	X
0340 Removal of kidney	 	X

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70360 Transplantation of kidney	-	X
50365 Transplantation of kidney	-	X
0370 Remove transplanted kidney	-	X
Reimplantation of kidney	-	X
0547 Laparo removal donor kidney	-	X
0549 Laparoscope proc, renal	-	X
0949 Laparoscope proc, ureter	-	X
i1925 Hysterectomy/bladder repair	-	Χ
1999 Unlisted laparoscopy procedure, bladder	-	Χ
2441 Cystourethro w/implant	-	Χ
2442 Cystourethro w/addl implant	-	Х
Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and	Х	
imaging guidance	^	<u> </u>
3452 Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and	V	
imaging guidance	X	-
3453 Periurethral transperineal adjustable balloon continence device; removal, each balloon	Х	-
Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Х	-
i3899 Urology surgery procedure	-	X
4120 Partial removal of penis	-	Χ
4125 Removal of penis	-	X
4130 Remove penis & nodes	-	Х
4135 Remove penis & nodes	-	X
4400 Insert semi-rigid prosthesis	-	Х
4401 Insert self-contd prosthesis	-	X
4405 Insert multi-comp prosthesis	-	Х
Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	-	Х
4408 Repair of component(s) of a multi-component, inflatable penile prosthesis	_	Х
Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session	-	X
4411 Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig & debridemnt	-	X
4415 Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis	_	Х
Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session	-	×
4417 Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridemen	t _	X
4660 Revision of testis	_	X
4000 Revision of tests		^

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	edications and should be directed to the Pharmacy link option within the website.		
	Laparoscope proc, testis	-	X
	Laparo proc, spermatic cord	-	X
	Genital surgery procedure	-	X
	Sex transformation, m to f	-	X
	Sex transformation, f to m	-	X
	Revision (including removal) of prosthetic vaginal graft, vaginal approach	-	X
7296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	-	X
8150	Total hysterectomy	-	Χ
8152	Total hysterectomy	-	Χ
8180	Partial hysterectomy	-	X
8200	Extensive hysterectomy	-	X
8260	Vaginal hysterectomy, for uterus 250 grams or less;	-	X
8262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	X
	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	-	Х
8267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type, pereyra	-	Х
8270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	_	Х
	Hysterectomy/revise vagina	_	X
	Hysterectomy/revise vagina	_	X
	Vaginal hysterectomy, for uterus greater than 250 grams;	_	X
	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	_	X
	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc	-	X
8294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	_	Х
	Insert intrauterine device	Х	
	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	-	Х
	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X
3543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	_	X
	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s	-	X
3550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	_	X
3552	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	-	X
8553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	X
	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar	-	Х
	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;		Х

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claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect cialty medications and should be directed to the Pharmacy link option within the website.	information regarding i	mmunizations, injectable drugs,
	1	
Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	-	Х
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	Х
Laparoscopy, surgical, total hysterectomy for resect of malignancy, uni/bilateral	-	Х
3578 Laparo proc, uterus	-	Χ
3579 Hysteroscope procedure	_	Х
3679 Laparo proc, oviduct-ovary	-	Х
3970 Retrieval of oocyte	-	Х
3974 Transfer of embryo	-	X
3976 Transfer of embryo	-	Χ
3999 Genital surgery procedure	-	Χ
7812 Treatment of miscarriage	-	Χ
9820 Care of miscarriage	-	Χ
P821 Treatment of miscarriage	-	X
Procedure associated with miscarriage or terminated pregnancy	-	Χ
9841 Procedure associated with miscarriage or terminated pregnancy	-	Χ
Procedure associated with miscarriage or terminated pregnancy	-	X
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	X
9866 Abortion (mpr)	-	Х
Unlisted fetal invasive procedure, including ultrasound guidance, when performed	-	X
9898 Laparo proc, ob care/deliver	-	X
9899 Maternity care procedure	-	X
0659 Laparo proc, endocrine	-	Χ
0699 Endocrine surgery procedure	-	Х
1640 Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Х	
Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat	Х	-
Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	Х	-
Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	-	Х
1720 Incise skull/brain surgery	_	Х
1725 Incise skull/brain surgery	 	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging	X	-
	guidance, when performed; single trajectory for 1 simple lesion		
	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging	X	-
	guidance, when performed; multiple trajectories for multiple or complex lesion(s)		V
	Implant brain electrodes	-	X
	Incise skull for treatment	-	X
	Treat trigeminal nerve	-	X
	Treat trigeminal tract	-	X
	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
1798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	Х
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	Х
31800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	Х
1867	Burr hole craniotomy with implantation of subcortical electrode array, w intraop microelectrode recording; first array	-	Х
1868	Burr hole craniotomy w implantation of subcortical electrode array, w intraop microelectrode recording; ea addl array	-	Х
1889	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
	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	-	Х
	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means		
2203	refeatable ous tysis of epiddraf adhesions using soldifor injection (eg, hypertonic saline, enzyme) of mechanical means	X	-
2264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means	Х	-
2287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle		
	based technique to remove disc material under fluoroscopic imagi	X	-
	Injection into disk lesion		X
		-	X
	Implant spinal canal cath		
	Implant spinal canal cath	-	X
	Insert spine infusion device	-	X
	Implant spine infusion pump	-	X
	Implant spine infusion pump	-	X
	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1	-	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle ecialty medications and should be directed to the Pharmacy link option within the website.	ct information regarding in	nmunizations, injectable drugs,
33015 Removal of spinal lamina	 	X
3020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	-	Λ
and/or excision of herniated intervertebral disc; 1 interspace,	-	X
3030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy		
and/or excision of herniated intervertebral disc; 1 interspace,	-	X
3035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy		
and/or excision of herniated intervertebral disc; each additiona	-	X
3040 Laminotomy, single cervical		X
3042 Laminotomy, single tervical	+ -	X
3043 Laminotomy, addl cervical		X
3044 Laminotomy, addl lumbar	_	X
3050 Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;	_	X
23051 Laminoplasty, cerv, w decompression of spinal cord, 2 or > verteb segments; w reconstruction of posterior bony		
elements	-	X
3052 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	_	X
vertebral segment (list separately in addition to code for primary procedure)		,
3053 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	_	X
additional segment (list separately in addition to code for primary procedure)		,
3055 Decompress spinal cord	_	Х
3056 Decompress spinal cord	_	X
3057 Decompress spine cord add-on	_	X
3064 Decompress spinal cord	-	X
3066 Decompress spine cord add-on	_	X
3075 Neck spine disk surgery	-	X
3076 Neck spine disk surgery	-	Х
3077 Spine disk surgery, thorax	-	Х
3078 Spine disk surgery, thorax	-	Х
3085 Removal of vertebral body	-	Х
3086 Remove vertebral body add-on	-	Х
3091 Remove vertebral body add-on	-	X
3170 Incise spinal cord tract(s)	-	Х
3173 Drainage of spinal cyst	-	Х
3250 Revise spinal cord vessels	-	Х
3251 Revise spinal cord vessels	-	Χ
3252 Revise spinal cord vessels	-	Х
3265 Excise intraspinal lesion	-	X
3266 Excise intraspinal lesion	-	Х

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	edications and should be directed to the Pharmacy link option within the website.	1 1	V
	Excise intraspinal lesion	-	X
	Excise intraspinal lesion	-	X
	Excise intraspinal lesion	-	X
	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list sep)	-	X
	Removal of vertebral body	-	X
	Removal of vertebral body	-	Х
	Removal of vertebral body	-	X
	Removal of vertebral body	-	X
	Removal of vertebral body	-	X
	Removal of vertebral body	-	X
3308	Remove vertebral body add-on	-	X
	Remove spinal cord lesion	-	X
3610	Stimulation of spinal cord	-	Χ
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	-	Χ
3621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat	-	X
3650	Implant neuroelectrodes	-	Х
3685	Implant neuroreceiver	-	X
34451	Njx aa&/strd nrv nrvtg si jt	-	X
64461	Paravertebral block (pvb)(paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	-	Х
64462	Paravertebral block (pvb)(paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to	-	Х
64463	Paravertebral block (pvb)(paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	-	Х
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
34492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
34493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
4494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
4495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
4505	Injection for nerve block	_	Х
	Percutaneous implantation of neurostimulator electrode array; cranial nerve	_	X

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	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	_	Х
	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	_	X
	Neuroeltrd stim post tibial		X
	nc for vagus n elect impl	_	X
	Revise/repl vagus n eltrd		X
	Remove vagus n eltrd		X
	ncision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		X
	ncision for implantation of neurostimulator electrode array; periprieral herve (excludes sacral herve)		^ X
	ncision for implantation of neurostimulator electrode array; neuromoscular ncision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	X
		-	^
	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	X
4583 I	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or		Х
6	electrode array, including connection to existing pulse generator	-	Α
	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or		V
6	electrode array	-	X
4585 I	Revision or removal of peripheral neurostimulator electrode array	-	Х
	mplant neuroreceiver	-	Х
4595 I	Revise/remove neuroreceiver	-	X
4596 I	nsertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including	-	Х
	maging guidance, when performed; initial electrode array		V
	Ostrj nulyt agt gnclr nrv	-	X
	Rf abltj nrv nrvtg si jt	Χ	-
	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, umbar or sacral	-	X
4629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral	_	Х
	pody, lumbar or sacral (list separately in addition to code for primary procedure)		
	njection treatment of nerve	-	X
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or horacic, single facet joint	-	X
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or	_	Х
t	horacic, each additional facet joint (list separat		Λ
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	-	X
	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
	njection treatment of nerve	_	Х
	Nervous system surgery	_	X
	Revision of cornea	Х	- X
	Revision of cornea	X	

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65767 Corneal tissue transplant	X	-
65771 Radial keratotomy	X	-
66985 Insert lens prosthesis	-	X
Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mech technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not ger used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posteric capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (etrabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	nerally or - eg, ar	X
Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mech technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular mesh supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more		Х
66999 Eye surgery procedure	-	Χ
67027 Implant eye drug system	-	Χ
67299 Eye surgery procedure	-	Χ
67399 Eye muscle surgery procedure	-	Χ
37599 Orbit surgery procedure	-	X
Repair brow defect	-	X
7901 Repair eyelid defect	-	Χ
7902 Repair eyelid defect	-	X
7903 Repair eyelid defect	-	Х
7904 Repair eyelid defect	-	Х
7906 Repair eyelid defect	-	Х
7908 Repair eyelid defect	-	Х
Revise eyelid defect	-	Х
7911 Revise eyelid defect	-	Х
67912 Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	-	Х
Repair eyelid wound	-	X
7973 Reconstruction of eyelid	-	X
Reconstruction of eyelid	-	Х
7975 Reconstruction of eyelid	-	X
7999 Revision of eyelid	-	Х
68399 Eyelid lining surgery	_	Х
8841 Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	X	-
68899 Tear duct system surgery		Х
69090 Pierce earlobes	X	-
9399 Outer ear surgery procedure	-	Х
69710 Implant/replace hearing aid	Х	-

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	Remove/repair hearing aid	-	X
	Implant temple bone w/stimul	_	X
	Temple bne implnt w/stimulat	_	X
	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х
39717	Revj/rplcmt oi implt prq esp	-	Х
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х
39726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	-	X
	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	Х
59949	Inner ear surgery procedure	-	Х
39979	Temporal bone surgery	-	X
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	-	Х
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including	-	X
4263	Computed tomographic (ct) colonography, screening, including image postprocessing	Х	-
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	-	Х
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	g immunizations, injectable drugs, or
	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to	х	-
76016	code for primary procedure) MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Х	-
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	×	-
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	х	-
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	х	-
6140	X-ray consultation	Х	-
6390	Mr spectroscopy	Х	-
6391	Magnetic resonance (eg, vibration) elastography	-	X
6496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	-	Х
6497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	-	Х
6498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	-	Х
	Unlisted diagnostic radiographic procedure	-	Х
	Echo guide, ova aspiration	-	Х
	Unlisted ultrasound procedure (eg, diagnostic, interventional)	-	X
	Breast tomosynthesis uni	X	1
	Breast tomosynthesis bi	X	-
	Radiation therapy planning	-	Х
7371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	Х
7372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding	immunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.	1	
Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	-	X
7387 Guidance for radiaj tx dlvr	Х	-
7399 External radiation dosimetry	-	Χ
7402 Radiation treatment delivery	X	-
7407 Radiation treatment delivery	X	-
7432 Stereotactic radiation trmt	-	Χ
7435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image	-	Х
7499 Radiation therapy management	-	Х
7520 Proton trmt, simple w/o comp	-	X
7522 Proton trmt, simple w/comp	-	X
7523 Proton trmt, intermediate	_	X
7525 Proton treatment, complex	-	Х
7799 Radium/radioisotope therapy	-	Х
8099 Endocrine nuclear procedure	-	Х
8199 Blood/lymph nuclear exam	-	Х
8299 Gi nuclear procedure	-	Х
8350 Bone mineral, single photon	Х	-
8351 Bone mineral, dual photon	Х	-
8399 Musculoskeletal nuclear exam	-	X
8499 Cardiovascular nuclear exam	-	X
8599 Respiratory nuclear exam	-	X
8608 Brain imaging (pet)	-	X
8609 Brain imaging (pet)	Х	-
8699 Nervous system nuclear exam	-	X
8799 Genitourinary nuclear exam	-	X
8811 Tumor imaging, positron emission tomography (pet); limited area (eg, chest, head/neck)	-	X
8999 Nuclear diagnostic exam	-	Х
9999 Nuclear medicine therapy	-	Χ
0050 General health panel	Х	-
0299 Quantitative assay, drug	-	Х
0320 Alcohols	Х	-
0321 Alcohol biomarkers; 1 or 2	Х	-
0322 Alcohol biomarkers; 3 or more	Х	-
0323 Alkaloids, not otherwise specified	Х	-
0324 Amphetamines; 1 or 2	Х	-
0325 Amphetamines; 3 or 4	Х	-
0326 Amphetamines; 5 or more	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	L	•
specialty m	edications and should be directed to the Pharmacy link option within the website.		
80327	Anabolic steroids; 1 or 2	X	ı
80328	Anabolic steroids; 3 or more	Х	-
80329	Analgesics, non-opioid; 1 or 2	X	-
80330	Analgesics, non-opioid; 3-5	Х	-
80331	Analgesics, non-opioid; 6 or more	Х	-
80332	Antidepressants, serotonergic class; 1 or 2	Х	-
80333	Antidepressants, serotonergic class; 3-5	Х	-
80334	Antidepressants, serotonergic class; 6 or more	Х	-
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	Х	-
80336	Antidepressants, tricyclic and other cyclicals; 3-5	Х	-
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	Х	-
80338	Antidepressants, not otherwise specified	Х	-
80339	Antiepileptics, not otherwise specified; 1-3	Х	-
80340	Antiepileptics, not otherwise specified; 4-6	Х	-
80341	Antiepileptics, not otherwise specified; 7 or more	Х	-
80342	Antipsychotics, not otherwise specified; 1-3	Х	-
	Antipsychotics, not otherwise specified; 4-6	Х	-
	Antipsychotics, not otherwise specified; 7 or more	Х	-
	Barbiturates	Х	-
80346	Benzodiazepines; 1-12	Х	-
80347	Benzodiazepines; 13 or more	Х	-
	Buprenorphine	Х	-
80349	Cannabinoids, natural	Х	-
80350	Cannabinoids, synthetic; 1-3	Х	-
	Cannabinoids, synthetic; 4-6	Х	-
	Cannabinoids, synthetic; 7 or more	Х	-
	Cocaine	Х	-
	Fentanyl	Х	-
80355	Gabapentin, non-blood	Х	-
	Heroin metabolite	Х	-
80357	Ketamine and norketamine	Х	-
80358	Methadone	Х	-
80359	Methylenedioxyamphetamines (mda, mdea, mdma)	Х	-
	Methylphenidate	Х	-
	Opiates, 1 or more	Х	-
	Opioids and opiate analogs; 1 or 2	Х	-
	Opioids and opiate analogs; 3 or 4	Х	-
	Opioids and opiate analogs; 5 or more	Х	-
	Oxycodone	Х	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.	1 V I	
30366 Pregabalin	X	-
30367 Propoxyphene	Х	-
30368 Sedative hypnotics (non-benzodiazepines)	X	-
30369 Skeletal muscle relaxants; 1 or 2	X	-
0370 Skeletal muscle relaxants; 3 or more	X	-
0371 Stimulants, synthetic	Х	-
0372 Tapentadol	Х	-
0373 Tramadol	Х	-
0374 Stereoisomer anal single drug class	X	
0375 Drug(s) definitive, qual or quant nos 1-3	X	-
0376 Drug(s) definitive, qual or quant unlisted 4-6	X	-
0377 Drug(s) definitive, qual or quant nos 7 or more	X	-
1099 Urinalysis test procedure	-	Χ
1105 Hpa-1, itgb3, antigen cd61, gene analysis, common variant	X	-
1106 Hpa-2, gp1ba, gplba, gene analysis, common variant	Х	-
1107 Hpa-3, itga2b, gplba, gene analysis, common variant	Х	-
1108 Hpa-4, itgb3, cd61, gene analysis, common variant	Х	-
1109 Hpa-5, itga2, gene analysis, common variant	Х	-
1110 Hpa-6, itgb3, cd61, gene analysis, common variant	Х	-
1111 Hpa-9, itga2b, gene analysis, common variant	Х	-
1112 Hpa-15, cd109, gene analysis, common variant	Х	-
1120 Idh1 (isocitrate dehydrogenase 1, soluble) (eg, glioma), common variants	-	X
1121 Idh1 (isocitrate dehydrogenase 1, mitochondrial) (eg, glioma), common variants	- 1	Х
1162 Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		
and full duplication/deletion analysis	-	Χ
1163 Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer)		
gene analysis; full sequence analysis	-	X
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
Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		
Troo Broat (broat, and repair associated) (eg, herealtary breast and ovarian samely gene analysis, fair sequence analysis	-	X
B1166 Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion		
analysis (ie, detection of large gene rearrangements)	-	X
1167 Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion		
	-	X
analysis (ie, detection of large gene rearrangements)		
31168 Ccnd1/igh (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if	-	X
performed		
1170 Abl1 (abl proto-oncogene 1 non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance),	_	Χ
gene analysis, variants in the kinase domain		

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect		
	abnormal (eg, expanded) alleles	-	X
1172	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; characterization of		
	alleles (eg, expanded size and methylation status)	-	X
1173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene		
	analysis; full gene sequence	-	Χ
1174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene		V
	analysis; known familial variant	-	X
1175	Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; full gene seq	-	Χ
	Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; targeted seq analy	-	Χ
1177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg,	_	X
	expanded) alleles		Λ
1178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	_	X
1179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	_	Χ
1180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal	_	X
4404	(eg, expanded) alleles		
1181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
1182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect		
1102	abnormal (eg, expanded) alleles	-	X
1183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		
1100	That To (attain To) (eg, opiniosofoboliai attaina) gono analysis, ovaldation to actor abnormal (eg, oxpandou) anolos	-	X
1184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to		
	detect abnormal (eg, expanded) alleles	-	X
1185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene		V
	sequence	-	X
1186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial		Х
	variant	-	^
1187	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to		Х
	detect abnormal (eg, expanded) alleles		^
1188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	_	Х
	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	-	X
	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	X
	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	X
	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	X
1193	Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	X

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	cription	Not Covered	Preauthorization Requir
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect itions and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs
1194 Ntr	k (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	Х
1195 Cyt	ogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical nome mapping (OGM)	-	Х
	pa (aspartoacylase) (eg, canavan disease) gene analysis, common variants (eg, e285a, y231x)	Х	_
	c gene analysis; full sequence	-	X
	c gene analysis; known fam variants	_	X
	c gene analysis; duplication/deletion variants	_	X
204 Ar ((androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene	-	X
205 Bck	kdhb (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease) gene alysis, common variants (eg, r183p, g278s, e422x)	Х	-
	n (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	Х	-
212 Bro	ra1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 74delt variants	-	Х
	a1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	_	Х
	a2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	_	X
	a2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	_	X
	bpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	X
219 Cal	r (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	-	X
220 Cfti	r (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ng/acog guidelines)	-	Х
225 Cyp	p2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common iants (eg, *2, *3, *4, *8, *17)	-	X
226 Cyr	o2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common iants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	-	Х
	p2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common iants (eg, *2, *3, *5, *6)	-	Х
228 Cyt	ogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number iants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	Х
	ogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and gle nucleotide polymorphism (snp) variants for chromosoma	-	Х
230 Cyr	o3a4, gene analysis, common variant(s)	-	X
	o3a5, gene analaysis, common variants	-	Х
	yd, gene analysis, common variant(s)	-	Х
	(bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r,	-	Х
	pk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded)	-	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Egfr gene analysis; common variants	-	Х
31236	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	-	Х
1237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis,	-	Х
1000	common variant(s) (eg, codon 646)		
	F9 (coagulation factor ix) (eg, hemophilia b), full gene seq	-	X
1239	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	-	Х
31240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	Х	-
31241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	Х	-
	Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	Х	-
31243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	X	-
31244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Х	-
31247	G6pd, gene analysis; common variant(s)	-	Х
	G6pd, gene analysis; known familial variant(s)	-	X
	G6pd, gene analysis; full gene seq	_	X
	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x)	-	X
31251	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)	Х	-
31252	Gjb2 gene full sequence	-	Х
	Gjb2 gene known fam variants	-	Х
	Gib6 gene com variants	-	X
	Hexa (hexosaminidase a [alpha polypeptide]) (eg, tay-sachs disease) gene analysis, common variants (eg, 1278instatc, 1421+1g>c, g269s)	Х	-
1256	He (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	_	Х
	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease),		X
	gene analysis, for common deletions or variant (eg, south		
	Hba1/hba2, gene analysis, known familial variant	-	X
	Hba1/hba2, gene analysis, full gene seq	-	X
1260	Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg,2507+6	X	-
1261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,	-	Х
31262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e	-	Х

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding imr	nunizations, injectable drugs,
1263 Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation	$\overline{}$	
analysis	-	X
1264 Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis,		
evaluation to detect abnormal clonal population(s)	-	X
31265 Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant		V
recipient and donor germline testing, post-transplant non-he	-	X
31266 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
Hba1/hba2, gene analysis, duplication/deletion variants	-	X
31270 Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	-	Χ
B1271 Htt (huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х
81272 Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute		Х
myeloid leukemia, melanoma), gene analysis, targeted sequ		^
81273 Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816		Х
variant(s)	-	
Htt (huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size)	-	X
31277 Cytogenomic neo microra alys	-	Χ
81278 Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster		X
region (mcr) breakpoints, qualitative or quantitative		
31279 Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	Χ
Ifnl3, gene analysis, rs12979860 variant		Χ
B1284 Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X
B1285 Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	X
1286 Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	Χ
Mgmt gene methylation anal	-	X
MIh1 gene methylation anal		X
B1289 Fxn (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)	-	Χ
Mcoln1 (mucolipin 1) (eg, mucolipidosis, type iv) gene analysis, common variants (eg, ivs3-2a>g, del6.4kb)	-	X
Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants	X	_
(eg, 677t, 1298c)		
MIh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch		X
syndrome) gene analysis; full sequence analysis		
Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch	<u> </u>	X
syndrome) gene analysis; known familial variants		
MIh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch	<u> </u>	X
syndrome) gene analysis; duplication/deletion variants		
Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch	<u> </u>	Х
syndrome) gene analysis; full sequence analysis	·	^

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect ecialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs,
Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х
Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х
Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х
Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х
300 Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х
301 Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	-	Х
302 Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	-	Х
303 Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	-	X
1304 Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	-	Х
Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	-	Х
1307 Palb2 gene full gene seq	_	Х
1308 Palb2 gene known famil vrnt	_	X
1309 Pik3ca gene trgt seg alys	_	X
l310 Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	_	X
Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61)	-	X
Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
1313 Pca3 klk3	-	Х
Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	X
Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6	-	Х
Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х
Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х
Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х
Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	-	Х
1321 Pten gene analysis;full seg analysis	_	Х

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
	<u> </u>		X
	Pten gene analysis; fam variant Pten gene analysis; duplication/deletion variant	-	^ X
	Prien gene analysis; duplication/deletion variant Prien gene analysis; dup/deletion analysis	-	X X
	Pmp22 gene analysis; full seq analysis	-	^ X
	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	^ X
	Slc01b1, gene analysis, common variant(s)	-	^ X
	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis,	-	
	common variants (eg, r496l, l302p, fsp330)	-	X
1331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	-	X
1332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and	-	Х
1333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555g)	-	Х
1334	Runx1, gene analysis, targeted seq analysis	-	X
	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	-	Χ
	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	-	Х
1338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)	-	Х
1339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	Х
1340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol	-	Х
1341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methology (eg, southe	-	Х
1342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	Х
343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	-	Х
1346	Tyms, gene analysis, common variant(s)	-	Х
	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	Х
348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	Х

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	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions		
1043	for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	-	X
21250	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, irinotecan metabolism), gene analysis, common		
71000	variants (eg, *28, *36, *37)	-	X
31351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	_	X
	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)		
		-	X
1353	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; known familial variant	-	Х
	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants		
	(eg, -1639/3673)	Х	-
1357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis,		Х
	common variants (eg, s34f, s34y, q157r, q157p)	-	^
1360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute		Х
	myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	-	^
1361	Hbb (hemoglobin, subunit beta), common variant(s)	-	Χ
	Hbb (hemoglobin, subunit beta), known familial variant(s)	-	Χ
	Hbb (hemoglobin, subunit beta), duplication/deletion variant(s)	-	X
	Hbb (hemoglobin, subunit beta), full gene seq	-	X
	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1	-	X
1371	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1/3/4/5 (eg, verification typing)	-	X
1372	Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)	-	Х
	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	-	Х
	Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	-	Х
1375	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	-	Х
1376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1/3/4/5, -dqb1, -dqa1, -dpb1, or -		Х
	dpa1), each	-	^
	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	-	X
	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	-	Х
	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	-	Χ
	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	-	X
	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	-	X
1382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3, -drb4, -drb5, -dqb1, -dqa1, -dpb1, or -dpa1), each	-	X
1383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	-	Х
1400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm	-	Х

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401 Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using		Х
nonsequencing target variant analysis], or detection of a dy	-	X
402 Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically		V
using non-sequencing target variant analysis], immunoglobul	-	X
403 Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10		V
amplicons using multiplex pcr in 2 or more independent reactions,	-	X
404 Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or		V
duplication/deletion variants of 6-10 exons, or characterizati	-	Χ
405 Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or		V
duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch	-	X
406 Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or		V
duplication/deletion variants of 26-50 exons, cytogenomic ar	-	X
407 Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or		V
duplication/deletion variants of >50 exons, sequence analysi	-	X
408 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
410 Gsps for aortic dysfnc or dilat	- 1	Х
411 Gsps for aortic dysfnc or dilat dupe delete anal	-	Х
412 Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia		V
faconi anemia group c. gaucher disease, tay-sachs disease),	-	X
413 Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		V
polymorphic ventricular tachycardia); genomic sequence analysis panel,	-	X
414 Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		V
polymorphic ventricular tachycardia); duplication deletion gene analy	-	X
415 Exome sequence anal	-	X
416 Exome sequence anal ea add	-	Х
417 Exome sequence anal re-eval	-	Χ
418 Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes,		V
including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis	-	X
419 Epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a,		
kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2,	-	Χ
and zeb2		
425 Gsps for unex costitut heritable ds	-	Х
426 Gsps for unex costitut heritable ds ea add	-	Х
427 Gsps for unex costitut heritable ds re-eval	-	X
430 Gsps for hearing loss	-	X
431 Gsps for hearing loss dupe delete anal	- 1	X
432 Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic		
sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh	-	X

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	rage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i	nformation regarding i	mmunizations, injectable drugs, o
-	be directed to the Pharmacy link option within the website.	1	
-	st cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion	_	X
	must include analyses for brca1 brca2 mlh1		
31434 Hereditary retir	al disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc		X
genomic seque	ncing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b	-	^
31435 Gsps for colon	ca	-	Χ
1436 Gsps for colon	ca dupe delete anal	-	Χ
31437 Hereditary neu	oendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma		V
-	n); must incl genomic sequencing 6 genes: max s	-	X
	coendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc		.,
sdhd vhl		-	X
	myopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular		.,
	/) genomic sequence analysis panel, must inclu	-	X
	ncod mitochondrial genes	_	Х
	marrow failure syndromes (ibmfs) (eg, fanconi anemia, dyskeratosis congenita, diamond-blackfan		
	hman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia)		
	sis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb,		X
	fance, fancf, fancg, fanci, fanci, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5,	_	Λ
	ps24, rps26, rps7, sbds, tert, and tinf2		
-	um disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard	-	X
	nan-like syndrome); must incl genomic sequencing 12 ge		
	for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom	-	Χ
	avan disease, fanconi anemia type c, mucoli		
1445 Gsps for solid o		-	X
	pheral neuropathies, gene seq analysis panel	-	Χ
	nic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit,		
	, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or	-	X
	s, if performed; rna analysis		
	mphoid neo 5-50 genes	-	X
	nic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa,		
dnmt3a, ezh2,	lt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy		X
number variant	s or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	^
Gsps hematoly	mphoid neo =/>51 genes	-	Χ
	nic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes		
	dkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras,		
	pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or	_	X
	s, or isoform expression or mrna expression levels, if performed; rna analysis		•
rearrangement	e, er leelenn expression er mind expression levele, ii penelmed, ma dilarjele		

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflec ecialty medications and should be directed to the Pharmacy link option within the website.	t information regarding im	munizations, injectable drugs,
Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis,	T T	
microsatellite instability	-	X
1458 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis, copy		V
number variants and microsatellite instability	-	X
1459 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis or		
combined dna and rna analysis, copy number variants, microsatellite instability, tumor mutation burden, and	-	X
rearrangements		
1460 Gsps for whole mitochondrial genome	-	Χ
1462 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
Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for	_	Χ
sequence variants; dna analysis, copy number variants, and microsatellite instability		
Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for		V
sequence variants; dna analysis or combined dna and rna analysis, copy number variants, microsatellite instability,	-	X
tumor mutation burden, and rearrangements		
1465 Gsps for whole mitochondrial genome lg delete anal	-	X
1470 Gsps for xlid at least 60 genes 1471 Gsps for xlid at least 60 genes	-	X X
1471 Gsps for xlid at least 60 genes 1479 Unlisted molecular pathology	-	X
1479 Offisted molecular patriology 1490 Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic	-	^
algorithm reported as a disease activity score	-	Χ
1493 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	-
1500 Maaa 2 serum proteins	-	X
1500 Maaa 2 serum proteins		X
1504 Oncology tissue of origin	 	X
1506 Maaa 7 serum/plasma analytes	 -	X
1507 Fetal aneuploidy trisom risk	_	X
1508 Maaa 2 maternal serum proteins	_	X
1509 Maaa 3 maternal serum proteins	_	X
1510 Maaa 3 maternal serum analytess	-	X
1511 Maaa 4 maternal serum analytess	-	Х
1512 Maaa 5 maternal serum analytess	-	X
1518 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
1519 Gsps onco (brst) 21 genes	- 1	Х
1520 Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	Х
1521 Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	Х

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	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i dications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
	Onc breast mrna 12 genes	<u> </u>	X
	Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31		
	nousekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to	_	X
	distant metastasis		^
	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
	Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3		
	nousekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including	_	Χ
	ikelihood of sentinel lymph node metastasis		
	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology,		
	oredictive algorithm reported as a drug response score; first singl	-	X
	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology,		
	oredictive algorithm reported as a drug response score; each additi	-	X
	Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive		
	algorithm reported as good versus poor overall surviva	-	X
	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human	V	
	callikrein-2 [hk2]) utilizing plasma or serum, prognostic	X	-
	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5		V
	nousekeeping) to classify tumor into main cancer type and	-	X
	Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	X
1542 (Onc prostate mrna 22 cnt gen	-	Х
1546	Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported		V
a	as a categorical result (eg, benign or suspicious)	- 1	X
1551 (Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	Х
1552 (Onc breast mrna 12 genes	-	Х
1554 F	Pulmonary disease (idiopathic pulmonary fibrosis [ipf]), mrna, gene expression analysis of 190 genes, utilizing		
t	ransbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability	-	X
c	of usual interstitial pneumonia [uip])		
1558	Fransplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase		
c	chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant		X
e	excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	-	^
1560	Fransplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-		
ļi	nduced cd154+t-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	X	-
	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and	_	X
	housekeeping), utilizing subfraction of peripheral b	_	
	Jnlisted maaa	-	X
3009 H	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, c-13)	X	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do no	t reflect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by	X	_
radioimmunoas		
Ph; exhaled breath condensate	X	-
33992 Assay for phencyclidine	X	-
34378 Sugars single quant	X	-
Thromboxane metabolite(s), including thromboxane if performed, urine	X	-
34999 Clinical chemistry test	-	X
35999 Hematology procedure	-	X
6152 Cell enumeration	X	-
6153 Cell enumeration phys interp	X	-
6305 Human epididymis protein 4 (he4)	X	-
86318 Immunoassay,infectious agent	X	-
6677 Helicobacter pylori	X	-
36829 Antibody to hla class i/ii antigen	-	Χ
36830 Antibody id by hla phnotyp class i	-	Χ
6831 Antibody id by hla phnotyp class ii	-	Χ
36834 Semi-quant panel hla class i	-	Х
6835 Semi-quant panel hla class ii	-	X
36849 Immunology procedure	-	X
6910 Blood typing, paternity test	Х	-
6911 Blood typing, antigen system	Х	-
6999 Transfusion procedure	-	Χ
7999 Microbiology procedure	-	Χ
8000 Autopsy (necropsy), gross	Х	-
8005 Autopsy (necropsy), gross	Х	-
8007 Autopsy (necropsy), gross	Х	-
8012 Autopsy (necropsy), gross	Х	-
8014 Autopsy (necropsy), gross	Х	-
8016 Autopsy (necropsy), gross	Х	-
8020 Autopsy (necropsy), complete	Х	-
88025 Autopsy (necropsy), complete	Х	-
8027 Autopsy (necropsy), complete	X	-
8028 Autopsy (necropsy), complete	X	-
88029 Autopsy (necropsy), complete	X	-
88036 Limited autopsy	X	-
88037 Limited autopsy	X	-
88040 Forensic autopsy (necropsy)	X	_
8045 Coroner's autopsy (necropsy)	X	-
88099 Necropsy (autopsy) procedure	X	

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Codes Description	Not Covered	Preauthorization Required
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specialty medications and should be directed to the Pharmacy link option within the website.	· · · - · - · - · · - · · · · · · ·	,
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	-	Χ
90281 Human ig, im	X	-
90283 Human ig, iv	X	-
90287 Botulinum antitoxin	X	-
90288 Botulism ig, iv	X	-
90291 Cmv ig, iv	X	-
90384 Rh ig, full-dose, im	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.	V	
	Rh ig, iv	X X	-
	Tetanus ig, im		<u>-</u>
	Immune globulin	-	X
	Flu vaccine, 3 yrs, im	X X	<u>-</u>
	Dtap-hep b-ipv vaccine, im	X	-
	Japanese encephalitis virus vaccine, inactivated, for intramuscular use		-
	Hep b/hib vaccine, im	Χ	- V
	Vaccine toxoid	-	X
	Pharmacologic mgmt w/psytx	X	-
	Psychophysiological therapy	X	-
	Psychophysiological therapy	X	=
	Environmental manipulation	Х	<u>-</u>
	Biofeedback train, any meth	-	X
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	-	X*
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)	-	X*
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	-	Х
91132	Electrogastrography	Χ	-
91133	Electrogastrography w/test	Χ	-
1299	Gastroenterology procedure	-	Χ
92145	Corneal hysteresis deter	Χ	-
92310	Contact lens fitting	Χ	-
92314	Prescription of contact lens	Χ	-
92340	Fitting of spectacles	Χ	-
92341	Fitting of spectacles	Χ	-
	Fitting of spectacles	Х	-
	Special spectacles fitting	_	Χ
	Special spectacles fitting	_	Χ
	Eye prosthesis service	-	Χ
	Repair & adjust spectacles	Х	-
	Repair & adjust spectacles	-	X
	Eye service or procedure	-	X
	Speech/hearing therapy	_	X*
	Speech/hearing therapy	_	X*
	Oral function therapy	_	X*
	Pure tone hearing test, air	Х	-

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	edications and should be directed to the Pharmacy link option within the website.	T V T	
	Hearing aid exam, one ear	X	=
	Hearing aid exam, both ears	X	-
	Hearing aid check, one ear	X	-
	Hearing aid check, both ears	X	-
	Electro hearng aid test, one	Х	-
	Electro hearng aid tst, both	Х	-
	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*
	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*
2609	Therapeutic services for the use of speech-generating device, including programming and modification	-	X*
	Evaluation of auditory rehabilitation status; first hour	-	X
2627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primar	-	×
2630	Auditory rehabilitation; pre-lingual hearing loss	Х	-
	Auditory rehabilitation; post-lingual hearing loss	Х	-
	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	Х	-
	Unlisted otorhinolaryngological service or procedure	_	Х
	Percutaneous transcatheter closure of congenital interatrial communication (ie, fontan fenestration, atrial septal defec	-	Х
3702	Bis xtracell fluid analysis	-	Х
3799	Cardiovascular procedure	-	X
3895	Carotid intima atheroma eval	Х	-
3998	Unlisted noninvasive vascular diagnostic study	-	X
4799	Pulmonary service/procedure	-	Х
	Immunotherapy, one injection	Х	-
	Immunotherapy, many antigens	Х	-
	Immunotherapy, insect venom	Х	-
	Immunotherapy, insect venoms	X	-
	Immunotherapy, insect venoms	X	-
	Immunotherapy, insect venoms	Х	-
	Immunotherapy, insect venoms	Х	-
	Allergy immunology services	-	Х
	Cont intraop neurophys mntr	Х	-
	Neurological procedure	-	Х
	Developmental screening, with interpretation and report, per standardized instrument form	Х	-
	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	X	-
	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list	X	

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odes	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.		
	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	-	X
	Chemotherapy, unspecified	-	X
	Dermatological procedure	-	X
	Hot or cold packs therapy	-	X*
	Mechanical traction therapy	-	Χ*
	Electric stimulation therapy	Х	<u> </u>
	Vasopneumatic device therapy	-	Χ*
	Paraffin bath therapy	-	Χ*
	Whirlpool therapy	-	Χ*
	Diathermy treatment	-	Χ*
	Infrared therapy	X	-
	Ultraviolet therapy	-	Χ*
7032	Electrical stimulation	-	Χ*
7033	Electric current therapy	X	-
7034	Contrast bath therapy	-	X*
7035	Ultrasound therapy	-	Χ*
7036	Hydrotherapy	-	Χ*
7037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-	V	
	operative pain reduction	Х	-
7039	Physical therapy treatment	-	X*
	Therapeutic exercises	-	X*
	Neuromuscular reeducation	-	X*
	Aquatic therapy/exercises	-	X*
	Gait training therapy	-	X*
	Massage therapy	_	Χ*
	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*
7130	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*
	Physical medicine procedure	-	Χ*
140	Manual therapy	-	Χ*
7150	Group therapeutic procedures	-	X*
	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	Х	-

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Codes Description	Not Covered	Preauthorization Require
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do no ecialty medications and should be directed to the Pharmacy link option within the website.	ot reflect information regardin	g immunizations, injectable drugs, o
17152 Behavior identification-supporting assessment, administered by one technician under the direction of a physician	or X	
other qualified health care professional, face-to-face with	^	-
7153 Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other	Х	
qualified health care professional, face-to-face with one patie	^	-
7154 Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or o	other X	
qualified health care professional, face-to-face with two	^	-
7155 Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	Х	
professional, which may include simultaneous direction of tech	^	-
7156 Family adaptive behavior treatment guidance, administered by physician or other qualified health care profession	al X	
(with or without the patient present), face-to-face with gua	^	-
7157 Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health c	are X	
professional (without the patient present), face-to-face w	^	-
7158 Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health	care X	
professional, face-to-face with multiple patients, each	^	-
7161 Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/o	or	X*
comorbidities that impact the plan of care; an examination o	-	X
7162 Physical therapy evaluation: moderate complexity, requiring these components: a history with no personal factors	3	X*
and/or comorbidities that impact the plan of care; an examinat	-	X
7163 Physical therapy evaluation: high complexity, requiring these components: a history with no personal factors and/	or or	X*
comorbidities that impact the plan of care; an examination	-	X
7164 Re-evaluation of physical therapy, extablished plan of care, requiring these components: an examination, includir	ng a	X*
review of history and use of standardized tests and measur	-	A
7165 Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical	al and	X*
therapy history, which includes a brief history includin	-	Χ
7166 Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and		X*
medical and therapy history, which includes a brief history incl	-	A
7167 Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medic	al and	X*
therapy history, which includes a brief history includin	-	^
7168 Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of ch	anges	X*
in patient functional or medical status with revised plan	-	^
7169 Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with	n no X	
comorbidities that affect phsical activity; an ex		-
7170 Athletic training evaluation, moderate complexity, requiring these components: a history and physical activity profi	le with X	
no comorbidities that affect phsical activity; a	^	-
7171 Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile wi	th no X	
comorbidities that affect phsical activity; an e	^	-
7172 Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's	3 ,	
current functional status when there is a documented chang	X	-
7530 Therapeutic activities	-	X*

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	Sensory integration	_	X*
	Community/work reintegration		
	Wheelchair mngment training	-	X*
	Work hardening	X	Λ
	Work hardening Work hardening add-on	X	
	Physical medicine procedure		X
	Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient		Λ
7610	Acupuncture, one of more needles, without electrical stimulation, that 13 min personal contact with the patient	Χ	-
	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Χ	-
	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	Χ	-
	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Χ	-
8000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
	appropriate history and/or examination and straightforward medical decision making. When using total time on the date	X	-
	of the encounter for code selection, 15 minutes must be met or exceeded.		
8001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
	appropriate history and/or examination and low medical decision making. When using total time on the date of the	X	-
	encounter for code selection, 30 minutes must be met or exceeded.		
8002	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	X	-
	the encounter for code selection, 45 minutes must be met or exceeded.		
8003	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	X	-
	encounter for code selection, 60 minutes must be met or exceeded.		
8004	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	X	-
	on the date of the encounter for code selection, 10 minutes must be met or exceeded.		
8005	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	X	_
	of the encounter for code selection, 20 minutes must be met or exceeded.		
8006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a		
0000	medically appropriate history and/or examination and moderate medical decision making. When using total time on the	Х	_
	date of the encounter for code selection, 30 minutes must be met or exceeded.	^	
3007	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	Χ	_
	of the encounter for code selection, 40 minutes must be met or exceeded.	^	
8008			
0000	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	Χ	-
	exceeded.		
	exceeded.		

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i edications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, o
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Х	-
8010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Х	-
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Х	
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	Х	-
8013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Х	-
8014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Х	-
8015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Х	-
8940	Chiropractic manipulation	-	X*
	Chiropractic manipulation	-	X*
	Chiropractic manipulation	-	X*
8943	Chiropractic manipulation	Х	-
8966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
8967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
9026	Hospital mandated on call service; in-hospital, each hour	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	j immunizations, injectable drugs, o
	dications and should be directed to the Pharmacy link option within the website.	V	
	Hospital mandated on call service; out-of-hospital, each hour	X	-
	Medical testimony	X	-
	Ocular function screen	X	-
	Visual acuity screen	X	-
	Ocular photoscreening with interpretation and report, bilateral	X	-
	nstrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	Χ	-
	Hyperbaric oxygen therapy	-	X
	App topical fluoride varnish	Х	-
	Special service/proc/report	-	Х
	Office consultation	Χ	-
	Office consultation	Х	-
	Office consultation	X	-
	Office consultation	Χ	-
	Office consultation	Χ	-
9251	nitial inpatient consult	Χ	-
9252	nitial inpatient consult	Χ	-
9253	nitial inpatient consult	Χ	-
9254	nitial inpatient consult	Х	-
9255	nitial inpatient consult	Х	-
9358	Prolonged evaluation and management service before and/or after direct patient care; first hour	Х	-
	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)	Χ	-
	Home health care supervision	Х	-
	Hospice care supervision	Х	-
	Preventive counseling, indiv	Х	-
	Preventive counseling, indiv	X	-
	Preventive counseling, indiv	X	-
	Preventive counseling, indiv	X	_
	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)		
.0 100	tioonor analor substance (outer than tobacce) abacc structured corestining (eg., addit, addit), and brief intervention (obt)	Х	-
9409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)		
	(Х	-
9411	Preventive counseling, group	Х	-
	Preventive counseling, group	X	-
	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the		
	primary procedure which has been selected using total time, requiring total time with or without direct patient contact		
	beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to	Х	_
	codes 99205, 99215 for office or other outpatient evaluation and management services)	^	-
"	20062 20200, 202 TO TOL OTHER OF OTHER OUTPATIENT EVALUATION AND MICHAEL SELVICES		

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regardin	g immunizations, injectable drugs, o
	edications and should be directed to the Pharmacy link option within the website.	Ī	
	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,	X	_
	each 15 minutes of total time (list separately in addition to the code of the inpatient and observation evaluation and		
	management service)		
	Unlisted preventive service	Х	-
9441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian	X	_
	not o	^	
99442	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian	Х	_
	not o	^	_
99443	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian	Х	
	not o	^	_
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	V	
		Х	-
9501	Home visit for postnatal assessment and follow-up care	Х	-
	Home visit for newborn care and assessment	Х	_
	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)		
	,,,,,	Х	-
99504	Home visit for mechanical ventilation care	Х	_
	Home visit for stoma care and maintenance including colostomy and cystostomy	X	-
	Home visit for intramuscular injections	X	_
	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	X	_
	Home visit for assistance with activities of daily living and personal care	X	_
	Home visit for individual, family, or marriage counseling	X	_
	Home visit for fecal impaction management and enema administration	X	_
	Home visit for hemodialysis, per diem	X	_
	Unlisted home visit service or procedure	X	<u>-</u>
	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with		_
13003	assessmen	X	-
00606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with		1
9000		Х	-
0007	assessmen		
9607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with	Х	-
0044	assessmen		
	Adm sarscov2 30mcg/0.3ml 1st	X	-
	Heart failure assessed (includes assessment of all the following components) (cad)	Х	-
	Rbc dna hea 35 ag 11 bld grp whl bld cmn allel	-	X
	Adm sarscov2 30mcg/0.3ml 2nd	X	-
002M	Liver disease, 10 biochem assays	-	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Adm sarscov2 30mcg/0.3ml 3rd	Х	X
	Liver disease, 10 biochem assays	-	
	Onc ovarian assay 5 proteins serum alg scor	- V	X
	Adm sarscov2 30mcg/0.3ml bst	X	-
	Osteoarthritis assessed (oa)	Χ	
	Onco prst8 3 gene ur alg	-	X
U800	Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rrna, gyra, pbp1, rdxa and rpob, next generation sequencing, formalin-fixed paraffin-embedded or fres	X	-
009U	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
010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain	-	X
2444	relatedness, per submitted isolate		
	Adm sarscov2 100mcg/0.5ml1st	Χ	-
	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	X
	Adm sarscov2 100mcg/0.5ml2nd	X	-
	Community acquired bacterial pneumonia assessed (cap)	Χ	<u>-</u>
	Onc mrna 5 genes ur alg risk urothelial cancer	-	X
)12U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	X
013A	Adm sarscov2 100mcg/0.5ml3rd	Х	-
	Onc mrna 5 genes ur alg risk recr urothelial ca	-	Х
	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra	-	Х
014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass	Х	-
014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra	-	Х
015F	Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding	Х	-
)16M	Onc bladder mrna 219 gen alg	-	Х
)16U	Oncology (hematolymphoid neoplasia), rna, bcr/abl1 major and minor breakpoint fusion transcripts, quantitative pcr amplification, blood or bone marrow, report of fusion not	-	Х
)17M	Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	-	Х
)17U	Oncology (hematolymphoid neoplasia), jak2 mutation, dna, pcr amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of jak2 mutation not detected or	-	Х
18M	Trnsplj rnl meas cd154+cll	Х	
	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	X	-

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	ription	Not Covered	Preauthorization Require
	note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in an and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, o
-	blogy (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA	1 1	
	acted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass		Х
ехиа	icted from turnor tissue, diagnostic algoritim reported as probability of matching a reference turnor subclass	_	^
018U Onco	ology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm		X
repo	rted as a positive or negative result for moderate to	-	^
	ology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh	_ [Х
	en tissue, predictive algorithm reported as potential		Λ
	ology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-ropporin, desmocollin,	_	X
	aip-1, csnk2a2), multiplexed immunoassay and flow		Λ
	ology (acute myelogenous leukemia), dna, genotyping of internal tandem duplication, p.d835, p.i836, using	_	X
	onuclear cells, reported as detection or non-detection of flt3	_	
	thyr dna&mrna 112 genes fna ndul alg alys	-	X
027U Jak2	gene analysis trgt seq alys exons 12-15	-	Χ
	netab advrs rx rxn & rspse trgt seq alys	-	Χ
030U Rx m	netab warfarin rx response trgt seq alys	-	X
031U Cyp1	la2 gene analysis common variants	-	X
032U Com	t gene analysis c.472g>a variant	-	X
033U Htr2a	a htr2c gene analysis common variants	-	Χ
	t nudt15 gene analysis common variants	-	Х
0036U Exor	ne (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen,		Х
sequ	ence analyses	-	^
037U Trgt	gen seq alys sld orgn neo dna 324 genes	-	Χ
0040U Bcr/a	abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	-	Х
045U Onc	brst dux carc is mrna 12 genes alg rsk scor	-	Х
	(fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative	-	Х
047U Onc	prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	Х
	sld org neo dna 468 cancer associated genes	-	Х
	1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	-	X
	eted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for		
	ence variants, copy number variants or rearrangements	-	X
	sarscv2 30mcg trs-sucr 1	Х	-
	sarscv2 30mcg trs-sucr 2	Х	-
	sarscv2 30mcg trs-sucr 3	X	-
	plogy (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen,		
	rithm reported as probability of higher tumor grade	-	X
	sarscv2 30mcg trs-sucr b	Х	-

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codes Description Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	Not Covered	Preauthorization Require
scialmer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in becialty medications and should be directed to the Pharmacy link option within the website.	formation regardin	g immunizations, injectable drugs,
0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on		
fluoroscopic	Χ	-
0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on ct/mri	.,	
images	Х	-
055U Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism		.,
targets and two control targets), plasma	-	X
056U Hem aml dna gene rearrangement blood/bone marrow	-	Х
060U Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal	٧.	
blood	Х	-
064A Adm sarscov2 50mcg/0.25mlbst	Х	-
070U Cyp2d6 gen com&slct rar vrnt	-	X
071A Adm sarscv2 10mcg trs-sucr 1	Х	-
071T Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc	Х	
of	^	-
071U Cyp2d6 full gene sequence	-	X
072A Adm sarscv2 10mcg trs-sucr 2	Χ	-
0072T Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc	Х	
of	^	-
072U Cyp2d6 gen cyp2d6-2d7 hybrid	-	X
0073A Adm sarscv2 10mcg trs-sucr 3	Χ	-
073U Cyp2d6 gen cyp2d7-2d6 hybrid	-	X
074A Adm sarscv2 10mcg trs-sucr b	X	-
074U Cyp2d6 nonduplicated gene	-	X
075U Cyp2d6 5' gene dup/mlt	-	X
076U Cyp2d6 3' gene dup/mlt	-	X
0079U Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for	_	X
specimen identity verification		^
081A Adm sarscv2 3mcg trs-sucr 1	X	-
082A Adm sarscv2 3mcg trs-sucr 2	X	-
0083A Adm sarscv2 3mcg trs-sucr 3	Χ	-
084U Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell	_	X
antigens		
O087U Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue,	_	X
allograft rejection and injury algorithm reported as a pro		
1088U Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing	_	X
transplant biopsy tissue, algorithm reported as a probabil		
Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive	_	X
patch(es)		

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding ir	nmunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.	T T	
090U Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9	_	X
housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit		
091A Adm sarscov2 50 mcg/.5 ml1st	X	-
092A Adm sarscov2 50 mcg/.5 ml2nd	X	-
093A Adm sarscov2 50 mcg/.5 ml3rd	X	-
094A Adm sarscov2 50 mcg/.5 mlbst	X	-
O94U Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	X
095T Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list sepa	-	X
098T Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	Х	-
100T Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	Х	-
101T Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Х	-
101U Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial		.,
adenomatosis polyposis), genomic sequence analysis panel utilizing a	-	X
102T Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving	Х	_
later	, ,	
Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing	-	X
103U Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis		Х
panel utilizing a combination of ngs, sanger, mlpa, and arr	-	^
105U Neph ckd mult eclia tum nec	-	Χ
106T Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar	Х	-
Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	Х	-
Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv	Х	-
Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n	Х	-
Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	Х	-
111A Adm sarscov2 25mcg/0.25ml1st	Х	-
11U Onc colon ca kras&nras alys	-	X
12A Adm sarscov2 25mcg/0.25ml2nd	X	-
12U ladi 16s&18s rrna genes	-	Χ
13A Adm sarscov2 25mcg/0.25ml3rd	Х	-
13U Onc prst8 pca3&tmprss2- erg	_	Х

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

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regardin	g immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.		
	Do gnotyp art4 exon 2	X	-
	Fut1 gnotyp fut1 exon 4	X	-
	Fut2 gnotyp fut2 exon 2	Х	-
	Fy gnotyp ackr1 exons 1-2	X	-
	Ge gnotyp gypc exons 1-4	X	-
	Gypa gnotyp ntrns 1 5 exon 2	Х	-
	Gypb gnotyp ntrns 1 5 seux 3	X	-
	In gnotyp cd44 exons 2 3 6	Х	-
	Jk gnotyp slc14a1 exon 9	X	-
	Jr gnotyp abcg2 exons 2-26	X	-
	Kel gnotyp kel exon 8	Х	-
	Klf1 targeted sequencing	X	-
	Lu gnotyp bcam exon 3	Χ	-
	Lw gnotyp icam4 exon 1	X	-
198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	X	•
U891	Rhd&rhce gntyp rhd1-10&rhce5	Х	•
199U	Sc gnotyp ermap exons 4 12	Х	-
200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	Х	-
200U	Xk gnotyp xk exons 1-3	X	-
201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	Х	-
201U	Yt gnotyp ache exon 2	Х	-
	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	X	-
204U	Onc thyr mrna xprsn alys 593	-	Х
	Oph amd alys 3 gene variants	-	Х
	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Х	-
	Cytog const alys interrog	-	Х
	Onc pan-tum dna&rna gnrj seq	-	Х
	Rare ds gen dna alys proband	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
	Rare ds gen dna alys ea comp	-	Х
214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
214U	Rare ds xom dna alys proband	-	X
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
	fter a certain number of visits. Limits are dependent on plan and/or provider type		<u> </u>

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Codes	Description	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		
	Rare ds xom dna alys ea comp	-	X
02161	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
	Neuro inh ataxia dna 12 com	-	Χ
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
0217U	Neuro inh ataxia dna 51 gene	-	X
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
0218U	Neuro musc dys dmd seq alys	-	Χ
	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
0221U	Abo gnotyp next gnrj seq abo	_	Х
	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
0222U	Rhd&rhce gntyp next gnrj seq	-	Х
	Rx asy prsmv 30+rx/metablt	Х	-
	Onc prst8 ma molec prfl alg	-	X
0229U	Bcat1 promoter mthyltn alys	-	Χ
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	Х	-
0232U	Cstb full gene analysis	-	Χ
0233U	Fxn gene analysis	-	X
0234T	Trluml perip athrc renal art	X	-
0234U	Mecp2 full gene analysis	-	X
0235T	Trluml perip athrc visceral	X	-
	Pten full gene analysis	-	Χ
	Trluml perip athrc abd aorta	X	-
	Smn1&smn2 full gene analysis	-	X
	Trluml perip athrc brchiocph	X	-
	Car ion chnlpthy gen seq pnl	-	X
	Trluml perip athrc iliac art	X	-
0238U	Onc Inch syn gen dna seq aly	-	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in the control of the code of	nformation regarding	immunizations, injectable drugs,
pecialty medications and should be directed to the Pharmacy link option within the website.	т т	
239U Trgt gen seq alys pnl 311+	-	X
Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes,	-	X
interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	 	
Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants,		V
insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite	-	X
instability, utilizing formalin-fixed paraffinembedded tumor tissue	 	
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	-	×
246U Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red	_	X
blood cell antigens		
250U Onc sld org neo dna 505 gene	-	X
252U Ftl aneuploidy str alys dna	-	X
253T Insert aqueous drain device	X	-
253U Rprdtve med rna gen prfl 238	-	X
254U Reprdtve med alys 24 chrmsm	-	X
256U Tma/tmao prfl ms/ms ur alg	X	-
257U Vlcad leuk nzm actv whl bld	X	-
259U Neph ckd nuc mrs meas gfr	X	-
260U Rare ds id opt genome mapg	-	X
261U Onc clrct ca img alys w/ai	X	-
262U Onc sld tum rtpcr 7 gen	-	X
263T Im autol b1 mrw cel ther 1 leg compl incl hrvst	X	-
263U Neuro asd meas 16 c metblt	X	-
264T Im autol b1 mrw cel ther 1 leg compl xcl hrvst	Х	-
264U Rare ds id opt genome mapg	-	X
265T Im autol b1 mrw cel ther uni/bi hrvst only	X	-
265U Rar do whl gn&mtcdrl dna als	-	Χ
266T Impltj/rplcmt crtd sns brorflx actv dev tot sys	Х	-
266U Unxpl cnst hrtbl do gn xprsn	-	Χ
267T Impltj/rplcmt crtd sns brorflx actv dev lead uni	Х	-
267U Rare do id opt gen mapg&seq	-	X
268T Impltj/rplcmt crtd sns brorfix actv dev pls gen	X	-
268U Hem ahus gen seq alys 15 gen	-	X
269U Hem aut dm cgen trmbctpna 14	-	X
270U Hem cgen coagj do 20 genes	-	Χ
271U Hem cgen neutropenia 23 gen	-	X
272T Interrogation eval crtd sns brorflx actv sys	X	-
272U Hem genetic bld do 51 genes	-	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ct information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
273T Interrogation eval crtd sns brorflx w/progrmg	X	- -
273U Hem gen hyprfibrnlysis 8 gen	-	X
274T Perq lamot/lam any meth single/mlt lvl crv/thrc	X	-
274U Hem gen pltlt do 43 genes	-	X
275T Perq lamot/lam any meth single/mlt lvl lumbar	-	X
275U Hem heprn nduc trmbctpna srm	X	-
276U Hem inh thrombocytopenia 23	-	X
277U Hem gen pltlt funcj do 31	-	X
278T Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes	X	_
placement of electrodes).	^	
278U Hem gen thrombosis 12 genes	-	X
279U Hem vw factor&clgn iii bndg	X	-
280U Hem vw factor&clgn iv bndg	X	-
281U Hem vwd propeptide ag Ivl	X	-
282U Rbc dna gntyp 12 bld grp gen	X	-
283U Vw factor type 2b eval plsm	X	-
284U Vw factor type 2n eval plsm	Х	-
285U Onc rsps radj cll fr dna tox	-	Χ
286U Cep72 nudt15&tpmt gene alys	-	Χ
287U Onc thyr dna&mrna 112 genes	-	Х
288U Onc lung mrna quan pcr 11&3	-	Χ
295U Onc brst dux carc 7 proteins	X	-
296U Onc orl&/orop ca 20 mlc feat	-	Χ
297U Onc pan tum whl gen seq dna	-	Х
298U Onc pan tum whl trns seq rna	-	X
299U Onc pan tum whl gen opt mapg	-	X
300U Onc pan tum whl gen seq&opt	-	X
301U Adna bartonella ddpcr	Х	-
302U Adna brtnla ddpcr flwg lig	X	_
303U Hem rbc ads whl bld hypoxic	X	_
304U Hem rbc ads whl bld normoxic	X	-
305U Hem rbc fnclty&dfrm shr strs	X	-
306U Onc mrd nxt-gnrj alys 1st		Х
307U Onc mrd nxt-gnrj alys sbsq	_	X
308U Crd cad alys 3 prtn plsm alg	Х	-
309U Crd cv ds aly 4 prtn plm alg	X	
310U Ped vsclts kd alys 3 bmrks	X	<u>-</u>
311U Nfct ds bct quan antmcrb sc	X	<u>-</u>
312T Laps impltj nstim vagus	X	-

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des Description	Not Covered	Preauthorization Require
claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ct information regarding	immunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.		
312U Ai ds sle alys 8 igg autoant	X	-
Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array	X	_
and pulse generator		
313U Onc pncrs dna&mrna seq 74	-	X
314U Onc cutan mlnma mrna 35 gene	-	X
Onc cutan sq cll ca mrna 40	X	-
316T Replc vagus nerve pls gen	X	-
316U B brgdrferi lyme ds ospa evl	X	-
317T Elec analysis vagus nerve pls gen	X	-
317U Onc lung ca 4-prb fish assay	-	Χ
318U Ped whl gen mthyltn alys 50+	-	X
Neph rna pretrnspl perph bld	-	X
320U Neph rna psttrnspl perph bld	-	Х
321U ladna gu pthgn 20bct&fng org	Х	-
Neuro asd meas 14 acyl carn	Х	-
323U ladna cns pthgn next gen seq	X	-
324U Onc ovar sphrd cell 4 rx pnl	Х	-
325U Onc ovar sphrd cell parp	Х	-
326U Trgt gen seq alys pnl 83+	-	X
328U Drug assay 120+ rx&metablt	X	=
329T Mntr io press 24hrs/> uni/bi	Х	=
329U Onc neo xome&trns seq alys	-	Х
330T Tear film img uni/bi w/i&r	Х	-
330U ladna vag pthgn panel 27 org	X	-
331T Heart symp image plnr	Х	-
331U Onc hI neo opt gen mapping	-	Х
332T Heart symp image plnr spect	X	-
332U Onc pan tum gen prflg 8 dna	-	Х
333T Visual ep acuity screen auto	X	-
333U Onc lvr surveilanc hcc cfdna	-	Х
334U Onc sld orgn tgsa dna 84/+	_	X
335T Extraosseous joint stblztion	Х	-
335U Rare ds whl gen seg fetal		X
336U Rare ds whi gen seq bld/siv		X
337U Onc plsm cell do & myeloma id	X	<u> </u>
338T Trnscth renal symp denry unl	X	<u> </u>
338U One sld tum creg tum el slet	X	-
339T Trnscth renal symp denry bil	X	-
339U Onc prst8 mrna hoxc6 & dlx1	^	X

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^{**}Preauth after 3rd rental month when criteria not met.



des Description	Not Covered	Preauthorization Require
claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website.	e coding lists do not reflect information regarding	immunizations, injectable drugs, o
340U Onc pan ca alys mrd plasma		X
S41U FtI aneup dna seq cmpr alys	- V	X
342T Thxp apheresis w/hdl delip	X	-
342U Onc pncrtc ca mult ia eclia	X	- -
343U Onc prst8 xom aly 442 sncrna	-	X
Hep nafld semiq evl 28 lipid	X	-
846U Beta amyl aβ40 & aβ42 lc-ms/ms	X	-
Ins bone device for rsa	X	-
Rsa spine exam	X	-
Rsa upper extr exam	X	-
Rsa lower extr exam	X	-
351T Intraop oct brst/node spec	X	-
351U Nfct ds bct/viral trail ip10	X	-
352T Oct brst/node i&r per spec	X	-
B53T Intraop oct breast cavity	X	-
353U ladna chlmyd & gonorr amp prb	X	-
354T Oct breast surg cavity i&r	X	-
B54U Hpv hi rsk qual mrna e6/e7	X	-
355U Apol1 risk variants	-	Χ
356U Onc orop 17 dna ddpcr alg	-	Χ
357U Onc mlnma ai quan alys 142	X	-
Bia whole body	X	-
858U Neuro alys β-amyl 1-42&1-40	Х	-
359U Onc prst8 ca alys all psa	X	-
861U Neurflmnt It chn dig ia quan	X	-
362T Expose behav assessment	X	-
362U Onc pap thyr ca rna 82&10	-	Х
363U Onc urthl mrna 5 gen alg	-	Х
364U Onc hl neo gen seq alys alg	-	Х
368U Onc circt ca mut&mthyltn mrk	-	X
369U ladna gi pthgn 31 org&21 arg	_	X
B70U ladna surg wnd pthgn 34&21	_	X
1371U ladna gu pthgn semiq dna16&1	-	X
872U Nfct ds gu pthgn arg detcj	_	X
B73T Exposure behavior treatment	X	
B73U ladna rsp tr nfct 17 8 13&16	-	X
874U ladna gu pthgn 21 org&21arg		X
875U Onc ovrn bchm asy 7 prtn alg		^ X
376U Onc prst8 ca img alys 128	- X	

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	edications and should be directed to the Pharmacy link option within the website.	,	
	Cv ds quan advsrm/plsm lprtn	-	X
	Visual field assmnt rev/rprt	Х	<u>.</u>
	Rfc1 repeat xpnsj vrnt alys	-	X
	Vis field assmnt tech suppt	Х	-
	Tgsap sl or neo dna523&rna55	-	X
	Rx metb advrs trgt sq aly 20	-	X
	Maple syrup ur ds mntr quan	X	<u>-</u>
	Hyprphenylalninmia mntr quan	X	-
	Tyrosinemia typ i mntr quan	X	-
	Neph ckd rsk hi stg kdn ds	X	-
)385U	Neph ckd alg rsk dbtc kdn ds	X	-
)386U	Gi barrett esoph mthyltn aly	X	-
)387U	Onc mlnma ambra1&amlo	Х	-
)388U	Onc nonsm cll lng ca 37 gen	X	-
389U	Ped fbrl kd ifi27&mcemp1 rna	Х	-
)390U	Ob pe kdr eng&rbp4 ia alg	Х	-
	Onc sld tum dna&rna 437 gen	-	X
	Rx metab genrx ia 16 genes	-	X
	Neu prksn msfl α-syncin prtn	Х	-
)394U	Pfas 16 pfas compnd lc ms/ms	Х	-
	Onc Ing multiomics plsm alg	Х	-
	Ob preimpltj tst 300000 dna	Х	-
	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)	Х	-
)398T	Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation	-	Х
398U	Gi baret esph dna mthyln aly	Х	-
	Ob xpnd car scr 145 genes	-	X
	Crd c hrt ds 9 gen 12 vrnts	Х	-
	Oncology (solid tumor), dna (80 genes) and rna (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	-	Х
	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	-	Х
)413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, dna from blood or bone marrow, report of clinically significant alterations	-	Х

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, o
	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker	-	Х
)417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder–associated genetic variants	-	X
419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	-	Х
403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting	Х	-
408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Х	-
	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	X	-
	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	X	-
	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	X	-
416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Х	-
	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	Х	-
418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr	Х	-
419T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata	Х	-
420T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata	Х	-
120U	Oncology (urothelial), mrna expression profiling by real-time quantitative pcr of mdk, hoxa13, cdc2, igfbp5, and cxcr2 in combination with droplet digital pcr (ddpcr) analysis of 6 single-nucleotide polymorphisms (snps) genes tert and fgfr3, urine, algorithm reported as a risk score for urothelial carcinoma	-	Х
421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		
	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Х	-
0422U	Oncology (pan-solid tumor), analysis of dna biomarker response to anti-cancer therapy using cell-free circulating dna, biomarker comparison to a previous baseline pre-treatment cell-free circulating dna analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	-	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	-	Х
	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), exosomebased analysis of 53 small noncoding rnas (sncrnas) by quantitative reverse transcription polymerase chain reaction (rtqpcr), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	Х	-
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Χ	-
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	Х	-
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	-	Х
	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Х	-
)427U	Monocyte distribution width, whole blood	Х	-
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Χ	-
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	-	Х
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Χ	-
)430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Х	-
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	X	-
)431U	Glycine receptor alpha1 igg, serum or cerebrospinal fluid (csf), live cell-binding assay (lcba), qualitative	Х	-
	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Х	-
	Kelch-like protein 11 (klhl11) antibody, serum or cerebrospinal fluid (csf), cell-binding assay, qualitative	Χ	-
)433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Х	-
)433U	Oncology (prostate), 5 dna regulatory markers by quantitative pcr, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Х	-
)434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Х	-
	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	-	Х
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (cscs), from cultured cscs and primary tumor		
7-000	cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug	×	_
	combinations		_
)436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during	<u> </u>	
, 1001	sleep study	X	-
)436U	Oncology (lung), plasma analysis of 388 proteins, using aptamerbased proteomics technology, predictive algorithm	.,	
	reported as clinical benefit from immune checkpoint inhibitor therapy	X	-
)437T	Impltj synth rnfcmt abdl wal	X	-
437U	Psychiatry (anxiety disorders), mrna, gene expression profiling by rna sequencing of 15 biomarkers, whole blood,	Х	
	algorithm reported as predictive risk score	\ \ \	-
)438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant		
	analysis of 33 genes, including deletion/duplication analysis of cyp2d6, including reported phenotypes and impacted	X	-
	genedrug interactions		
)439T	Myocrd contrast prfuj echo	X	-
439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050		
	[LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144		
	[ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548	X	-
	[intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-		
	tiered risk score for a 3-year risk of symptomatic CHD		
)440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Х	-
440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987		
	[LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA],		
	rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056		
	[TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO],	X	-
	cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood,		
	algorithm reported as detected or not detected for		
	CHD		
441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	X	-
441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability	X	
	cytometry), whole blood, with algorithmic analysis and result reported as an index	^	-
442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial	×	
	plexus, pudendal nerve)	^	-
442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP),	х	
	fingerstick whole blood specimen, each biomarker reported as present or absent		<u> </u>
	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	X	-
	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	X	-
)444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion,	X	_
	unilateral or bilateral		<u>-</u>

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

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	edications and should be directed to the Pharmacy link option within the website.		
	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	X	-
	body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor		
0.4571.1	(TNFi) therapy		
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by	X	-
	LC-MS/MS, plasma or serum, quantitative		
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme linked immunosorbent assay (ELISA), tear fluid with age,	X	-
0.1-011	algorithm reported as a risk score		
0459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio	X	_
	reported as positive or negative for amyloid pathology		
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24	X	_
	genes, with variant analysis and reported phenotypes		
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	Х	-
	phenotypes		
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent	Х	_
	assay (ELISA), saliva, screening/preliminary		
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	Х	_
	(NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical	^	
	dysplasia or cancer for each biomarker		
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers,		
	including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin),	X	-
	utilizing stool, algorithm reported as a positive ornegative result		
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic		Χ
	analysis reported as positive or negative	-	^
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	X	-
	as polygenic risk to acquired heart disease		
0467U	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine,		
	algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	Х	-
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and	Х	
	whole blood, algorithm reported as a single score for NASH activity and fibrosis		
0469T	Rta polarize scan oc scr bi	X	-

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-	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	-	X
0470T	cell contamination Oct skn img acquisj i&r 1st	Х	
		X	<u> </u>
0471T	Oct skn img acquisj i&r addl	Х	-
	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations	-	Х
)472T	Prgrmg io rta eltrd ra	Х	-
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome	Х	-
)473T	Reprgrmg io rta eltrd ra	Х	-
0473U	Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	-	X
0474T	Insj aqueous drg dev io rsvr	Х	-
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	Х	-
0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	-	Х
	Rec ftl car sgl elec tr data	X	-
	Rx metab psyc 14gen&cyp2d6	Х	-
	Rec ftl car sgl xrtj alys	X	-
	Rx metab psy 14&cyp2d6 gn-rx	X	-
	Rec ftl car 3 ch rev i&r	Х	- V
14 / XL	Onc nsclc dna&rna dpcr 9gens	- X	X
	Fractional abl Isr fenestration first 100 sqcm		

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^{**}Preauth after 3rd rental month when criteria not met.



odes Description	Not Covered	Preauthorization Required
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, and the services are updated quarterly.	ionally, these coding lists do not reflect information regarding	immunizations, injectable drugs, c
ecialty medications and should be directed to the Pharmacy link option within the website.		
480T Fractional abl Isr fenestration ea addl 100 sqcm	X	-
480U Nfct ds csf metag ngs alys	X	-
481T Njx autol wbc concentr inc img gdn hrv & prep	X	-
481U Idh1 idh2&tert promoter ngs	-	X
482U Ob pe biochem asy sflt1&plgf	X	-
483T Tmvi w/prosthetic valve percutaneous approach	X	-
483U Nfct ds ng gyra s91f pt mut	X	-
484T Tmvi w/prosthetic valve transthoracic exposure	Х	-
484U Nfct ds mgen 23s rrna pt mut	X	-
485T Oct middle ear with i&r unilateral	X	-
485U Onc sol tum cfdna&rna ngs gm j	-	Χ
486T Oct middle ear with i&r bilateral	X	-
486U Onc pan sol tum ngs cfctdn	X	-
487T Transvaginal biomechanical mapping w/report	X	-
487U Onc sol tum cfcdna tgsap 84	X	-
488T Diabetes prev online/electronic prgrm pr 30 days	X	-
488U Ob fetal ag nipt cfdna alys	-	X
489T Autol regn cell tx scleroderma hands	X	-
489U Ob sgnipt cfdna seq alys 1+	-	X
490T Autol regn cell tx scldr mlt inj one or both hands	X	-
490U Onc cutan/uveal mlnma cd146	X	-
491T Abl laser tx open wnd pr day 1st 20 sqcm or less	X	-
491U Onc sol tum ctc slct er prtn	Х	-
492T Abl laser tx open wnd pr day addl 20 sqcm	X	-
492U Onc sol tum ctc slctn pd-I1	Х	-
493T Near infrared spectroscpy studies low ext wounds	Х	-
493U Trnspl med quan dd-cfdna ngs	-	Х
494T Prep & cannulj cdvr don Ing orgn prfuj sys	Х	-
494U Rbc ag ftl rhd gene alys ngs	-	Х
495T Init & mntr cdvr don Ing orgn prfuj sys 1st 2 hr	X	-
495U Onc prst8 alys crcg plsm prt	X	-
496T Mntr cdvr don Ing orgn prfuj sys ea addl hr	X	-
496U Onc circt cfdna 8/7 genes	X	-
497T Xtrnl pt act ecg w/o attn mntr in-office conn	X	-
497U Onc prst8 mrna rt-pcr 6genes	-	Х
498T Xtrnl pt act ecg w/o attn mntr r&i pr 30 days	X	-
498U Onc circt ngs mut detc 43gen	<u> </u>	Х
499T Cysto w/dil & urtl rx del f/urtl strix/stenosis	X	-
499U Onc circt&ing dna ngs 8genes		X

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Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.	1 1/	
0500U Autoinflam ds vexas synd dna	X	-
0501U Onc clrc bld quan meas cfdna	X	-
D502U Hpv e6/e7 mrk hirsk typ crv	X	-
0503U Neuro alz ds βamylτ prtn	X	-
0504U Nfct ds uti id 17 path orgs	Х	-
D505U Nfct ds vag infctj id 32orgs	Х	-
0506U Gi barretts esophgl cell 89	X	-
0507U Onc ovr dna whole gen w/5hmc	X	-
508U Trnsplj med ddcfdna 40 snps	-	X
0509U Trnsplj med ddcfdna	-	Χ
510U Onc pncrtc ca alg alys 16gen	X	-
511U Onc sol tum 3dmicroenvir 36+	X	-
512U Onc prst8 alys dgtz img msi	X	-
513U Onc prst8 alg alys msi&hrd	X	-
514U Gi ibd ia quan deter adl lvl	Х	-
515U Gi ibd ia quan deter ifx lvl	Х	-
516U Rx metab rxgenomic gnotyp 40	Х	-
517U Ther rx mntr 80+ psyactiv rx	Х	_
518U Ther rx mntr 90+ pn&mtl hlth	Х	_
519U Ther rx mntr meds p/d/a 110+	Х	_
520U Ther rx mntr 200+ rx/sbsts	X	-
500F Initial prenatal care visit	X	-
501F Prenatal flow sheet documented in medical record by first prenatal visit	X	_
1501T Cor ffr derived cta data assess cor art disease	-	X
1502F Subsequent prenatal care visit	X	-
502T Cor ffr derived cta data prep & transmis	-	X
503F Postpartum care visit2	X	^_
1503T Cor ffr cta data alys & gnrj estimated ffr model	-	X
504T Cor ffr cta data arys & grirj estimated in model	-	X
15041 Col III cla data review willterpj & linal report 1505F Hemodialysis plan of care documented (esrd)	X	^
1505F Fremodiarysis plan of care documented (esid)		
	X	-
506T Mac pgmt optical dns meas hfp uni/bi w/i&r	X	-
507F Peritoneal dialysis plan of care documented (esrd)	X	-
508T Pls echo us b1 dns meas indic axl b1 min dns tib	X	-
Urinary incontinence plan of care documented (ger)	X	-
510T Removal of sinus tarsi implant	X	-
511T Removal and reinsertion of sinus tarsi implant	Х	-
Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing	X	-
care; initial wound		

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	edications and should be directed to the Pharmacy link option within the website.	3 3	, , ,
513F	Elevated blood pressure plan of care documented (ckd)1	X	-
513T	Esw integ wnd hlg ea addl	X	-
514F	Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis-stimulating agent (esa) thera	Х	-
514T	Intraoperative visual axis identification using patient fixation (list separately in addition to code for primary procedure)	Х	-
515T	Insj wcs Iv compl sys	Х	-
516F	Anemia plan of care documented (esrd)1	Х	-
	Insj wcs Iv eltrd only	Х	-
	Glaucoma plan of care documented (ec)5	Х	-
517T	Insj wcs Iv pg compnt	X	-
518F	Falls plan of care documented (ger)5	Х	-
518T	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	Х	-
519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initia	Х	-
519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Х	-
520F	Normal tissue dose constraints established within five treatment days from the initiation of a course of 3d conformal ra	Х	-
520T	Rmvl&rplcmt pg wcs new eltrd	Х	-
	Plan of care to address pain documented (onc)1	Х	-
	Interrog dev eval wcs ip	Х	-
	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	Х	-
522T	Prgrmg dev eval wcs ip	Х	-
	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiqualitative, blood	Х	-
523T	Ntrapx c ffr w/3d funcjl map	Х	-
523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	-	Х
524T	Ev cath dir chem ablti w/img	Х	-
	Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value	Х	-
	Initial visit for episode (bkp)2	Х	-
	Insj/rplcmt compl ims	Х	-
	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	Х	-

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odes	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, o
	edications and should be directed to the Pharmacy link option within the website.		
	Subsequent visit for episode (bkp)2	X	<u>-</u>
	Insj/rplcmt iims eltrd only	Χ	-
J526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time	X	-
)527T	Insj/rplcmt iims implt mntr	Х	
	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen	^	-
13270	reported as detected or not detected		
)EOOE	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report		
)528F		X	-
)FOOT	(end/polyp)		
)528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of	X	-
	programmed values, with analysis, review, and report		
	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	X	-
	detected with semiquantitative results for 15 bacteria		
	Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)	Х	-
)529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Х	-
529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2		
	and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	X	-
		X	
)530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete		
	system (electrode and implantable monitor)	X	-
)530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions,		
	microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber	X	_
	alterations, with therapy association	^	
)531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode		
,0011	only	X	-
53111	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), nextgeneration sequencing, plasma		
10010	illiectious disease (acid-last bacteria and invasive fungi), DIVA (075 organisms), hextgeneration sequencing, plasma	X	-
)532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable		
	monitor only	X	-
	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing		
3320	for singlenucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal		Х
	or tissue sample, results reported as positive or negative	-	^
		Х	
	Contined mymt do 6-10 days Drug metabolism (adverse drug recetions and drug recepence), geneturing of 16 genes (in ARCC2, CVR2R6)	^	-
	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6,		
	CYP2C9, CYP2C19, CYP2C6, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT,	Х	-
	UGT1A1, VKORC1), reported as metabolizer status and transporter function		
	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to liter a certain number of visits. Limits are dependent on plan and/or provider type.	X	-

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odes sclaimer:	Description Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	Not Covered formation regarding	Preauthorization Require immunizations, injectable drugs,
ecialty m	edications and should be directed to the Pharmacy link option within the website.		. , ,
534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using	Х	=
)535F	Dyspnea management plan of care, documented (pall cr)	Χ	-
)535T	Cont rec mvmt do reprt cnfig	Х	-
)535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative	X	-
536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	Х	-
536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status	Х	-
537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, nextgeneration sequencing, >2500	Х	-
538U	Oncology (solid tumor), nextgeneration targeted sequencing analysis, formalin-fixed paraffinembedded (FFPE) tumor	Х	-
539U	Oncology (solid tumor), cellfree circulating tumor DNA (ctDNA), 152 genes, nextgeneration sequencing, interrogation	Х	-
540F	actionability reported as actionable variant	Х	=
540U	Transplantation medicine, quantification of donorderived cell-free DNA using next-generation sequencing analysis of	-	X
541T	Myocardial imaging mcg	Х	-
541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score	Х	-
542T	Myocardial imaging mcg i&r	Х	-
542U	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	-
543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Х	-
543U	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	-	Х
544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Х	-
544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA form plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	-	Х
545F	Plan for follow-up care for major depressive disorder, documented (mdd adol)	Χ	
545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	×	-
545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative	×	-
	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Х	-

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	Description	Not Covered	Preauthorization Required
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-	rdications and should be directed to the Pharmacy link option within the website.		
	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live	X	-
	cells, reported as positive or negative		
	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	X	-
	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	X	-
	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma	Х	=
	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)	Х	-
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	X	_
	volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade	^	
	prostate cancer		
	Cytopath report-nongyn spcmn	Χ	-
	Cytopath report non-routine	Х	-
D551U	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	Х	
	qualified health care professional	^	
	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from		
	trophectoderm biopsy, linkage analysis of diseasecausing locus, and when possible, targeted mutation analysis for	-	X
	known familial variant, reported as low-risk or high-risk for familial genetic disorder		
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		Χ
	score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy,	-	^
	trisomy, segmental aneuploidy, or mosaic, per embryo tested		
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	X	-
	fracture risk and bone mineral density, interpretation and report		
)554U	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,	-	Χ
	with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo		
	tested		
055 <u></u> 5F	Symptom management plan of care documented (hf)	Х	_
	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data	Х	
	from a computed tomography scan; retrieval and transmission of the scan data	^	-

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odes	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
	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
556F	Plan of care to achieve lipid control documented (cad)	Х	-
	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	X	-
557F	Plan of care to manage anginal symptoms documented (cad)	Х	-
	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report	Х	-
558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Χ	-
558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	Х	-
559T	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Х	-
559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	Х	-
560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (list separately in addition to code for primary procedure)	Х	-
560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	Х	-
561T	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	Х	-
561U	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
562T	Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide (list separately in addition to code for primary procedure)	Х	-
62U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	-	Х
63T	Evac meibomian glnd heat bi	Х	-
	Autol cell implt adps hrvg	Х	
565U	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	-	Х

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odes	Description	Not Covered	Preauthorization Require
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding i	mmunizations, injectable drugs,
	Autol cell implt adps njx	Х	
	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	-	Х
567U	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
568U	Neurology (dementia), beta amyloid (Αβ40, Αβ42, Αβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology	Х	-
569T	Ttvr perq appr 1st prosth	Х	-
569U	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	-	х
570T	Ttvr perq ea addl prosth	Χ	-
570U	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	Х	-
571T	Insj/rplcmt icds ss eltrd	Х	-
	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single- nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	-	Х
572T	Insertion ss dfb electrode	Х	-
572U	Oncology (prostate), highthroughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	-	Х
573T	Removal ss dfb electrode	Х	-
573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	Х	-
	Repos prev ss impl dfb eltrd	Х	-
574U	Mycobacterium tuberculosis, culture filtrate protein–10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS	Х	-
575F	Hiv rna control plan of care, documented (hiv)	Х	-
	Prgrmg dev eval icds ss ip	Х	-
	Interrog dev eval icds ss ip	Х	-
	Ephys eval icds ss	Х	-

^{*}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.



odes Description	Not Covered	Preauthorization Required
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the project of the proje	hese coding lists do not reflect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
578T Rem interrog dev icds phys	X	-
579T Rem interrog dev icds tech	X	-
580F Multidisciplinary care plan	X	-
580T Rmvl ss impl dfb pg only	X	-
581F Pt trnsfrd from anesth to cc	X	-
581T Abltj mal brst tum perq crtx	X	-
582F No trnsfr from anesth to cc	X	-
582T Trurl abltj mal prst8 tiss	X	-
583F Transfer care checklist used	X	-
583T Tmpst auto tube dlvr sys	X	-
584F No transfer care chklist used	X	-
584T Perq islet cell transplant	X	-
585T Laps islet cell transplant	X	-
586T Open islet cell transplant	X	-
587T Perq impltj/rplcmt isdns ptn	X	-
588T Revision/removal isdns ptn	X	-
589T Elec alys smpl prgrmg iins	X	-
590T Elec alys cplx prgrmg iins	X	-
591T Hlth&wb coaching indiv 1st	X	-
592T Hlth&wb coaching indiv f-up	X	-
593T Hlth&wb coaching group	X	-
594T Osteot hum xtrnl lngth dev	X	-
596T Temp fml iu vlv-pmp 1st insj	X	-
597T Temp fml iu valve-pmp rplcmt	X	-
598T Nente r-t fluor wnd img 1st	Х	-
599T Ncntc r-t fluor wnd img ea	X	-
600T Ire ablti 1+tum organ perg	X	-
601T Ire abltj 1+tumors open	X	_
602T Transdermal gfr measurements	X	-
603T Transdermal gfr monitoring	X	-
604T Rem oct rta dev setup&educaj	X	-
605T Rem oct rta techl sprt min 8	X	-
606T Rem oct rta phys/qhp ea 30d	X	-
607T Rem mntr pulm flu mntr setup	X	_
608T Rem mntr pulm flu mntr alys	X	
609T Mrs disc pain acquisj data	X	<u>-</u>
610T Mrs disc pain transmis data	X	<u> </u>
611T Mrs disc pain transmis data	X	<u> </u>
612T Mrs disc pain aig aiys data 612T Mrs discogenic pain i&r	X	<u> </u>

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	nedications and should be directed to the Pharmacy link option within the website.		
	Perq tcat intratrl septl sht	X	-
	Rmvl&rplcmt ss impl dfb pg	Х	-
	Eye mvmt alys w/o calbrj i&r	Х	-
	Cysto w/prst8 commissurotomy	Х	-
	Evasc ven artlz tibl/prnl vn	Х	-
	Trabeculostomy interno laser	Х	-
	Trabeculostomy int lsr w/scp	X	-
	Auto quantification c plaque	-	X
	Auto quan c plaq data prep	-	Χ
	Auto quan c plaq cptr alys	-	X
	Auto quan c plaq i&r	-	X
0627T	Perq njx algc fluor Imbr 1st	Χ	-
0628T	Perq njx algc fluor Imbr ea	X	-
0629T	Perq njx algc ct lmbr 1st	Χ	-
0630T	Perq njx algc ct lmbr ea	Χ	-
0631T	Tc vis lit hyperspectral img	Х	-
0632T	Perq tcat us abltj nrv p-art	Х	-
0633T	Ct breast w/3d uni c	Х	-
0634T	Ct breast w/3d uni c+	Х	-
0635T	Ct breast w/3d uni c-/c+	Х	-
0636T	Ct breast w/3d bi c	Х	-
0637T	Ct breast w/3d bi c+	Х	-
0638T	Ct breast w/3d bi c-/c+	Х	-
0639T	Wrls skn snr anisotropy meas	Х	-
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin,		
	oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound	X	-
	3 3 7 3 1 7 1 7 1		
0641T	Image acquisition only, each flap or wound	Х	-
0642T	Interpretation and report only, each flap or wound	Х	-
	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left		
	ventriculography when performed, arterial approach	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	X	_
	guidance, when performed	~	
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart		
00401	catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and	x	_
	interpretation, when performed	^	-
	Interpretation, when performed		

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Codes	Description	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website. Transcatheter tricuspid valve implantation/replacement (ttvi) with prosthetic valve, percutaneous approach, including		
00401	right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography,	×	_
	when performed	^	-
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image		
00471	documentation and report	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	-
	anagnostic fill examination of the same anatomy (eg, organ, giana, tissue, target structure) during the same session		
)649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including		
	multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic		
	mri examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for	X	-
	primary procedure)		
650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of		
	the implantable device to test the function of the device and select optimal permanently programmed values with	X	-
	analysis, review and report by a physician or other qualified health care professional		
651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of	.,	
	capsule, with interpretation and report	Х	-
652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or	V	
	washing, when performed (separate procedure)	Х	-
653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Х	-
	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Х	-
	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused	Х	
	images or other enhanced ultrasound imaging	^	=
656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Х	-
657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Х	-
658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Χ	-
659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary		
	revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy),	X	-
	angiography, and radiologic supervision and interpretation		
660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Х	-
661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	X	-
	Scalp cooling, mechanical; initial measurement and calibration of cap	Х	-
663T	Placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	Х	-
00.4T			
	Donor hysterectomy (including cold preservation); open, from cadaver donor	X	-
	Donor hysterectomy (including cold preservation); open, from living donor	X	-
1666 l	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, o
	•		
)667 I	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	X	-
668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection		
	and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Х	-
669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Х	-
670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Х	-
)671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and		Х
	without concomitant cataract removal, one or more	-	Λ
)672T	Ndovag cryg rf remdl tiss	X	-
673T	Abltj b9 thyr ndul perq lasr	X	-
674T	Laps insj nw/rpcmt prm isdss	X	-
)675T	Laps insj nw/rpcmt isdss 1ld	X	-
676T	Laps insj nw/rpcmt isdss ea	X	-
	Laps repos lead isdss 1st ld	Х	-
	Laps repos lead isdss ea add	Х	-
	Laps rmvl lead isdss	Х	-
680T	Insi/rplcmt pg only isdss	Х	-
681T	RIcj pulse gen only isdss	Х	-
	Removal pulse gen only isdss	Х	-
	Prgrmg dev eval isdss ip	Χ	-
	Peri-px dev eval isdss ip	Х	-
	Interrog dev eval isdss ip	Х	-
	Histotripsy mal hepatcel tis	Х	-
	Tx amblyopia dev setup 1st	Х	-
	Tx amblyopia assmt w/report	Х	-
	Quan us tis charac w/o dx us	Х	-
	Quan us tis charac w/dx us	X	_
	Auto alys xst ct std vrt fx	X	_
	Therapeutic ultrafiltration	X	-
	Compre ful bdy 3d mtn alys	X	_
	3d vol img&rcnstj brst/ax	X	_
	Bdy srf mpg pm/cvdfb tm impl	X	_
	Bdy surf mapg pm/cvdfb f/up	X	_
	Quan mr tis wo mri mlt orgn	X	-
	Quan mr tiss w/mri mlt orgn	X	
	Njx pst chmbr eye medication	X	

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0700T Molec fluor img sus nev 1st	X	-
0701T Molec fluor img sus nev ea	X	-
7702T Rem ther mntr ol tech sprt	X	-
7703T Rem ther mntr ol cog bhv	X	-
7704T Rem tx amblyopia setup&edu	X	-
7705T 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	-
7711T N-nvs artl plaq alys dat prp	X	-
712T N-nvs artl plaq alys quan	X	-
713T N-nvs artl plaq alys rvw i&r	X	-
0714T Tprnl lsr ablt b9 prst8 hypr	X	-
715T Perq trluml coronry lithotrp	X	-
716T Car acous wavfrm rec cad rsk	X	-
717T Adrc ther prtl rc tear	Х	-
1718T Adrc ther prtl rc tear njx	Х	-
1719T Pst vrt jt rplcmt lmbr 1 sgm	Х	-
1720T Prg elc nrv stim cn wo implt	Х	-
721T Quan ct tiss charac w/o ct	X	-
722T Quan ct tiss charac w/ct	X	-
1723T Qmrcp w/o dx mri sm anat ses	X	-
0724T Qmrcp w/dx mri same anatomy	X	-
725T Vestibular dev implti uni	X	-
726T Rmvl implt vstibular dev uni	X	-
7727T Rmvl&rplcmt implt vstblr dev	X	-
7728T Dx alys vstblr implt uni 1st	X	_
1729T Dx alys vstblr implt uni sbq	X	_
1730T Trabeculotomy Isr w/oct gdn	X	-
1731T Augmnt ai-based fcl phnt a/r	X	
1732T Immntx admn electroporatn im	X	<u> </u>
1733T Rem bdy&lmb knmtc ther sply	X	<u> </u>
07331 Rem bdy&imb knimc ther spry	X	<u> </u>
, ,	X	
7735T Prep tum cav iort prim crnot	X	-
7736T Colonic lavage 35+l water		-
7737T Xenograft impltj artclr surf	X	-
0738T Tx pln mag fld abltj prst8	X	-

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	edications and should be directed to the Pharmacy link option within the website.		T
	Smmg cncrnt appl imu snr	X	-
	Gi myoelectrical actv study	X	-
	Instlj fecal microbiota ssp	X	-
	Brnchsc rf dstrj pulm nrv bi	X	-
	Brnchsc rf dstrj plm nrv uni	X	-
	Tc auriculr neurostimulation	Χ	-
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Χ	-
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Х	-
	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	Х	-
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Х	-
0788T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters	Х	-
0789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters	X	-
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed		
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to code for primary procedure)	Х	-
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professiona	Х	-
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Х	-
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	Х	-
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Х	-

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	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	x	-
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Х	-
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	Х	-
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	Х	-
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamberleadless pacemaker system)	Х	-
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	х	-
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	Х	-
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	Х	-
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	Х	-
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); percutaneous femoral vein approach	Х	-

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	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); open femoral vein approach	Х	-
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (ct) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	Х	-
7808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (ct) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	Х	-
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)	Х	-
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 of equipment	Х	-
)812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	Х	-
)813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	Х	-
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	Х	-
)815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	Х	-
)816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	Х	-
)817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	Х	-
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	Х	-
)819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	Х	-
)820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	Х	-
)821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	Х	-

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	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	х	-
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	Х	-
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	Х	-
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	Х	-
0826T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	Х	-
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	Х	-
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)	Х	-
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)	Х	-
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	х	-
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	Х	-
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	Х	-
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)	Х	-
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	Х	-
0835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)	х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect edications and should be directed to the Pharmacy link option within the website.	information regarding	immunizations, injectable drugs, o
	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic	1	
10301	study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in	x	
	addition to code for primary procedure)	^	-
837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report		
103/1		X	-
OOOT	(List separately in addition to code for primary procedure)		
838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List	X	-
-000T	separately in addition to code for primary procedure)		
839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides	X	-
0.40=	(List separately in addition to code for primary procedure)		
840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with	X	-
	report on referred material (List separately in addition to code for primary procedure)		
841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen	X	_
	section(s), single specimen (List separately in addition to code for primary procedure)	^	
)842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with	x	_
	frozen section(s) (List separately in addition to code for primary procedure)	^	
843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch	l x	_
	preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	^	
)844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch		
	preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	X	-
)845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure	Х	
	(List separately in addition to code for primary procedure)	^	-
)846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain	V	
	procedure (List separately in addition to code for primary procedure)	X	-
)847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed)		
	tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary	X	_
	procedure)		
848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain		
	procedure (List separately in addition to code for primary procedure)	X	-
849T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe		
	stain procedure (List separately in addition to code for primary procedure)	X	-
850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain		
0001	procedure (List separately in addition to code for primary procedure)	X	-
851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
70011	semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for	X	
		^	-
852T	primary procedure) Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or	+	
1 Sco			
	semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to	X	-
	code for primary procedure) Ifter a certain number of visits. Limits are dependent on plan and/or provider type		

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	•
	edications and should be directed to the Pharmacy link option within the website.		
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
	semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for	X	-
	primary procedure)		
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List	X	_
	separately in addition to code for primary procedure)		
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for	X	_
	primary procedure)		
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for	X	_
	primary procedure)		
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation,	X	_
	augmentative analysis and report (List separately in addition to code for primary procedure)		
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with	Χ	_
	automated report		_
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue		
	oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each	Х	_
	additional anatomic site (List separately in addition to code for primary procedure)	^	-
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue		
	oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition,	X	-
	interpretation, and report, one or both lower extremities		
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation	Х	
	and programming; transmitter component only	^	-
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or	Х	
	equal to 50 mL	^	ı
0868T	High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation and	Х	
	report	^	-
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including	Х	
	intraoperative imaging guidance, when performed	^	-
0870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation,		
	insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and	X	-
	initial programming, when performed		
0871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling	V	
	bladder and peritoneal catheters, including initial programming and imaging, when performed	Х	-
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with		
	previously implanted peritoneal ascites pump, including imaging and programming, when performed	Х	-
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated		
	peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	X	-
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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i edications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs,
	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	Х	-
	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	Х	-
	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	X	-
	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Х	-
878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	Х	-
879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	Х	-
880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	Х	-
881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	Х	-
882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	Х	-
883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	Х	-
884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	Х	-
885T	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Х	-
386T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Х	-
	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	Х	-
388T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Х	-

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	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in nedications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs, or
	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation	х	-
890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	Х	-
0891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Х	-
)892T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	Х	-
)893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	Х	-
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Х	-
)895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	Х	-
)896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)	х	-
)897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	х	-
)898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	Х	-
899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	х	-
900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	х	-
901T	Placement of bone marrow sampling port, including imaging guidance when performed	Х	-

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	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in nedications and should be directed to the Pharmacy link option within the website.	nformation regarding in	mmunizations, injectable drugs, o
	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	Х	-
)903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	Х	-
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	Х	-
)905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	Х	-
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	Х	-
)907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	Х	-
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Х	-
)909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Х	-
)910T	Removal of integrated neurostimulation system, vagus nerve	Х	-
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	Х	-
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	Х	-
)913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	х	-
)914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)	х	-
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	Х	-
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	Х	-

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	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in nedications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, c
	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	Х	-
918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	Х	-
)919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	Х	-
)920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Х	-
)921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Х	-
)922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	Х	-
)923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	X	-
)924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	х	-
)925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Х	_
	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	Х	-
)927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	Х	-
)928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	Х	-
929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Х	-
930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	Х	-
931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	x	-

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	edications and should be directed to the Pharmacy link option within the website.	· ·	
0932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated		
	preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	Х	-
)933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including		
	sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	Х	-
)934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment		
	paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other	X	-
	qualified health care professional		
1035T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach,		
,5551	including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes,	x	
	contrast injection(s), and fluoroscopy, bilateral	^	-
noset	Photobiomodulation therapy of retina, single session	Х	
	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	^	-
1937 1		x	
	storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified	^	-
OOOT.	health care professional		
)938 I	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	X	-
	storage; recording (including connection and initial recording)		
J939 I	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	X	-
	storage; scanning analysis with report		
)940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	X	_
	storage; review and interpretation by a physician or other qualified health care professional	Λ	
)941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic	X	_
	visualization	^	-
)942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	X	-
943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	X	-
)944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	Х	-
OAET	Intro an arctive accompant for abmorphial (tumor) tipque in vive following partial magtestance (e.g. lumpactance) voing		
)945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using	V	
	computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	X	-
946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure,		
	including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint	X	-
	or extremity performed with paired views)		
)947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier		
	disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target,	X	-
	intracranial, including stereotactic navigation and frame placement, when performed		

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odes Description		Preauthorization Require
sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not ecialty medications and should be directed to the Pharmacy link option within the website.	reflect information regarding in	nmunizations, injectable drugs,
948T Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analys	ie I	
review and report(s) by a physician or other qualified health care professional	15, X	-
949T Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data		
acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	X	-
950T Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound		
quidance	X	-
951T Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of an	d	
attachment to sound processor	ч X	-
952T revision or replacement, with mastoidectomy and replacement of sound processor	Х	-
953T revision or replacement, without mastoidectomy and replacement of sound processor	Х	-
954T replacement of sound processor only, with attachment to existing transducers	X	-
955T removal, including removal of sound processor and all implant components	Х	-
956T Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array,		
receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging	X	_
guidance		
957T Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, includin	g v	
imaging guidance	9 X	-
958T Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral		
electroencephalography monitoring system, including imaging guidance	X	-
959T Removal or replacement of magnet from coil assembly that is connected to continuous bilateral		
electroencephalography monitoring system, including imaging guidance	X	-
960T Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for		
continuous bilateral electroencephalography monitoring system, including imaging guidance	X	-
961T Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node		
localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)	X	-
962T Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg.	,	
reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other	X	-
qualified health care professional		
Anoscopy with directed submucosal injection of bulking agent into anal canal	Х	-
964T Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial	Х	
adjustment; single arch, without mandibular advancement mechanism	^	-
965T dual arch, with additional mandibular advancement, non-fixed hinge mechanism	Х	-
966T dual arch, with additional mandibular advancement, fixed hinge mechanism	X	-
967T Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchori	ng X	
component and flexible sheath connected to external vacuum source and monitoring system	^	<u> </u>
968T Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with	Х	
connection to electrode array		-
P69T Removal of epicranial neurostimulator system	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs, o
	redications and should be directed to the Pharmacy link option within the website.	-	
19701	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed,	X	-
074T	each tumor		
9711	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	Х	-
972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging,		
	including system set-up and acquisition, selection, and transmission of images, with automated generation of report	Х	-
973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general	Х	
	anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm	^	-
974T	each additional 100 sq cm (List separately in addition to code for primary procedure)	Χ	-
975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general		
	anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100	Χ	-
	sq cm		
976T	each additional 100 sq cm (List separately in addition to code for primary procedure)	Х	-
977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	Х	-
	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	Х	-
979T	soft palate only	Х	-
980T	base of tongue and lingual tonsil only	Х	-
	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including		
	deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava	X	-
	venography, when performed		
982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood		
	pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment	Χ	-
OOOT	Demants are mission and an insulanted inferior years again a superfer you to 20 days in abultion at least yearly day mission of		
1983 1	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of	V	
	inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Х	-
984T	Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic		
7904 I	evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report;	x	
	initial vessel (List separately in addition to code for primary procedure)	^	-
985T	each additional vessel (List separately in addition to code for primary procedure)	Χ	
986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic	^	-
19001	evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report;	Х	
		^	-
987T	initial vessel (List separately in addition to code for primary procedure) each additional vessel (List separately in addition to code for primary procedure)	Х	
			-
1235	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the	X	-
404E	medical record (dem) (ger, pall cr)		
1 2 4F	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name	X	-
	a surrogate decision maker or provide an advance care plan (

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disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	information regarding	immunizations, injectable drugs, c
pecialty 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	Х	-
1127F New episode for condition (nma-no measure associated)	X	-
1128F Subsequent episode for condition (nma-no measure associated)	Х	-
Back pain and function assessed, including all of the following: pain assessment and functional status and patient histo	X	-
I 134F Episode of back pain lasting 6 weeks or less (bkp)	Х	-
135F Episode of back pain lasting longer than six weeks (bkp)2	X	-
136F Episode of back pain lasting 12 weeks or less (bkp)2	X	-
137F Episode of back pain lasting longer than 12 weeks (bkp)2	X	-
150F Documentation that a patient has a substantial risk of death within 1 year (pall cr)	X	-
151F Documentation that a patient does not have a substantial risk of death within one year (pall cr)	Х	-
152F Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)	Х	-
153F Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)	Х	-
157F Advance care plan or similar legal document present in the medical record (coa)	Х	-
158F Advance care planning discussion documented in the medical record (coa)	Х	-
159F Medication list documented in medical record (coa)	Х	-
160F Rvw meds by rx/dr in rcrd	Х	-
170F Functional status assessed (coa) (ra)	Х	-
175F Functional status for dementia assessed and results reviewed (dem)	Х	-
180F All specified thromboembolic risk factors assessed (afib)	Х	-
181F Neuropsychiatric symptoms assessed and results reviewed (dem)	Х	-
182F Neuropsychiatric symptoms, one or more present (dem)	Х	-
183F Neuropsychiatric symptoms, absent (dem)	Х	-
200F Seizure type(s) and current seizure frequency(ies) documented (epi)	Х	-
205F Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)	Х	-
220F Patient screened for depression (sud)	Х	-
400F Prkns diag rviewed	Х	-
450F Symptoms improved or remained consistent with treatment goals since last assessment (hf)	Х	-
451F Symptoms demonstrated clinically important deterioration since last assessment (hf)	Х	-
460F Qualifying cardiac event/diagnosis in previous 12 months (cad)	Х	-
461F No qualifying cardiac event/diagnosis in previous 12 months (cad)	Х	-
490F Dementia severity classified, mild (dem)	Х	-
491F Dementia severity classified, moderate (dem)	Х	-
493F Dementia severity classified, severe (dem)	Х	-
494F Cognition assessed and reviewed (dem)	Х	-
500F Symptom + sign symm polyneuro	Х	-
501F Not initial eval for cond	Х	-
1502F Pt queried pain fxn w/instr	Х	-

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	Pt queried symp resp insufficient	Х	_
	Pt has resp insufficiency	X	-
	Pt has no resp insufficiency	X	-
	Blood pressure measured (ckd)(dm)	Х	-
001F	Weight recorded (pag)	Х	-
002F	Clinical signs of volume overload (excess) assessed (nma - no measure associated)	Х	-
004F	Initial examination of the involved joint(s)	Х	-
010F	Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap)	Х	-
)14F	Mental status assessed (normal/mildly impaired/severely impaired)(cap)	X	-
)15F	Asthma impairment assessed (asthma)	X	-
	Asthma risk assessed (asthma)	X	-
	Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	X	-
)19F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemmorrhage	Х	-
)20F	Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	Х	-
	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	Х	-
)22F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)	Х	-
)23F	Dilat rta xm w/o rtnopthy	Х	-
	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and review	Х	-
)25F	F 7 fld rta photo w/o rtnopthy	Х	-
26F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed	Х	-
27F	Optic nerve head evaluation performed (ec)	Х	-
	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse	Х	-
29F	Complete physical skin exam performed (ml)	Х	-
	Hydration status documented, normally hydrated (pag)	Х	-
	Hydration status documented, dehydrated (pag)	Х	-
	Eye img valid w/o rtnopthy	Х	-
	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	Х	-
	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	Х	-
44F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back	Х	-
50F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (cwc)	Х	-

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	ote that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs,
•	and should be directed to the Pharmacy link option within the website.		
060F Patien	t interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	Х	-
	xray results documented and reviewed (cap)	Χ	-
	nass index (bmi), documented (pv)	X	-
011F Lipid p	anel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	Х	-
014F Screer	ning mammography results documented and reviewed	Х	-
	al cancer screening results documented and reviewed (pv)	Х	-
	t screened for unhealthy alcohol use using a systematic screening method (pv)	Х	-
	ctal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually,	Х	-
	ng location of each polyp, size, number and gross morp	Х	-
	entricular ejection fraction (lvef) assessment planned post discharge (hf)	Х	-
020F Left ve	entricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the	Х	-
	al record (includes quantitative or qualitative ass entricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular	Х	
		^	-
022F Left ve	entricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	Х	-
023F Spiron	netry results documented and reviewed (copd)	Х	-
025F Spiron	netry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)	Х	-
027F Spiron	netry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	Х	_
	n saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood	Х	-
	n saturation ,=88% or a pao2<=55 hg1 (copd)	Х	-
	n saturation > 88% or pao2 > 55mmhg1 (copd)	X	_
	nary function test performed within 12 months prior to surgery (lung/esop cx)	X	
	onal expiratory volume (fev1) <40% of predicted value (copd)	X	-
	onal expiratory volume (fev1) >=40% of predicted value (copd)	X	-
	ecent hemoglobin a1c level <7.0% (dm)	X	-
	globin a1c level > 9.0%	X	
	ecent IdI-c less than 100 mg/dl (cad) (dm)	X	
	ecent IdI-c 100-129 mg/dl (cad) (dm)	X	
	ecent IdI-c greater than or equal to 130 mg/dl (cad) (dm)	X	-
	c>equal 7.0%<8.0%	X	
	c>equal 8.0%	X	_
	entricular ejection fraction (Ivef) less than or equal to 35% (hf)	X	-
	entricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf)	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
060F Positive microalbuminuria test result documneted and reviewed (dm)	X	-
061F Negative microalbuminuria test result documented and reviewed (dm)	X	-
062F Positive macroalbuminuria test result documented and reviewed (dm)	Χ	-
066F Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	Х	-
072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)	X	=
073F Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen	Х	-
074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	Х	-
075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	Х	-
077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	Х	=
078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	Х	-
079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	Х	-
080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	Х	-
082F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	Х	-
083F Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	Х	-
084F Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	Х	-
085F Suicide risk assessed (mdd)	Х	-
088F Major depressive disorder, mild (mdd)	Х	=
089F Major depressive disorder, moderate (mdd)	Х	-
090F Major depressive disorder, severe without psychotic features (mdd)	Х	-
091F Major depressive disorder, severe with psychotic features (mdd)	Х	-
092F Major depressive disorder, in remission (mdd)	Х	-
093F Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	Х	-
095F Central dual - energy x-ray absorptionmetry (dxa) results documented (op)	Х	-
096F Central dual - energy x-ray absorptionmetry (dxa) ordered (op)	Х	-
100F Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a	Х	-
Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str)	Х	-
111F Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac	Х	-
Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initia	Х	-
115F Quantitative results of an evaluation of current level of activity and clinical symptoms (hf)	Х	-
117F Heart failure disease specific structured assessment tool completed (hf)	X	-
118F New york heart association (nyha) class documented (hf)	X	_
119F No evaluation of level of activity or clinical symptoms (hf)	X	_
120F 12-lead ecg performed (em)	X	

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cialty medications and should be directed to the Pharmacy link option within the website.	1 , 1	
26F Esoph bx rprt w/dyspl info	X	-
Upper gastrointestinal endoscopy performed (gerd)	X	-
Documentation of referral for upper gastrointestinal endoscopy (gerd)	X	-
Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)	X	-
Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)	X	-
142F Barium swallow test ordered (gerd)	X	-
I50F Forceps esophageal biopsy performed (gerd)	X	-
155F Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)	X	-
160F Documentation of iron stores prior to initiating erythropoietin therapy (hem)	X	-
170F Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	X	-
200F Barium swallow test not ordered (gerd)	X	-
210F Group a strep test performed (phar)	Χ	-
215F Patient has documented immunity to hepatitis a (hep-c)	X	-
216F Patient has documented immunity to hepatitis b (hep-c)	X	=
Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep	Х	-
Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c)	Х	-
230F Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)	Х	-
Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	Х	-
Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report (pa	Х	-
265F Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	Х	-
Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1	Х	-
Pathology report includes pt category, pn category, gleason score and statement about margin status (path)	Х	_
Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm		-
Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	Х	-
Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1	X	-
271F Low risk of recurrence, prostate cancer (prca)1	X	_
272F Intermediate risk of recurrence, prostate cancer (prca)1	X	-
273F High risk of recurrence, prostate cancer (proa)1	X	
Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	X	
278F Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	X	<u> </u>
279F Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	X	<u>-</u>
		-

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not re	flect information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
3281F Hemoglobin level less than 11 g/dl (ckd, esrd)1	X	-
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	Х	-
288F Falls risk assessment documented (ger)5	X	-
290F Patient is d (rh) negative and unsensitized (prenatal)1	X	-
291F 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	-
293F Abo and rh blood typing documented as performed (pre-cr)	X	-
294F Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	Х	-
American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1	Х	-
Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1	Х	-
3315F Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	Х	-
316F Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	Х	-
Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe	Х	-
Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio	Х	-
One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine so	ca X	-
None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine	sc X	-
321F Ajcc cancer stage 0 or ia melanoma, documented (ml)	Х	-
322F Melanoma greater than ajcc stage 0 or ia (ml)	X	-
323F Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	Х	-
324F Mri or ct scan ordered, reviewed or requested (epi)	Х	-
325F Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocu		-
328F Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)	Х	-
330F Imaging study ordered (bkp)2	X	-
331F Imaging study not ordered (bkp)2	X	-
340F Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	X	-
341F Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	X	-
342F Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	X	-
343F Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	X	-
344F Mammogram assessment category of "suspicious," documented (rad)	X	-
345F Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	X	_

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oisclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect is pecialty medications and should be directed to the Pharmacy link option within the website.	information regarding	immunizations, injectable drugs, o
3350F Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	Х	
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)		
100 significant depressive symptoms as categorized by using a standardized depression assessment tool (midd)	X	-
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	-
370F Ajcc breast cancer stage 0, documented (onc)	Х	-
372F Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	X	-
374F Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-
376F Ajcc breast cancer stage ii, documented (onc)	X	-
378F Ajcc breast cancer stage iii, documented (onc)	Х	-
380F Ajcc breast cancer stage iv, documented (onc)	Х	-
382F Ajcc colon cancer, stage 0, documented (onc)	Х	-
384F Ajcc colon cancer, stage i, documented (onc)	Х	-
386F Ajcc colon cancer, stage ii, documented (onc)	Х	-
388F Ajcc colon cancer, stage iii, documented (onc)	Х	-
390F Ajcc colon cancer, stage iv, documented (onc)	Х	-
394F Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in		
the asco/cap guidelines (path)	Х	-
3395F Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone	V	
receptors [er/pr]) performed (path)9	X	-
450F Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Х	-
451F Dyspnea screened, moderate or severe dyspnea (pall cr)	Х	-
452F Dyspnea not screened (pall cr)	Х	-
455F Tb screening performed and results interpreted within six months prior to initiation of first-time biologic disease	V	
modifying anti-rheumatic drug therapy for ra (ra)	Х	-
470F Rheumatoid arthritis (ra) disease activity, low (ra)	Х	-
471F Rheumatoid arthritis (ra) disease activity, moderate (ra)	Х	-
472F Rheumatoid arthritis (ra) disease activity, high (ra)	Х	-
475F Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	Х	-
476F Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	Х	-
490F History of aids-defining condition (hiv)	Х	-
491F Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	Х	-
492F History of nadir cd4+ cell count <350 cells/mm (hiv)	Х	-
493F No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	Х	-
494F Cd4+ cell count <200 cells/mm (hiv)	Х	-

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	tions and should be directed to the Pharmacy link option within the website.		
	4+ cell count 200 - 499 cells/mm (hiv)	X	ı
	4+ cell count >=500 cells/mm (hiv)	X	-
	4+ cell percentage <15% (hiv)	X	-
	4+ cell percentage >=15% (hiv)	X	-
	4+ cell count or cd4+ cell percentage documented as performed (hiv)	X	-
	rna viral load below limits of quantification (hiv)	X	-
	rna viral load not below limits of quantification (hiv)	Χ	-
3510F Doc	cumentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	X	-
511F Chl	amydia and gonorrhea screenings documented as performed (hiv)	X	•
512F Syp	philis screening documented as performed (hiv)	Х	-
513F He	patitis b screening documented as performed (hiv)	Х	-
514F Hep	patitis c screening documented as performed (hiv)	X	-
515F Pat	tient has documented immunity to hepatitis c (hiv)	X	-
	patitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a first course of anti-tnf	V	
	mor necrosis factor) therapy (ibd)	X	-
	stridium difficile testing performed (ibd)	Х	-
	v risk for thromboembolism (afib)	Х	-
	ermediate risk for thromboembolism (afib)	X	-
	h risk for thromboembolism (afib)	X	-
	tient had international normalized ratio (inr) measurement performed (afib)	X	-
	al report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct	X	-
572F Pat	tient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Х	_
	tient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	_
	ctroencephalogram (eeg) ordered, reviewed or requested (epi)	X	_
	/ch disorders assessed	X	
	gnit impairment assessed	X	-
	reening for depression performed (dem)	X	
	tient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)		-
		X	-
751F Ele	ctrodiag polyneuro6mon	Χ	-
752F No	electrodiag polyneuro6mon	X	-
753F Pt h	nas symp plus signs neuropathy	Х	-
754F Scr	reening tests dm done	Х	-
	g and behav imprmnt scrng done	Х	-
	/w pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	
	w no pseudobulbar affect, sialorrhea or als rltd sysmptom	X	-
	ref pulmon fx test with peak flow	X	-
	scrn dysphag /wt loss/nutrition	X	_

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	edications and should be directed to the Pharmacy link option within the website.		
	Pt w/ dysphag /wt loss/nutr	X X	
	Pt not exhbt dysphagia, wt loss, or impaired nutrition		<u> </u>
	Patient is dysarthric	X	-
	Patient is not dysarthric	X	-
	Adenoma detected screening	X	-
	Adenoma not detect screening	X	-
	Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)	X	-
	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	Х	-
)03F	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	Х	-
004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)	Х	-
05F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)	Х	-
	Beta-blocker therapy prescribed or currently being taken (cad,hf)	Х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently		
	being taken (cad, ckd, hf) (dm)	X	-
)11F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	Х	-
)12F	Warfarin therapy prescribed (nma-no measure associated)	Χ	-
	Statin therapy prescribed or currently being taken (cad)	Χ	-
	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the	Χ	-
	following components: activity level, diet, discharge medica		
)15F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no measure associated) (note: there are no medical exclusio	Х	-
016F	Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), including otc	.,	
	medication(s)]	Х	-
17F	Gastrointestinal prophylaxis for nsaid use prescribed	Х	-
	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed	Χ	-
19F	Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or counseling regarding bot	Х	-
)25E	Inhaled bronchodilator prescribed (copd)	Χ	
	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)	X	<u> </u>
	Pulmonary rehabilitation exercise training recommended (copd)	X	-
	Influenza immunization recommended (copd)(ibd)	X	-
	$I = I \cap I$		<u> </u>
	Influenza immunization ordered or administered (copd, pv)	X	-
	Pneumococcal vaccine administer or previously received (copd) (pv)	X	-
	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	Χ	-
42F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra	Х	-

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	redications and should be directed to the Pharmacy link option within the website.		T
1043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card	Χ	-
044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in	Х	-
045F	Appropriate empiric antibio0	Х	-
	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative	Х	-
047F	Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancom	Х	-
048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon	Х	-
049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car	Х	-
050F	Hypertension plan of care documented as appropriate (nma - no measure associated)	Х	-
	Referred for an arterio-venous (av) fistula (esrd)	Х	-
	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	Х	-
	Hemodialysis via functioning arterio-venous (av) graft (esrd)	Х	-
	Hemodialysis via catheter (esrd)	Х	-
055F	Patient receiving peritoneal dialysis (esrd)	Χ	-
056F	Appropriate oral rehydration solution recommended (pag)	X	-
058F	Pediatric gastroenteritis education provided to caregiver (pag)	Х	-
060F	Psychotherapy services provided (mdd)	Х	-
	Patient referral for psychotherapy documented (mdd)	Х	-
063F	Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	Х	-
	Antidepressant pharmacotherapy prescribed (mdd)	Х	-
065F	Antipsychotic pharmacotherapy prescribed (mdd)	Х	-
066F	Electroconvulsive therapy (ect) provided (mdd)	Х	-
067F	Patient referral for electroconvulsive therapy (ect) documented (mdd)	Х	-
069F	Venous thromboembolism (vte) prophylaxis received (ibd)	Х	-
070F	Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	Х	-
	Oral antiplatelet therapy prescribed at discharge (str)	Х	-
075F	Anticoagulant therapy prescribed at discharge (str)	Х	-
	Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	Х	-
079F	Documentation that rehabilitation services were considered (str)	Х	-
	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)	Х	-
086F	Aspirin or clopidogrel prescribed or currently being taken (cad)	Х	-
	Patient receiving erythropoietin therapy (hem)	Х	-
	Patient not receiving erythropoietin therapy (hem)	Х	-

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i pecialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding in	mmunizations, injectable drugs, o
4100F Bisphosphonate therapy, intravenous, ordered or received (hem)	Х	_
1110F Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)	X	_
H115F Beta blocker administered within 24 hours prior to surgical incision (cabg)	X	-
1120F Antibiotic prescribed or dispensed (uri, phar)	Х	-
1124F Antibiotic neither prescribed nor dispensed (uri, phar)	Х	=
1130F Topical preparations (including otc) prescribed for acute otitis externa (aoe)	Х	-
1131F Systemic antimicrobial therapy prescribed (aoe)	Х	-
1132F Systemic antimicrobial therapy not prescribed (aoe)	Х	-
133F Antihistamines or decongestants prescribed or recommended (ome)	Х	-
134F Antihistamines or decongestants neither prescribed nor recommended (ome)	Х	-
135F Systemic corticosteroids prescribed (ome)	Х	-
136F Systemic corticosteroids not prescribed (ome)	Х	-
Inhaled corticosteroids prescribed (asthma)	Х	-
142F Corticosteroid sparing therapy prescribed (ibd)	Х	-
144F Alternative long-term control medication prescribed (asthma)	Х	-
145F Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	Х	-
148F Hepatitis a vaccine injection administered or previously received (hep-c)	Х	-
149F Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	Х	-
150F Patient receiving antiviral treatment for hepatitis c (hep-c)	Х	-
151F Patient not receiving antiviral treatment for hepatitis c (hep-c)	Х	-
1153F Combination peginterferon and ribavirin therapy prescribed (hep-c)	X	-
155F Hepatitis a vaccine series previously received (hep-c)	X	-
157F Hepatitis b vaccine series previously received (hep-c)	Х	-
158F Patient counseled about risks of alcohol use (hep-c)	X	-
159F Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	X	-
Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	Х	-
Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	Х	-
Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	Х	-
167F Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	Х	_
Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1	X	-
Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving	Х	-
171F Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-
H172F Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	X	_

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	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in tions and should be directed to the Pharmacy link option within the website.	formation regarding	g immunizations, injectable drugs,
1/4F Coi	unseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	Х	-
175F Bes	st-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	Х	-
176F Co	unseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	Х	-
177F Cou	unseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing gr	Х	-
178F Ant	i-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Х	-
	moxifen or aromatase inhibitor (ai) prescribed (onc)1	Х	-
80F Adj	uvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	Х	-
	nformal radiation therapy received (onc)1	Х	-
82F Coi	nformal radiation therapy not received (onc)1	Х	
	ntinuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received	Х	-
86F No	continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra)	Х	-
	ease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Х	-
188F App	propriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ered	X	-
	propriate digoxin therapeutic monitoring test ordered or performed (am)2	Х	-
	propriate diuretic therapeutic monitoring test ordered or performed (am)2	X	_
	propriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	X	-
	ient not receiving glucocorticoid therapy (ra)	X	-
93F Pat	ient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less n 6 months (ra)	X	-
94F Pat	ient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in ease activity (ra)	Х	-
	ient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	-
	ient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	X	-
00F Ext	ernal beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)	Х	-
01F Ext	ernal beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient	Х	-
10F Ang	giotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more m)2	Х	-
	oxin medication therapy for 6 months or more (mm)2	Х	-
	retic medication therapy for 6 months or more (mm)2	X	-
	iconvulsant medication therapy for 6 months or more (mm)2	X	-

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	edications and should be directed to the Pharmacy link option within the website.	1	
240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las	Х	-
242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	Х	-
245F	Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	Х	-
	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2	Х	-
250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal	Х	-
255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	Х	-
256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit)	Х	-
260F	Wound surface culture technique used (cwc)	Х	-
261F	Tech other than surfc cultr	Х	-
265F	Use of wet to dry dressings prescribed or recommended (cwc)	Х	-
266F	Use of wet to dry dressings neither prescribed nor recommended (cwc)	Х	-
	Compression therapy prescribed (cwc)	Х	=
268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc)	Х	-
269F	Appropriate method of offloading (pressure relief) prescribed (cwc)	Х	-
	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	Х	-
	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h	Х	-
274F	Influenza immunization administered or previously received (hiv)	Х	-
	Potent antiretroviral therapy prescribed (hiv)	X	-
	Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	Х	-
	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv)	Х	-
290F	Patient screened for injection drug use (hiv)	Х	-
	Patient screened for high-risk sexual behavior (hiv)	Х	-
	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-
	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-
	Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	Х	-
	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	Х	-
	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud)	Х	-
322F	Caregiver provided with education and referred to additional resources for support (dem)	Х	_
	Pt queried prkns complic	X	

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specialty medications and should be directed to the Pharmacy link option within the website.		
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	-
4350F Counseling provided on symptom management, end of life decisions, and palliation (dem)	X	-
1400F Rehab thxpy options w/pt	X	-
1450F Self-care education provided to patient (hf)	X	-
1470F Implantable cardioverter-defibrillator (icd) counseling provided (hf)	X	-
Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	X	-
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	-
1510F Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	X	-
4525F Neuropsychiatric intervention ordered (dem)	X	-
1526F Neuropsychiatric intervention received (dem)	Х	-
I540F Disease modified pharmacothxpy	Х	-
I541F Pt offered tx for pseudobulb	X	=
4550F Noninvas resp support talk	Х	-
1551F Nutritional support offered	Х	-
1552F Pt ref for speech lang path	Х	-
I553F Pt asst re end life issues	Х	-
1554F Pt recvd inhal anesthetic	Х	-
1555F Pt recvd no inhal anesthic	Х	-
1556F Ptw/3+ post-op nausea and vommiting	Х	-
557F Pt w/o 3+ pot-op nausea and vommiting	Х	-
558F Pt recvd 2 rx anti-emetagnts	Х	-
559F 1 bodytemp >=35.5 cw/in 30 mins	X	-
560F Anesth w/o general or neurax anesth	Х	-
1561F Pt w/ cornonary artery stent	Х	-
1562F Patient does not have coronary artery stent	Х	-
1563F Pt recvd aspirin w/in 24 hours	Х	-
5005F Patient counseled on self - examination for new or changing moles (ml)	Х	-
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	X	_
oste	^	<u>-</u>
Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of co	Х	-
5050F Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	X	

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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	-
100F Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study	.,	
(nuc med)	X	-
i200F Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy	.,	
	X	-
250F Asthma discharge plan present (asthma)	Х	-
005F Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	Х	-
010F Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	Х	-
015F Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	Х	-
020F Npo (nothing by mouth) ordered (str)	Х	-
6030F All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves	Х	
a	^	-
S040F Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure,	Х	
documen	^	-
045F Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5	X	=
070F Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)	X	-
6080F Pt/caregiver queried falls	X	-
6090F Pt/caregiver counsel safety	Х	-
1100F Timeout to verify correct patient, correct site, and correct procedure, documented (path)9	X	-
101F Safety counsel dementia prov	Х	-
S102F Safety counsel dementia ord	Х	-
110F Counsel risks driving and alternatives	Х	-
Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	Х	-
7010F Patient information entered into a recall system that includes: target date for the next exam specified and a process to	Х	-
020F Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for	Х	_
а		
025F Patient information entered into a reminder system with a target due date for the next mammogram (rad)5	X	-
001F Immunohisto antibod add slid	X	-
002F Aortic aneurysm 5-5.4cm diam	X	-
003F Aortic anrysm5.5-5.9cm diam	X	-
004F Aortic anrysm 6/> cm diam	X	-
005F Asympt carot/vrtbrbas sten	X	-
006F Sympt sten-tia/strk<120days	X	-
007F Other carot sten 120 days/>	X	-
A0021 Outside state ambulance serv	X	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
Noninterest escort in non er	X	-
0090 Interest escort in non er	X	-
0100 Nonemergency transport taxi	X	-
0110 Nonemergency transport bus	X	-
Noner transport mini-bus	Х	-
Noner transport wheelch van	X	-
NO140 Nonemergency transport air	X	-
Noner transport case worker	X	-
Noner transport parking fees	X	-
Noner transport lodgng recip	X	-
Noner transport meals recip	X	-
Noner transport lodgng escrt	X	-
Noner transport meals escort	X	-
0225 Neonatal emergency transport	X	-
.0380 Basic life support mileage	X	-
.0382 Basic support routine suppls	X	-
.0384 Bls defibrillation supplies	X	-
.0390 Advanced life support mileag	Х	-
.0392 Als defibrillation supplies	X	-
0394 Als iv drug therapy supplies	Х	-
.0396 Als esophageal intub suppls	Х	-
.0398 Als routine disposble suppls	Х	-
0422 Ambulance 02 life sustaining	X	_
0428 Bls	-	Х
Noncovered ambulance mileage	X	-
2001 Innovamatrix ac, per sq cm	X	-
2002 Mirragen adv wnd mat per sq	X	-
2003 Bio-connekt wound matrix	X	-
2004 Xcellistem, 1 mg	X	
2005 Microlyte matrix, per sq cm	X	-
2006 Novosorb synpath per sq cm	X	-
2007 Restrata, per sq cm	X	-
12008 Theragenesis, per sq cm	X	-
12009 Symphony, per sq cm	X	-
2010 Apis, per square centimeter	X	<u> </u>
12010 Supra sdrm, per square com	X	-
2012 Suprathel, per sq cm	X	
12012 Supratite, per sq cm 12013 Innovamatrix fs, per sq cm	X	<u> </u>
12013 Innovaments is, per sq cm	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
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	-
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	Х	-
A2031 Mirodry, per sq cm	Х	-
A2032 Myriad matrix, per sq cm	Х	_
A2033 Myriad morcells, 4 mg	Х	-
A2034 Found drs solo, per sq cm	X	-
A2035 Corpl p therac p allac p 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
N4239 Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and		Λ
accessories, 1 month supply = 1 unit of service	-	X
A4250 Urine reagent strips/tablets	X	
N4250 Blood ketone test or reagent strip, each	X	<u>-</u>
N4261 Cervical cap contraceptive	X	-
N4261 Temporary tear duct plug		X
	- V	
A264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	X	-
M2266 Diaphragm for contraceptive use	X	-
A2267 Contraceptive supply, condom, male, each	X	-
A4268 Contraceptive supply, condom, female, each	X	-
A4269 Contraceptive supply, spermicide (e.g., foam, gel), each	X	-
A4287 Disposable collection and storage bag for breast milk, any size, any type, each	X	-
A4305 Drug delivery system >=50 ml	X	-
A4306 Drug delivery system <=5 ml	X	-
A4457 Enema tube, with or without adapter, any type, replacement only, each	X	<u> </u>

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ct information regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.	T v T	
A4465 Non-elastic extremity binder	X	-
A4467 Belt strap sleev grmnt cover		-
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	-
Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	X	-
A4553 Nondisp underpads, all sizes	Х	-
A4554 Disposable underpads	Х	-
A4555 Ca tx e-stim electr/transduc	Х	-
Neuromuscular electrical stimulator (nmes), disposable, replacement only	Х	-
A4566 Should sling/vest/abrestrain	Х	-
A4570 Splint	Х	=
A4575 Hyperbaric o2 chamber disps	Х	-
A4580 Cast supplies (plaster)	Х	-
A4590 Special casting material	Х	-
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	-	Х
A4670 Auto blood pressure monitor	X	-
A5508 Diabetic deluxe shoe	X	_
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	-
N6549 Gradient compression stocking/sleeve, not otherwise specified	-	Χ

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ecialty medications and should be directed to the Pharmacy link option within the website.		
06550 Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	X
Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Х	-
17025 High frequency chest wall oscillation system vest, replacement for use withpatient owned equipment, each	-	X
A7049 Expiratory positive airway pressure intranasal resistance valve	X	-
9152 Single vitamin nos	X	-
9153 Multi-vitamin nos	Х	-
9154 Artificial saliva, 1 ml	X	-
N9156 Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	X	-
9180 Naturopaths	X	-
9268 Programmer for transient, orally ingested capsule	X	-
9269 Programable, transient, orally ingested capsule, for use with external programmer, per month	X	-
9270 Non-covered item or service	X	=
.9272 Disp wound suct, drsg/access	Х	-
9273 Hot/cold h2obot/cap/col/wrap	Х	-
9274 External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Х	-
9275 Home glucose disposable monitor, includes test strips	Х	-
9276 Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one	Х	-
un		
9277 Transmitter; external, for use with interstitial continuous glucose monitoring system	X	-
9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	X	-
Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no	Х	-
9280 Alert or alarm device, not otherwise classified	Х	-
9281 Reaching/grabbing device, any type, any length, each	Х	-
9282 Wig, any type, each	X	-
9283 Foot pressure off loading/supportive device, any type, each	X	-
9286 Any hygienic item, device	X	_
9291 Pres digital behav thera fda	X	_
9292 Prescription digital visual therapy, software-only, fda cleared, per course of treatment	X	_
9293 Fertility cycl tracking soft	X	_
9300 Exercise equipment	X	
9574 Air poly intrauterine foam	X	
9586 Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	X	
9590 Iodine i-131 iobenguane 1mci		X
9699 Supply of radiopharmaceutical therapeutic imaging agent, not otherwiseclassified	-	X
9900 Supply/accessory/service	-	X
	-	X
9999 Miscellaneous dme supply or accessory, not otherwise specified	-	λ
4100 Food thickener, administered orally, per ounce	X	- V
Parenteral supp not othrws c	-	X

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	edications and should be directed to the Pharmacy link option within the website.	, , , , , , , , , , , , , , , , , , , 	
	Closure device, vascular (implantable/ insertable)	-	X
	Prothesis, breast (implantable)	-	X
	Prothesis, penile, inflatable	-	X
	Integrated keratoprosthesis	-	X
	Gen, neuro, carot sinus baro	-	Χ
1832	Auto cell process sys	X	-
21834	Pressure sensor system, im	-	Χ
1840	Lens, intraocular (telescopic)	-	Χ
1886	Catheter, extravascular tissue ablation, any modality (insertable)	-	Χ
2613	Lung bx plug w/deliv sys	-	Х
2616	Brachytherapy seed, yttrium-90	-	Х
	Prothesis, penile, non-inflatable	-	X
	Wireless pressure sensor	-	Х
	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
7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional		
	cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	Х
7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including		
	cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg,	-	X
	kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance		
7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including		
	cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg,	-	X
	kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance		
9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	-	Χ
9751	Microwave bronch, 3d, ebus	-	X
9762	Cardiac mri seg dys strain	-	X
9763	Cardiac mri seg dys stress	-	X
	Endo sleeve gastro w/tube	Х	-
	Endo outlet restrict w/tube	Х	-
9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and	Х	_
	report, obtained with ultrasound examination	, ``	
29790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	Х	-

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specialty medications and should be directed to the Pharmacy link option within the website.	I I	
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,	X	-
fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)		
D0120 Periodic oral examination	Х	-
D0140 Limited oral evaluation - problem-focused	Х	-
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	Х	-
D0150 Comprehensive oral evaluation	Х	-
D0160 Detailed and extensive oral evaluation - problem-focused, by report	Х	-
D0170 Re-evaluation - limited problem focused (established patient; not post-operative visit)	Х	-
D0171 Re-evaluation- post operative office visit	Х	-
D0180 Comprehensive periodontal evaluation - new or established patient	Х	-
D0190 A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	х	-
D0191 A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or	V	
injury, and the potential need for referral for diagno	X	-
D0210 Intraoral- complete series of radiographic images	Х	-
D0220 Intraoral- periapical first radiographic image	Х	-
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	-
D0251 Extra-oral posterior dental radiographic image	Х	-
D0270 Bitewing- single radiographic image	Х	-
D0272 Bitewings- two radiographic images	Х	-
D0273 Bitewings- three radiographic images	Х	-
D0274 Bitewings- four radiographic images	-	Х
D0277 Vertical bitewings- 7 to 8 radiographic images	Х	-
D0310 Sialography	Х	-
D0320 Temporomandibular joint arthrogram, including injection	Х	-
D0321 Other temporomandibular joint radiographic images, by report	Х	-
D0322 Tomographic survey	Х	-
D0330 Panoramic radiographic image	Х	-
D0340 2d cephalometric radiographic image-acquisition, measurement and analysis	Х	-
D0350 2d oral/facial photographic image obtained intra-orally or extra-orally	X	-
D0351 3d photographic image	Х	-
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	Х	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
O366 Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	X	-
0367 Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	Х	-
0368 Cone beam ct capture and interpretation for tmj series including two or more exposures	X	-
0369 Maxillofacial mri capture and interpretation	X	-
0370 Maxillofacial ultrasound capture and interpretation	X	-
0371 Sialoendoscopy capture and interpretation	X	-
0372 Intraoral tomosynthesis - comprehensive seris of rediographic images	X	-
0373 Intraoral tomosynthesis - bitewing radiographic image	X	=
0374 Intraoral tomosynthesis - periapical radiographic image	Х	-
0380 Cone beam ct image capture with limited field of view- less than one whole jaw	X	-
0381 Cone beam ct image capture with field of view of one full dental arch-mandilbe	Х	-
0382 Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	Х	-
0383 Cone beam ct image capture with field of view of both jaws, with or without cranium	Х	-
0384 Cone beam ct image capture for tmj series including two or more exposures	Х	-
0385 Maxillofacial mri image capture	Х	-
0386 Maxillofacial ultrasound image capture	Х	-
0387 Intraoral tomosynthesis - comprehensive seris of rediographic images - image capture only	Х	-
0388 Intraoral tomosynthesis - bitewing radiographic image - image capture only	Х	-
0389 Intraoral tomosynthesis - periapical radiographic image- image capture only	Х	-
0391 Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Х	-
0393 Treatment simulation using 3d image volume	Х	-
0394 Digital subtraction of two or more images or image volumes of the same modality	Х	-
0395 Fusion of two or more 3d image volumes of one or more modalities	Х	-
0396 3D printing of a 3D dental surface scan to obtain a physical model.	Х	-
0411 Hba1c in-office point of service testing	X	-
0412 Blood glucose level test-in-office using a glucose meter	Х	-
0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	of X	-
0415 Bacteriologic studies for determination of pathologic agents	X	_
0416 Viral culture	X	
0417 Collection and preparation of saliva sample for laboratory diagnostic testing	X	
0418 Analysis of saliva sample	X	
0410 Assessment of salivary flow by measurement	X	<u> </u>
0422 Collection and preparation of genetic sample material for laboratory analysis and report	X	<u> </u>
0422 Collection and preparation of genetic sample material for laboratory analysis and report 0423 Genetic test for susceptibility to diseases- specimen analysis	X	-
0425 Genetic test for susceptibility to diseases- specimen analysis	X	
0425 Caries susceptibility tests 0431 Diag tst detect mucos abnorm	X	-
043 i Diag ist detect nucos abnorm 0460 Pulp vitality tests	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.	T	
D0470 Diagnostic casts	X	-
D0472 Accession of tissue gross examination prep/transmission of written report	X	-
00473 Accession of tissue gross and microscopic examination prep/trans of report	X	-
00474 Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	X	-
0475 Decalcification procedure	X	-
00476 Spec stains for microorganis	X	-
00477 Spec stains not for microorg	X	-
00478 Immunohistochemical stains	X	-
0479 Tissue in-situ hybridization	Х	-
00480 Processing and interpretation of cytologic smears incl the prep/trans of written report	Х	-
00481 Electron microscopy	Х	-
0482 Direct immunofluorescence	Х	-
0483 Indirect immunofluorescence	Х	-
0484 Consult slides prep elsewher	Х	-
0485 Consult inc prep of slides	Х	-
0486 Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of		
written report	X	-
00502 Other oral pathology procedures, by report	X	_
00600 Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel,		
dentin, and cementum	X	-
00601 Caries risk assessment and documentation, with a finding of low risk	Х	_
0602 Caries risk assessment and documentation, with a finding of moderate risk	X	_
0603 Caries risk assessment and documentation, with a finding of high risk	X	-
10636 Cone beam - three-dimensional image reconstruction using existing data, includes multiple images	X	
0701 Panoramic radiographic image – image capture only	X	
0701 1 and affic radiographic image – image capture only	X	<u> </u>
0702 2-d ceptralometre radiographic image – image capture only 0703 2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	X	
0703 2-d oral/racial photographic image obtained intra-orally of extra-orally – image capture only	X	-
0704 3-u priotographic image – image capture only 0705 Extra-oral posterior dental radiographic image – image capture only	X	-
	X	-
10706 Intraoral – occlusal radiographic image – image capture only		-
07707 Intraoral – periapical radiographic image – image capture only	X	-
10708 Intraoral – bitewing radiographic image – image capture only	X	-
0709 Intraoral – complete series of radiographic images – image capture only	X	-
0801 3d dental surface scan -direct	X	-
0802 3d dental surface scan - indirect	X	-
0803 3d facial surface scan - direct	X	-
0804 3d facial surface scan - indirect	X	-
00999 Unspecified diagnostic procedure, by report	X	-
01110 Prophylaxis-adult	X	-

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ecialty medications and should be directed to the Pharmacy link option within the website.	T V T	
1120 Prophylaxis-child	X	-
1206 Topical application of fluoride varnish	X	-
1208 Topical application of fluoride- excluding varnish	X	-
1301 3D printing of a 3D dental surface scan to obtain a physical model.	X	-
1310 Nutritional counseling for the control of dental disease	X	-
Tobacco counseling for the control and prevention of oral disease	X	-
Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with hig	h- X	_
risk substance use		
1330 Oral hygiene instruction	X	-
1351 Sealant-per tooth	X	-
1352 Prev resin rest, perm tooth	X	-
1353 Sealant repair- per tooth	X	-
1354 Interim caries arresting medicament application-per tooth	Х	-
1355 Caries preventive medicament application – per tooth	X	-
1510 Space maintainer-fixed unilateral	Х	-
1516 Space maintainer-fixed-bilateral, maxillary	X	-
1517 Space maintainer-fixed-bilateral, mandibular	X	-
1520 Space maintainer-removable unilateral	Х	-
1526 Space maintainer -removable-bilateral, maxillary	X	-
1527 Space maintainer -removable-bilateral, mandibular	X	-
1551 Re-cement or re-bond bilateral space maintainer-maxillary	X	-
1552 Re-cement or re-bond bilateral space maintainer-mandibular	Х	-
1553 Re-cement or re-bond unilateral space maintainer-per quadrant	Х	-
1556 Removal of fixed unilateral space maintainer- per quadrant	Х	-
1557 Removal of fixed bilateral space maintainer- maxillary	Х	-
1558 Removal of fixed bilateral space maintainer- mandibular	Х	-
1575 Distal shoe space maintainer-fixed-unilateral	Х	-
1781 Vaccine administration - human papillomavisrus - dose 1	Х	-
1782 Vaccine administration - human papillomavisrus - dose 2	X	-
1783 Vaccine administration - human papillomavisrus - dose 3	Х	-
1999 Unspecified preventive procedure, by report	Х	-
2140 Amalgam-one surface, permanent	X	-
2150 Amalgam-two surfaces, permanent	X	-
2160 Amalgam-three surfaces, permanent	X	-
2161 Amalgam-fouror more surfaces, permanent	X	-
2330 Resin-one surface, anterior	X	-
2331 Resin-two surfaces, anterior	X	
2332 Resin-three surfaces, anterior	X	
2335 Resin-fouror more surfacesor involving incisal angle (anterior)	X	

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W House		
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specialty medications and should be directed to the Pharmacy link option within the website.		
D2390 Resin-based composite crown, anterior	X	-
D2391 Resin-based composite - one surface, posterior	X	-
D2392 Resin-based composite - two surfaces, posterior	X	<u> </u>
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	-
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)	Х	-
D2662 Onlay - composite/resin - two surfaces (laboratory processed)	Х	-
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 predominately base metal	X	<u> </u>
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pecialty medications and should be directed to the Pharmacy link option within the website.	ioot imormation rogarding r	mmanizatione, injectable druge, or
D2783 Crown - 3/4 porcelain/ceramic	Х	-
D2790 Crown-full cast high noble metal	Х	-
D2791 Crown-full cast predominantly base metal	Х	-
D2792 Crown-full cast noble metal	Х	_
D2794 Crown-titanium	Х	_
D2799 Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	Х	-
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Х	-
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	Х	-
D2920 Re-cement or re-bond crown	Х	-
D2921 Reattachment of tooth fragment, incisal edge or cusp	Х	-
D2928 Prefabricated porcelain/ceramic crown – permanent tooth	Х	-
D2929 Prefabricated porcelain/ceramic crown- primary tooth	Х	-
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	-
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	Х	-
D2960 Labial veneer (laminate)-chairside	Х	-
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	Х	_
D2981 Inlay repair necessitated by restorative material failure	X	-
D2982 Onlay repair necessitated by restorative material failure	X	-
	, , , , , , , , , , , , , , , , , , ,	

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pecialty medications and should be directed to the Pharmacy link option within the website.		
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	Х	-
D2991 Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.	Х	-
D2999 Unspecified restorative procedure, by report	X	=
D3110 Pulp cap-direct (excluding final restoration)	X	-
D3120 Pulp cap-indirect (excluding final restoration)	Х	-
D3220 Therapeutic pulpotomy (excluding final restoration)	Х	-
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	Х	-
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	X	-
D3310 Anterior (excluding final restoration)	Х	-
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	Х	-
D3330 Endodontic therapy, molar tooth (excluding final restoration)	Х	-
D3331 Treatment of root canal obstruction; non-surgical access	X	-
03332 Incomplete endodontic therapy; inoperable or fractured tooth	Х	-
03333 Internal root repair of perforation defects	Х	-
D3346 Retreatment-anterior, by report	X	-
03347 Retreatment of previous root canal therapy-premolar	Х	-
03348 Retreatment-molar, by report	X	-
O3351 Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Х	-
O3352 Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	Х	-
03353 Apexification/recalcification-final visit (includes completed root can	Х	-
03355 Pulpal regeneration- initial visit	Х	-
03356 Pulpal regeneration- interim medication replacement	Х	-
03357 Pulpal regeneration- completion of treatment	Х	-
03410 Apicoectomy-anterior	Х	-
03421 Apicoectomy-premolar (first root)	Х	-
03425 Apicoectomy - molar (first root)	Х	-
03426 Apicoectomy - (each additional root)	Х	-
D3428 Bone graft in conjunction with periradicular surgery- per tooth, single site	Х	-
Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	Х	-
D3430 Retrograde filling-per root	X	-
D3431 Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Х	-
O3432 Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	X	-
D3450 Root amputation-per root	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		,
D3460 Endodontic endosseous implant	X	-
D3470 Intentional replantation (including necessary splinting)	Х	-
D3471 Surgical repair of root resorption - anterior	Х	-
D3472 Surgical repair of root resorption – premolar	Х	-
D3473 Surgical repair of root resorption – molar	Х	-
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	Х	-
D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Х	-
D3910 Surgical procedure for isolation of tooth with rubber dam	X	-
D3911 Intraorifice barrier	Х	-
D3920 Hemisection (including any root removal), not including root canal the	X	-
D3921 Decoronation or submergence of an erupted tooth	Х	-
D3950 Canal preparation and fitting of preformed dowelor post	Х	-
D3999 Unspecified endodontic procedure, by report	X	-
D4210 Gingivectomyor gingivoplasty-per quadrant	Х	-
D4211 Gingivectomyor gingivoplasty-per tooth	Х	-
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	Х	-
D4231 Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	X	-
D4240 Gingival flap procedure, including root planing-per quadrant	Х	-
D4241 Gingival flap procedure, including root planing - one to three teeth, perquadrant	Х	-
D4245 Apically positioned flap	X	-
D4249 Crown lengthening-hard and soft tissue, by report	Х	-
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	V	
bounded spaces per quadrant	X	-
D4263 Bone replacement graft - retained natural tooth - first site in quadrant	Х	-
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant	Х	-
D4265 Biologic materials to aid in soft and osseous tissue regeneration	Х	-
D4266 Guided tissue regeneration - resorbable barrier, per site, per tooth	Х	-
D4267 Guided tissue regeneration - non-resorbable barrier, per site, per too	Х	-
D4268 Surgical revision procedure per tooth	Х	-
D4270 Pedicle soft tissue graft procedure	Х	-
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	-

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	edications and should be directed to the Pharmacy link option within the website.		
D4273	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	Х	
	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth	^	-
D4211	position in graft	X	-
74278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant		
J4210	or edentulous tooth position in same graft site	X	-
74283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous		
74200	tooth, implant or edentulous tooth position in same gra	X	-
14285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each		
1200	additional contiguous tooth, implant or edentulous tooth position	X	-
14286	Removal of non-resorbable barrier	Х	
	Provisional splinting-intracoronal	X	
	Provisional splinting-extracoronal	X	
	Splint - intra-coronal; natural teeth or prosthetic crowns	X	
	Splint - extra-coronal; natural teeth or prosthetic crowns	X	
	Periodontal scaling and root planing-per quadrant	X	
	Periodontal scaling and root planing - one to three teeth, per quadrant	X	_
	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	X	
	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	-	X
	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		Λ
, 1001	250dil20d doil701y of diffillitional agonic via a conficultional folloado volitato diocacoa diovidada diocac, por todir	X	-
)4910	Periodontal maintenance procedures (following active therapy)	Х	-
	Unscheduled dressing change (by someone other than treating dentist)	X	_
	Gingival irrigation- per quadrant	Х	-
	Unspecified periodontal procedure, by report	Х	-
	Complete upper	Х	-
	Complete lower	Х	-
	Immediate upper	Х	-
5140	Immediate lower	Х	-
5211	Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	Х	-
	Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	Х	-
	Upper partial-cast metal base with resin saddles (including any conven	Х	-
	Lower partial-cast metal base with resin saddles (including any conven	Х	-
	Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-
	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-
	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps,		
	rests and teeth	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D5224 Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional	X	_
clasps, rests and teeth		
05225 Maxillary part denture flex	X	-
D5226 Mandibular part denture flex	X	-
15227 Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	X	-
15228 Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	X	-
5282 Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary	X	-
5283 Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular	X	-
5284 Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant	X	-
5286 Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant	X	-
5410 Adjust complete denture-upper	X	-
5411 Adjust complete denture-lower	X	-
5421 Adjust partial denture-upper	X	-
5422 Adjust partial denture-lower	X	-
5511 Repair broken complete denture base, mandibular	X	=
5512 Repair broken complete denture base, maxillary	X	-
5520 Replace missingor broken teeth-complete denture (each tooth)	Х	-
5611 Repair resin partial denture base, mandibular	X	-
5612 Repair resin partial denture base, maxillary	X	-
5621 Repair cast partial framework, mandibular	Х	-
5622 Repair cast partial framework, maxillary	X	-
5630 Repair or replace broken retentive/clasping materials per tooth	Х	-
5640 Replace broken teeth-per tooth	Х	-
5650 Add tooth to existing partial denture	X	-
5660 Add clasp to existing partial denture- per tooth	Х	-
5670 Replace all teeth and acrylic on cast metal framework (maxillary)	Х	-
5671 Replace all teeth and acrylic on cast metal framework (mandibular)	X	-
5710 Rebase complete upper denture	Х	-
5711 Rebase complete lower denture	X	-
5720 Rebase upper partial denture	X	-
5721 Rebase lower partial denture	Х	-
5725 Rebase hybrid prosthesis	Х	-
5730 Reline upper complete denture (chairside)	X	-
5731 Reline lower complete denture (chairside)	X	-
5740 Reline upper partial denture (chairside)	X	-
5741 Reline lower partial denture (chairside)	Х	-
5750 Reline upper complete denture (laboratory)	X	-
5751 Reline lower complete denture (laboratory)	Х	-
5760 Reline upper partial denture (laboratory)	Х	-

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cialty medications and should be directed to the Pharmacy link option within the website.		
Reline lower partial denture (laboratory)	X	-
Soft liner for complete or partial removable denture - indirect	X	-
5810 Interim complete denture (upper)	X	-
5811 Interim complete denture (lower)	X	-
5820 Interim partial denture (upper)	X	-
5821 Interim partial denture (lower)	X	-
5850 Tissue conditioning, upper-per denture unit	X	-
5851 Tissue conditioning, lower-per denture unit	X	-
5862 Precision attachment, by report	X	-
5863 Overdenture- complete maxillary	X	-
5864 Overdenture- partial maxillary	X	-
5865 Overdenture- complete mandibular	X	-
5866 Overdenture- partial mandibular	X	-
Replacement of replaceable part of semi-precision/attachment (m/f component)	X	-
5875 Modification of removable prosthesis following implant surgery	-	Х
5876 Add metal substructure to acrylic full denture (per arch)	X	-
5899 Unspecified removable prosthodontic procedure, by report	X	-
5911 Facial moulage (sectional)	Х	-
5912 Facial moulage (complete)	X	-
5913 Nasal prosthesis	Х	-
5914 Auricular prosthesis	Х	-
5915 Orbital prosthesis	Х	-
5916 Ocular prosthesis	Х	-
5919 Facial prosthesis	Х	-
5922 Nasal septal prosthesis	Х	-
5923 Ocular prosthesis, interim	X	-
5924 Cranial prosthesis	X	-
5925 Facial augmentation implant prosthesis	X	-
5926 Nasal prosthesis, replacement	X	-
5927 Auricular prosthesis, replacement	X	-
5928 Orbital prosthesis, replacement	X	-
5929 Facial prosthesis, replacement	X	_
5931 Obturator prosthesis, surgical	X	_
5932 Obturator prosthesis, definitive	X	
5933 Obturator prosthesis, modification	X	
5934 Mandibular resection prosthesis with guide flange	X	
5935 Mandibular resection prosthesis with guide flange	X	<u> </u>
5936 Obturator/prosthesis, interim	X	<u> </u>
5937 Trismus appliance (not for tm treatment)	X	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding ecialty medications and should be directed to the Pharmacy link option within the website.	g lists do not reflect information regarding im	munizations, injectable drugs, o
05951 Feeding aid	l x l	-
05952 Speech aid prosthesis, pediatric	X	-
05953 Speech aid prosthesis, adult	X	-
75954 Palatal augmentation prosthesis	X	-
5955 Palatal lift prosthesis, definitive	X	-
5958 Palatal lift prosthesis, interim	X	-
5959 Palatal lift prosthesis, modification	Х	-
5960 Speech aid prosthesis, modification	X	-
5982 Surgical stent	X	-
5983 Radiation carrier	X	-
5984 Radiation shield	X	-
5985 Radiation cone locator	Х	-
5986 Fluoride gel carrier	X	-
5987 Commissure splint	X	-
5988 Surgical splint	X	-
5991 Vesiculobullous disease medicament carrier	X	-
5992 Adjust max prost appliance	X	-
5993 Main/clean max prosthesis	X	-
5995 Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	X	-
5996 Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	X	-
5999 Unspecified maxillofacial prosthesis, by report	X	=
6010 Surgical placement of implant body: endosteal implant. see also 21248	X	=
6011 Second stage implant surgery	X	=
6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant	X	=
6013 Surgical placement of mini implant	X	-
S040 Subperiosteal implant	X	=
6050 Transosseous implant	Х	-
6051 Includes placement and removal. a healing cap is not an interim abutment	Х	-
6055 Implant connecting bar	Х	-
Prefabricated abutment- includes modification and placement	Х	-
Custom fabricated abutment- includes placement	Х	-
Abutment supported porcelain/ceramic crown	Х	-
Abutment supported porcelain fused to metal crown (high noble metal)	X	-
Abutment supported porcelain fused to metal crown (predominantly base metal)	X	-
Abutment supported porcelain fused to metal crown (noble metal)	X	-
Abutment supported cast metal crown (high noble metal)	X	-
Abutment supported cast metal crown (predominantly base metal)	X	-
Abutment supported cast metal crown (noble metal)	X	-
6065 Implant supported porcelain/ceramic crown	X	-

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	dications and should be directed to the Pharmacy link option within the website.	V	
	Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)	X	-
	Implant supported metal crown (titanium/alloy high noble metal)	X	<u>-</u>
	Abutment supported retainer for porcelain/ceramic fpd	X	<u>-</u>
	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	X	-
	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	X	<u>-</u>
	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	X	<u>-</u>
	Abutment supported retainer for cast metal fpd (high noble metal)	X	-
	Abutment supported retainer for cast metal fpd (predominately base metal)	X	-
	Abutment supported retainer for cast metal fpd (noble metal)	X	-
	Implant supported retainer for ceramic fpd	X	-
	Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	Х	-
	Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	X	-
	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and	Χ	-
	abutments Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the		
		X	-
	implant surfaces, without flap entry and closure	V	
	Implant supported crown-porcelain fused to predominantly base alloys	X	<u>-</u>
	Implant supported crown-porcelain fused to noble alloys	X	-
	Implant supported crown-porcelain fused to titanium and titanium alloys	X	<u> </u>
	Provisional implant crown	X	<u> </u>
	Implant supported crown-predominantly base alloys	X	<u>-</u>
	Implant supported crown-noble alloys	X	-
	Implant supported crown-titanium and titanium alloys	X	-
	Accessing and retorquing loose implant screw - per screw	X	-
	Repair implant, by report	Х	-
	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	Х	-
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Х	-
	Abut support crown titanium	Х	-
	Repair implant abutment, by report. see also code 21299	Х	-
	Remove broken implant retaining screw	Х	-
	Abutment supported crown-porcelain fused to titanium and titanium alloys	Х	-
	Implant supported retainer-porcelain fused to predominantly base alloys	X	-
	Implant supported retainer for fpd-porcelain fused to noble alloys	X	-
	Implant removal, by report	X	-
	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed	X	

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06102 Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes	Х	
surface cleaning of the exposed implant surfaces	\ \ \	-
06103 Bone graft for repair of peri-implant defect- does not include flap entry and closure.	Х	-
Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately	Х	-
6105 Removal of implant body not requiring bone removal nor flap elevation	Х	-
6106 Guided tissue regeneration - resorbable barrier, per implant	Х	-
06107 Guided tissue regeneration - non-resorbable barrier, per implant	Х	-
6110 Implant/abutment supported removable denture for edentulous arch-maxillary	Х	-
06111 Implant/ abutment supported removable denture for edentulous arch- mandibular	X	-
6112 Implant/ abutment supported removable denture for partially edentulous arch- maxillary	Х	-
6113 Implant/ abutment supported removable denture for partially edentulous arch- mandibular	X	-
6114 Implant/ abutment supported fixed denture for edentulous arch- maxillary	Х	-
6115 Implant/ abutment supported fixed denture for edentulous arch- mandibular	X	-
06116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	X	_
6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	X	_
6118 Implant/abutment supported interim fixed denture for edentulous arch ; mandibular	X	-
6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	X	_
6120 Implant supported retainer -porcelain fused to titanium and titanium alloys	X	_
6121 Implant supported retainer for metal fpd -predominantly base alloys	X	-
6122 Implant supported retainer for metal fpd -noble alloys	X	_
6123 Implant supported retainer for metal fpd -titanium and titanium alloys	X	_
6180 implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	Х	-
6190 Radio/surgical implant index	Х	-
6191 Semi-precision abutment – placement	X	-
6192 Semi-precision attachment – placement	X	-
6193 replacement of an implant screw	X	-
6194 Abut support retainer titani	X	-
6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys	X	-
Replacement of restorative material used to close an access opening of a screw-retained implant supported	Х	_
prosthesis, per implant		<u> </u>
6198 Remove interim implant component	Х	-
6199 Unspecified implant procedure, by report	Х	-
6205 Pontic-indirect resin based	Х	-
6210 Pontic-cast high noble metal	Х	
6211 Pontic-cast predominantly base metal	Х	-
06212 Pontic-cast noble metal	Х	
6214 Pontic titanium	Х	-

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recialty medications and should be directed to the Pharmacy link option within the website.		
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	-
06243 Pontic-porcelain fused to titanium and titanium alloys	X	-
06245 Pontic - porcelain/ceramic	X	-
06250 Pontic-resin with high noble metal	X	-
06251 Pontic-resin with predominantly base metal	X	-
06252 Pontic-resin with noble metal	X	-
06253 Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression	X	-
06545 Retainer-cast metal for acid etched fixed prosthesis	X	-
06548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	X	-
06549 Resin retainer- for resin bonded fixed prosthesis	X	-
06600 Retainer inlay-porcelain/ceramic, two surfaces	X	-
06601 Retainer inlay - porcelain/ceramic, three or more surfaces	X	-
06602 Retainer inlay - cast high noble metal, two surfaces	X	-
06603 Retainer inlay - cast high noble metal, three or more surfaces	X	-
06604 Retainer inlay - cast predominantly base metal, two surfaces	X	-
06605 Retainer inlay - cast predominantly base metal, three or more surfaces	X	-
06606 Retainer inlay - cast noble metal, two surfaces	Х	-
06607 Retainer inlay - cast noble metal, three or more surfaces	Х	-
06608 Retainer onlay - porcelain/ceramic, two surfaces	X	-
06609 Retainer onlay - porcelain/ceramic, three or more surfaces	Х	-
06610 Retainer onlay - cast high noble metal, two surfaces	Х	-
06611 Retainer onlay - cast high noble metal, three or more surfaces	X	_
06612 Retainer onlay - cast predominantly base metal, two surfaces	Х	-
06613 Retainer onlay - cast predominantly base metal, three or more surfaces	X	-
06614 Retainer onlay - cast noble metal, two surfaces	X	-
06615 Retainer onlay - cast noble metal, three or more surfaces	X	-
06624 Retainer inlay titanium	X	-
D6634 Retainer onlay titanium	X	-
06710 Retainer crown-indirect resin based composite	X	-
06720 Retainer crown-resin with high noble metal	X	-
06721 Retainer crown-resin with predominantly base metal	X	-
06722 Retainer crown-resin with noble metal	X	-
06740 Retainer crown - porcelain/ceramic	X	-
06750 Retainer crown-porcelain fused to high noble metal	X	_
06751 Retainer crown-porcelain fused to predominantly base metal	X	
06752 Retainer crown-porcelain fused to predominantly base metal	X	<u> </u>
06753 Retainer crown-porcelain fused to hobie metal	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
06780 Retainer crown-3/4 cast high noble metal	X	-
06781 Retainer crown - 3/4 cast predominately based metal	X	-
06782 Retainer crown - 3/4 cast noble metal	X	-
06783 Retainer crown - 3/4 porcelain/ceramic	X	-
06784 Retainer crown 3/4-titanium and titanium alloys	X	-
06790 Retainer crown-full cast high noble metal	X	-
06791 Retainer crown-full cast predominantly base metal	X	-
06792 Retainer crown-full cast noble metal	X	-
06793 Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	X	-
06794 Retainer crown titanium	X	-
06920 Connector bar	X	-
06930 Re-cement or re-bond fixed partial denture	X	-
06940 Stress breaker	X	-
06950 Precision attachment	X	-
06980 Fixed partial denture repair, necessitated by restorative material failure	X	-
06985 Pediatric partial denture, fixed	Х	-
06999 Unspecified fixed prosthodontic procedure, by report	Х	-
07111 Extraction, coronal remnants - primary tooth	Х	-
07140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Х	-
07210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of	V	
mucoperiopsteal flap if indicated.	X	-
07220 Removal of impacted tooth-soft tissue	Х	-
07230 Removal of impacted tooth-partially bony	Х	-
07240 Removal of impacted tooth-completely bony	Х	-
07241 Removal of impacted tooth-completely bony, with unusual surgical compl	Х	-
07250 Removal of residual tooth roots (cutting procedure)	Х	-
07251 Coronectomy	Х	-
07252 partial extraction for immediate implant placement	Х	-
07259 nerve dissection	Х	-
07260 Oral antral fistula closure	Х	-
07261 Primary closure of a sinus perforation	Х	_
7270 Tooth re-implantation and/or stabilization of accidentally evulsedor d	X	-
07272 Tooth transplantation	X	_
07280 Exposure of an unerupted tooth	X	_
07282 Mobilization of erupted or malpositioned tooth to aid eruption	X	-
07283 Place device impacted tooth	X	-
07284 Excisional biopsy of minor salivary glands	X	-
07285 Incisional biopsy of oral tissue-hard (bone, tooth)	X	-
07286 Incisional biopsy of oral tissue-soft	X	_

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y medications and should be directed to the Pharmacy link option within the website.		
37 Cytology sample collection	X	-
Brush biopsy	X	-
90 Surgical repositioning of teeth	X	-
71 Transseptal fiberotomy	X	-
Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	X	-
Placement of temporary anchorage device requiring flap; includes device removal	X	<u>-</u>
Placement of temporary anchorage device without flap; includes device removal	X	-
Bone harvest,auto graft proc	X	-
P6 Corticotomy ¿ one to three teeth or tooth spaces, per quadrant	X	-
Of Corticotomy ¿ four or more teeth or tooth spaces, per quadrant	X	-
Removal of temporary anchorage device (screw retained plate), requiring flap	X	-
Removal of temporary anchorage device, requiring flap	X	-
Removal of temporary anchorage device without flap	X	-
O Alveoloplasty in conjunction with extractions - per quadrant	Х	-
11 Alveoloplasty w/extract 1-3	Х	-
20 Alveoloplasty not in conjunction with extractions - per quadrant	X	-
21 Alveoloplasty not w/extracts	X	-
Vestibuloplasty-ridge extension (second epithelialization)	Х	-
Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	X	-
10 Radical excision-lesion diameter up to 1.25 cm	Х	-
11 Excision of benign lesion greater than 1.25 cm	Х	-
12 Excision of benign lesion, complicated	Х	-
13 Excision of malignant lesion up to 1.25 cm	Х	-
14 Excision of malignant lesion greater than 1.25 cm	Х	-
15 Excision of malignant lesion, complicated	X	-
Excision of malignant tumor-lesion diameter up to 1.25 cm	Х	-
Excision of malignant tumor-lesion diameter greater than 1.25 cm	Х	-
Removal of odontogenic cystor tumor-lesion diameter up t0 1.25 cm	Х	-
Removal of odontogenic cystor tumor-lesion diameter greater than 1.25	Х	-
Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	Х	-
Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	Х	-
Destruction of lesion(s) by physicalor chemical methods, by report	Х	-
71 Removal of exostosis - per site	X	-
72 Removal of torus palatinus	Х	-
73 Removal of torus mandibularis	Х	-
Reduction of osseous tuberosity	X	-
Radical resection of mandible with bone graft	Х	-
9 Marsupialization of odontogenic cyst	X	-
10 Incision and drainage of abscess-intraoral soft tissue	X	-

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Ity medications and should be directed to the Pharmacy link option within the website.	3 3	, , , , , , , , , , , , , , , , , , , ,
11 Incision/drain abscess intra	X	-
20 Incision and drainage of abscess-extraoral soft tissue	X	-
21 Incision/drain abscess extra	X	-
Removal of foreign body, skin,or subcutaneous areolar tissue	X	-
40 Removal of reaction-producing foreign bodies-musculoskeletal system	X	-
50 Sequestrectomy for osteomyelitis	X	-
60 Maxillary sinusotomy for removal of tooth fragmentor foreign body	X	-
10 Maxilla-open reduction (teeth immobilized if present)	X	-
20 Maxilla-closed reduction (teeth immobilized if present)	X	-
Mandible-open reduction (teeth immobilized if present)	X	-
40 Mandible-closed reduction (teeth immobilized if present)	X	-
50 Malar and/or zygomatic arch-open reduction	X	-
60 Malar and/or zygomatic arch-closed reduction	X	-
70 Alveolus-stabilization of teeth, open reduction splinting	X	-
71 Alveolus - open reduction, may include stabilization of teeth	X	-
80 Facial bones-complicated reduction with fixation and mul- tiple surgic	X	-
10 Maxilla-open reduction	X	-
20 Maxilla-closed reduction	X	-
30 Mandible-open reduction	X	-
40 Mandible-closed reduction	X	-
750 Malar and/or zygomatic arch-open reduction	X	-
60 Malar and/or zygomatic arch-closed reduction	X	-
70 Alveolus-stabilization of teeth, open reduction splinting	X	-
71 Alveolus, closed reduction stabilization of teeth	X	-
80 Facial bones - complicated reduction with fixation and multiple approaches	X	-
10 Open reduction of dislocation	X	-
20 Closed reduction of dislocation	X	-
30 Manipulation under anesthesia	X	-
40 Condylectomy	X	-
50 Surgical discectomy; with/without implant	X	-
52 Disc repair	X	-
54 Synovectomy	X	-
56 Myotomy	X	-
58 Joint reconstruction	X	
60 Arthrotomy	X	-
65 Arthroplasty	X	-
70 Arthrocentesis	X	-
71 Non-arthroscopic lysis and lavage	X	-
72 Arthroscopy-diagnosis, withor without biopsy	X	-

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D7873 Arthroscopy: lavage and lysis of adhesions	Х	-
D7874 Arthroscopy: disc repositioning and stabilizationo	Х	-
D7875 Arthroscopy: synovectomy	X	-
D7876 Arthroscopy: discectomy	X	-
D7877 Arthroscopy: debridement	X	-
Orali Occlusal orthotic appliance	X	-
07881 Oclussal orthotic device adjustment	X	-
D7899 Unspecified tmd therapy, by report	X	-
07910 Suture of recent small wounds up to 5 cm	X	-
07911 Complicated suture-up to 5 cm	X	-
07912 Complicated suture-greater than 5 cm	X	-
07920 Skin grafts (identify defect covered, location, and type of graft)	X	-
07921 Collection and application of autologous blood concentrate product	X	-
07922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	X	-
07939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	X	-
07940 Osteoplasty-for orthognathic deformities	Х	-
07941 Osteotomy-ramus, closed	Х	-
07943 Osteotomy-ramus, open with bone graft	Х	-
07944 Osteotomy-segmentedor subapical-per sextantor quadrant	X	-
07945 Osteotomy-body of mandible	Х	-
07946 Lefort i (maxilla-total)	Х	-
07947 Lefort i (maxilla-segmented)	Х	-
77948 Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl	Х	-
07949 Lefort iior lefort iii-with bone graft	X	-
07950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	X	-
07951 Sinus augmentation with bone or bone substitutes via a lateral open approach	X	_
77952 The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor		
of the sinus and grafting as necessary. this include	Х	-
07953 Bone replacement graft	Х	-
07955 Repair of maxillofacial soft and hard tissue defects	X	-
07956 Guided tissue regeneration, edentulous area - resorbable barrier, per site	X	-
07957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	X	
07961 Buccal / labial frenectomy (frenulectomy)	X	
D7962 Lingual frenectomy (frenulectomy)	X	
07963 Frenuloplasty	X	<u> </u>
D7970 Excision of hyperplastic tissue-per arch	X	<u> </u>
07970 Excision of hyperplastic tissue-per archi 07971 Excision of pericoronal gingiva	X	-
07971 Excision of pericoronal ginglya 07972 Surgical reduction of fibrous tuberosity	X	-
		-
07979 Non surgical sialolithotomy	X	-

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D7980 Surgical sialolithotomy	X	-
D7981 Excision of salivary gland	X	-
07982 Sialodochoplasty	X	-
07983 Closure of salivary fistula	X	-
77990 Emergency tracheotomy	X	-
07991 Coronoidectomy	X	-
7993 Surgical placement of craniofacial implant – extra oral	X	-
77994 Surgical placement: zygomatic implant	X	-
7995 Synthetic graft - mandible or facial bones, by report	X	-
77996 Implant - mandible for augmentation purposes	X	-
7997 Appliance removal (not by dentist who placed appliance) incl removal of archbar	X	-
7998 Intraoral placement of a fixation device not in conjunction with a fracture	X	-
7999 Unspecified oral surgery procedure, by report	X	-
8010 Limited orthodontic treatment of the primary dentition	X	-
8020 Limited orthodontic treatment of the transitional dentition	X	-
8030 Limited orthodontic treatment of the adolescent dentition	X	-
8040 Limited orthodontic treatment of the adult dentition	X	-
8050 Interceptive orthodontic treatment of the primary dentition	X	-
18060 Interceptive orthodontic treatment of the transitional dentition	X	-
8070 Comprehensive orthodontic treatment of the transitional dentition	X	-
8080 Comprehensive orthodontic treatment of the adolescent dentition	X	-
8090 Comprehensive orthodontic treatment of the adult dentition	X	-
8091 comprehensive orthodontic treatment with orthognathic surgery	Х	-
8210 Removable appliance therapy	Х	-
8220 Fixed appliance therapy	Х	-
8660 Pre-orthodintic treatment examination to monitor growth and development	Х	-
8670 Periodic orthodontic treatment visit (as part of contract)	X	-
periodic orthodontic treatment visit associated with orthognathic surgery	Х	-
8680 Orthodontic retention (removal of appliances, construction and placem	Х	-
8681 Removable orthodontic retainer adjustment	X	-
8690 Orthodontic treatment (alternative billing to a contract fee)	Х	-
8695 Removal of fixed orthodontic appliances for reasons other than completion of treatment	X	-
8696 Repair of orthodontic appliance-maxillary	X	-
8697 Repair of orthodontic appliance-mandibular	X	-
8698 Re-cement or re-bond fixed retainer-maxillary	X	-
8699 Re-cement or re-bond fixed retainer-mandibular	X	-
18701 Repair of fixed retainer, includes reattachment-maxillary	X	-
8702 Repair of fixed retainer, includes reattachment-mandibular	X	_
18703 Replacement of lost or broken retainer-maxillary	X	

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specialty medications and should be directed to the Pharmacy link option within the website.		
D8704 Replacement of lost or broken retainer-mandibular	X	-
D8999 Unspecified orthodontic procedure, by report	X	-
D9110 Palliative (emergency) treatment of dental pain-minor procedures	X	-
D9120 Fixed partial denture sectioning	X	-
D9130 Temporomandibular joint dysfunction-non-invasive physical therapies	X	-
D9210 Local anesthesia n0t in conjunction with operativeor surgical procedu	X	-
D9211 Regional block anesthesia	Х	-
D9212 Trigeminal division block anesthesia	Х	-
D9215 Lcl ansthsa w oprtv or srgcl prcdrs	Х	-
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	-
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	-
D9248 Non-intravenous conscious sedation	X	-
D9310 Consultation (diagnostic service provided by dentistor physician other	X	-
D9311 Consultation with a medical health care professional	Х	-
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	Х	-
D9613 Infiltration of sustained release therapeutic drug-single or multiple sites	X	_
Decided the control of the control o	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	
D9932 Cleaning and inspection of removable complete denture, mandibular	X	<u> </u>
D9934 Cleaning and inspection of removable partial denture, maxillary	X	-
D9934 Cleaning and inspection of removable partial denture, maxiliary D9935 Cleaning and inspection of removable partial denture, mandibular	X	<u>-</u>
		-
D9938 Fabrication of a custom removable clear plastic temporary aesthetic appliance	X	-

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	Placement of a custom removable clear plastic temporary aesthetic appliance	Х	_
	Fabrication of athletic mouthquards	X	<u> </u>
	Repair/reline occlusal guard	X	-
	Occlusal guard adjustment	X	
	Occlusal guard-hard appliance, full arch	X	
	Occlusal guard-soft appliance, full arch	X	
	Occlusal guard-hard appliance, partial arch	X	-
	Custom sleep apnea appliance fabrication and placement	X	-
	Adjustment of custom sleep apnea appliance	X	-
	Repair of custom sleep apnea appliance	X	-
	Occlusion analysis-mounted case	X	_
	Occlusal adjustment-limited	X	-
	Occlusal adjustment-complete	X	_
	Reline custom sleep apnea appliance (indirect)	X	-
	Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and		
	occlusal changes.	Х	-
9955	Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient's		
	response to treatment, integrity of the device, and management of side effects.	Х	-
9956	Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as		
	allowed by applicable laws. Also, to help the dentist in defining the optimal position of the mandible.	X	-
9957	Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-		
	related breathing disorders.	X	-
9959	unspecified sleep apnea services procedure, by report	Х	-
9961	Duplicate/copy patient's records	Х	-
	Enamel microabrasion	Х	-
	Odontoplasty 1-2 teeth; includes removal of enamel projections	Х	-
	External bleaching- per arch- perfmored in offic	Х	ı
	External bleaching - per tooth	Х	ı
	Internal bleaching - per tooth	Х	•
	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Х	•
	Sales tax	X	-
9986	Missed appointment	Х	-
	Cancelled appointment	X	-
	Certified translation or sign-certified translation or sign-language services per visit	Х	-
	Dental case management- addressing appointment compliance barriers	Х	-
	Dental case management- care coordination	Х	-
	Dental case management- motivational interviewing	Х	=
	Dental case management- patient education to improve oral health literacy	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
9995 Teledentistry ¿ synchronous; real-time encounter	X	-
9996 Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	X	-
9997 Dental case management-patients with special health care needs	X	-
9999 Unspecified adjunctive procedure, by report	X	-
0117 Crutch, underarm, articulating, spring assisted, each	X	-
0144 Enclosed walker w rear seat	X	-
0152 Walker, battery power wheels	X	-
0172 Seat lift mechanism placed over or on top of toilet, any type	X	-
0181 Press pad alternating w/ pum	-	X
0182 Pressure pad alternating pum	-	Χ
0183 Press underlay alter w/pump	-	Χ
0191 Protector heel or elbow	Х	-
0193 Powered air flotation bed	-	X
0194 Air fluidized bed	-	Х
0203 Therapeutic lightbox, minimum 10,000 lux, table top model	Х	-
0217 Water circ heat pad w pump	X	-
0218 Water circ cold pad w pump	X	-
0221 Infrared heating pad system	Х	-
Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wou	Х	-
0232 Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	Х	-
0239 Hydrocollator unit portable	Х	-
0240 Bath/shower chair, with or without wheels, any size	Х	-
0241 Bath tub wall rail	Х	-
0242 Bath tub rail floor	Х	-
0243 Toilet rail	Х	-
0244 Toilet seat raised	Х	-
0245 Tub stool or bench	Х	-
0246 Transfer tub rail attachment	Х	-
0247 Transfer bench for tub or toilet with or without commode opening	X	_
0248 Transfer bench, heavy duty, for tub or toilet with or without commode opening	X	_
0250 Hosp bed fixed ht w/ mattres	 	Х
0251 Hosp bed fixed ht w/o mattres	_	X
0255 Hospital bed var ht w/ mattr	_	X
0256 Hospital bed var ht w/o matt	 _ 	X
0260 Hospital Bed Val Ht W/o Hatt	 _	X
0261 Hosp bed semi-electr w/o mat	 _ 	X
0265 Hosp bed total electr w/ mat	 	X

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60266 Hosp bed total elec w/o matt	-	X
60270 Hospital bed institutional t	X	-
0273 Bed board	X	-
0274 Over-bed table	X	-
0277 Powered pres-redu air mattrs	-	X
E0280 Bed cradle	-	X
E0290 Hosp bed fx ht w/o rails w/m	-	X
0291 Hosp bed fx ht w/o rail w/o	-	X
0292 Hosp bed var ht w/o rail w/o	-	X
E0293 Hosp bed var ht w/o rail w/	-	X
0294 Hosp bed semi-elect w/ mattr	-	X
0295 Hosp bed semi-elect w/o matt	-	X
0296 Hosp bed total elect w/ matt	-	X
0297 Hosp bed total elect w/o mat	-	Χ
0300 Pediatric crib, hospital grade, fully enclosed	-	X
0301 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	-	X
O302 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	X
O304 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	-	X
0305 Rails bed side half length	_	X
0310 Rails bed side full length	-	Х
E0315 Bed accessory brd/tbl/supprt	-	Х
Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches	-	Х
Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai	-	Х
0350 Control unit bowel system	Х	-
0352 Disposable pack w/bowel syst	Х	=
0370 Air elevator for heel	Х	-
0371 Nonpower mattress overlay	-	Х
0372 Powered air mattress overlay	_	Х
0373 Nonpowered pressure mattress	- 1	X
0445 Oximeter device for measuring blood oxygen levels non-invasively	X	-
E0446 Topical ox deliver sys, nos	X	-
0457 Schest shell	X	-
E0459 Chest wrap	X	-
E0462 Rocking bed w/ or w/o side r	-	Х
0465 Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	_	X
10466 Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	_	X
0467 Home vent multi-function		X

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	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	X
	Respiratory assist device, bi-level pressure capability, without backup rate	-	X**
	Respiratory assist device, bi-level pressure capability, with back-up rate	-	X**
	Respiratory assist device, bi-level pressure capability, with backup rate	-	X**
	Intrapulmonary percussive ventilation system and related accessories	Χ	-
	Cough stimulating device, alternating positive and negative airway pressure	-	X
	High frequency chest wall oscillation air-pulse generator system, (includeshoses and vest), each	-	X
0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes	Х	-
.0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu	-	Х
0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Х	-
	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Х	-
0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Х	-
	Humidifier, non-heated, used with positive airway pressure device	_	X**
	Humidifier, heated, used with positive airway pressure device	_	X**
	Cont airway pressure device		X**
	Patient lift electric		X
	Multipositional patient support system, with integrated lift, patientaccessible controls	_	X
	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	X	-
	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Х	-
	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Х	-
0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Х	_
	Pneum compressor segmental	-	Х
	Pneum compres w/cal pressure	_	X
	Pneumatic appliance half arm	_	X
	Segmental pneumatic appliance for use with pneumatic compressor, trunk	_	X
	Segmental pneumatic appliance for use with pneumatic compressor, chest	_	X
	Seg pneumatic appl full leg	_	X
	Seg pneumatic appl full arm		X
	Seg pneumatic appli half leg	_	X
	Segmental pneumatic appliance for use with pneumatic compressor, half	_	X
0670 I			^

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20672 Pressure pneum appl full arm	-	X
0673 Pressure pneum appl half leg	-	Χ
0675 Pneumatic compression device, high pressure, rapid inflation/deflation cycle	X	-
0676 Intermittent limb compression device (includes all accessories), not otherwise specified	X	-
0677 Non-pneumatic sequential compression garment, trunk	-	X
0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eyeprotection, 6 foot panel	-	X
0700 Safety equipment, device or accessory, any type	X	-
0710 Restraints any type	X	-
0711 Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	Х	-
0715 Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	X	-
O716 Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-
0721 Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Х	-
0732 Cranial electrotherapy stimulation (ces) system, any type	Х	-
0737 Transcutaneous tibial nerve stimulator, controlled by phone application	Х	-
0738 Upper extremity rehab	Х	-
0739 Rehab sys active assist rt	Х	_
0743 External lower extremity nerve stimulator for restless legs syndrome, each	Х	_
0746 Electromyograph biofeedback	Х	-
0747 Elec osteogen stim not spine	_	Х
0748 Elec osteogen stim spinal	-	Х
0749 Elec osteogen stim implanted	_	Х
0755 Electronic salivary reflex s	Х	-
0760 Osteogen ultrasound stimltor	-	Х
0761 Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device	Х	-
7762 Transcutaneous electrical joint stimulation device system, includes all accessories	X	-
0764 Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used		Х
for		X
D766 Electrical stimulation device used for cancer treatment, includes all accessories, any type	-	^
Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer	X	-
treatment, includes all accessories		
0782 Non-programble infusion pump	-	X
Programmable infusion pump	-	X
2784 Ext amb infusn pump insulin	-	X
0785 Replacement impl pump cathet	-	X
0786 Implantable pump replacement	-	X
0830 Ambulatory traction device	X	-
7840 Tract frame attach headboard	X	-
0850 Traction stand free standing	X	-

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claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect	t information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
0856 Cervical traction device, cervical collar with inflatable air bladder	X	-
0920 Fracture frame attached to b	-	X
0936 Continuous passive motion exercise device for use other than knee	X	-
0970 Wheelchair no. 2 footplates	X	-
0983 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	Χ
0984 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	Χ
0985 Wheelchair accessory, seat lift mechanism	-	X
0988 Manual wheelchair accessory, lever-activated, wheel drive, pair	-	Χ
1003 Wheelchair accessory, power seating system, recline only, without shear	-	Χ
1004 Wheelchair accessory, power seating system, recline only, with mechanical shear	-	Χ
1005 Wheelchair accessory, power seatng system, recline only, with power shear	-	Χ
1006 Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	-	X
1009 Wheelchair accessory, addition to power seating system, mechanically linked leg	-	X
1011 Modification to pediatric wheelchair, width adjustment package (not to bedispensed with initial chair)	-	X
1017 Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair,each	-	Х
1018 Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair,each	-	Х
1022 Wheelchr transport secur	Х	-
1023 Wheelchr transit securement	Х	-
Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	-	Х
Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci	-	Х
1085 Hemi-wheelchair fixed arms	X	-
1086 Hemi-wheelchair detachable a	Х	-
1089 Wheelchair lightwt fixed arm	Х	-
1130 Whichr stand fxd arm ft rest	X	-
1140 Wheelchair standard detach a	Х	-
1220 Whlchr special size/constrc	- 1	Х
1230 Power operated vehicle	- 1	Х
1239 Ped power wheelchair nos	-	Х
1250 Wheelchair lightwt fixed arm	X	-
1260 Wheelchair lightwt foot rest	X	_
1285 Wheelchair heavy duty fixed	X	-
1290 Wheelchair hvy duty detach a	X	_
1300 Whirlpool portable	X	_
1301 Whirlpool tub, walk-in, portable	X	-
1310 Whirlpool non-portable	 ^	X
1399 Durable medical equipment mi	+	X
1699 Dialysis equipment unspecifi	+ - +	X

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specialty medications and should be directed to the Pharmacy link option within the website.		
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	Х	-
E2102 Adjunctive continuous glucose monitor or receiver	-	X
E2103 Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	Χ
E2120 Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	-	Χ
E2298 Pwr seat elev sys for crt	-	X
E2301 Power wheelchair accessory, power standing system	Х	-
E2322 Power wheelchair accessory, hand control interface, multiple mechanical switches	-	Χ
E2324 Power wheelchair accessory, chin cup for chin control interface	-	Χ
E2325 Power wheelchair accessory, sip and puff interface, nonproportional	-	Χ
E2329 Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	Χ
E2330 Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	Χ
E2331 Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	Χ
E2340 Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	Χ
E2341 Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Χ
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	-	Χ
E2371 Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	-	Χ
E2381 Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	Χ
E2382 Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	-	Χ
E2383 Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac	-	Х
E2384 Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	-	X
E2402 Negative pressure wound therapy electrical pump, stationary or portable	-	Х
E2502 Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	_	Χ
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.	-	Х
E2508 Speech generating device, synthesized speech, requiring message formulation by spelling	_	Χ
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	Х	-
E2599 Accessory for speech generating device, not otherwise classified	-	X
E2610 Powered w/c cushion	Х	-
E3000 Speech volume modulation system, any type, including all components and accessories	X	

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and	X	_
accessories, prescription only		
E8000 Posterior gait trainer	X	-
E8001 Upright gait trainer	X	-
8002 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	-
60031 Pall serv during meas	X	-
60032 2+ antipsy schiz	X	-
60033 2+ benzo seiz	Х	-
60034 Pall serv during meas	Х	-
60035 Pt ed pos 23	X	-
60036 Pt/ptn decln assess	Х	-
60037 Pt not able to participate	Х	-
G0038 Clin pt no ref	X	-
60039 Pt no ref, rn spec	Х	-
60040 Pt phys/occ therapy	Х	-
60041 Pt/ptn decln referral	X	-
G0042 Ref to therapy	Х	-
60043 Pt mech pros ht valv	Х	-
60044 Pt mitral stenosis	X	-
60045 Mrs 90 days post stk	X	-
60046 No mrs 90 days post stk	X	-
90047 Ped blunt hd traum	Х	-
60048 Pall serv during meas	X	-
Main hemo in-cntr	Х	-
G0050 Pt w/ Imted life expec	X	-
00051 Pt hospice mnth	Х	-
60052 Pt peri dialysis dur mo	Х	-
G0053 Adv rheum pt care mvp	X	-
60054 Strk cr prev pos outcme mvp	X	-
60055 Adv care heart dx mvp	X	-
G0056 Opt chronic dx mang mvp	X	_
60057 Best pct pt safety em mvp	X	-
60058 Imprv care le jnt repr mvp	X	-
G0059 Pt sfty pos exp w aneth mvp	X	-
60060 Allergy/immunology ss	X	-
60061 Anesthesiology ss	X	_

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specialty medications and should be directed to the Pharmacy link option within the website.		
G0062 Audiology ss	X	-
G0063 Cardiology ss	X	-
G0064 Cert nurse midwife ss	Х	-
G0065 Chiropractic ss	Х	-
G0066 Clinical social work ss	Х	-
G0067 Dentistry ss	Х	-
G0068 Adm of infusion drug in home	-	X
G0069 Professional services for the administration of subcutaneous immunotherapy for each calendar day in the individual's home, each 15 minutes	ch infusion drug administration	Х
G0070 Professional services for the administration of chemotherapy for each infusion drug	administration calendar day in the	X
individual's home, each 15 minutes		
G0076 Care manag h vst new pt 20 m	Х	-
G0077 Care manag h vst new pt 30 m	X	-
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	Х	-
G0084 Care man h v ext pt 60 m	Х	-
G0085 Care man h v ext pt 75 m	X	-
G0086 Care man home care plan 30 m	Х	-
G0087 Care man home care plan 60 m	Х	-
G0088 Adm iv drug 1st home visit	-	Χ
G0089 Adm subq drug 1st home visit	-	Χ
G0090 Adm iv chemo 1st home visit	-	Χ
G0122 Colon ca scrn; barium enema	Х	-
G0129 Partial hosp prog service	-	Χ*
G0151 Hhcp-serv of pt,ea 15 min	-	Х
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 minut	es -	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	-
G0215 Pet imaging, any site, not otherwise specified	X	-

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	, ,		
0238	Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per	-	Χ
	Provision of test materials and equipment for home inr monitoring to patientwith mechanical heart valve(s) who meets	-	Х
	med		
)252	Pet imaging, full and partial-ring pet scanners only, for initial diagnosis ofbreast cancer and/or surgical planning for	Х	-
0255	Current perception threshold/sensory nerve conduction test, (snct) per limb,any nerve	X	-
0276	Pild/placebo control clin tr	-	Χ
0277	Hbot, full body chamber, 30m	-	Χ
0282	Electrical stimulation, (unattended), to one or more areas, for wound careother than described in g0281	Х	-
0283	Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy	-	X*
	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	Х	-
0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	Х	-
	Electromagnetic stimulation, to one or more areas	Χ	
	Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum	^	-
	of 16 days of services	X	-
	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	Χ	
	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 10 days of services	X	-
	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services	X	-
	Immunize counsel 5-15 min	X	-
	Immunize counsel 16-30 mins	X	-
	Immunize counsel 10-30 mins Immunize couns < 21yr 5-15 m	X	-
	Immunize couns < 21yr 6-30 m	X	-
	Counsel immune <21 16-30 m	X	<u> </u>
	Counsel immune <21 10-30 m Counsel immune <21 5-15 m	X	-
	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g.,	^	-
		-	X
	general, intravenous sedation (monitored anesthesia care) and use of an operating room		
0339	Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first	-	X
0340	Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and		Х
	custo	-	^
	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	X	-
	Molecular pathology procedure; physician interpretation and report	-	Χ
	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15	-	Х
	Home visit rn, Ipn by rhc/fq	Х	

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	edications and should be directed to the Pharmacy link option within the website.		
	Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model	X	-
	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	X	-
	Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model	X	-
	Management of a new patient with dementia, low complexity, for use in cmmi model	X	-
	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	Χ	-
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	Х	-
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model	Х	-
G0527	Management of established patient with dementia, low complexity, for use in cmmi model	Х	-
G0528	Management of established patient with dementia, moderate to high complexity, for use in cmmi model	X	-
G0529	In-home respite care, 4-hour unit, for use in cmmi model	Х	-
G0530	Adult day center, 8-hour unit, for use in cmmi model	Х	-
	Facility-based respite, 24-hour unit, for use in cmmi model	Х	-
	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	-	Х
G0566	13d bn img algor dryd fr mri	Х	-
	3d bn img algor drvd fr mri Pt mnth 1 mcp prov	X	-
G1025	Pt mnth 1 mcp prov	Х	
G1025 G1026	Pt mnth 1 mcp prov Pt hemo > 3mo	X	- - -
G1025 G1026 G1027	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo	X X X	-
G1025 G1026 G1027 G1028	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1	X X X X	
G1025 G1026 G1027 G1028 G2001	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m	X X X X	- - - -
G1025 G1026 G1027 G1028 G2001 G2002	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m	X X X X X	- - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m Post-d/c h vst new pt 45 m	X X X X X	- - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 60 m	X X X X X X X	- - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 60 m Post-d/c h vst new pt 75 m	X X X X X X X X	- - - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 60 m Post-d/c h vst new pt 75 m Post-d/c h vst ext pt 20 m	X X X X X X X X X	- - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006 G2007	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 60 m Post-d/c h vst new pt 75 m Post-d/c h vst ext pt 20 m Post-d/c h vst ext pt 20 m	X X X X X X X X X	- - - - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006 G2007 G2008	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 60 m Post-d/c h vst new pt 75 m Post-d/c h vst ext pt 20 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 45 m	X X X X X X X X X X	- - - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006 G2007 G2008 G2009	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 75 m Post-d/c h vst ext pt 20 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 45 m Post-d/c h vst ext pt 45 m Post-d/c h vst ext pt 45 m Post-d/c h vst ext pt 60 m	X X X X X X X X X X X	- - - - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006 G2007 G2008 G2009 G2013	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m Post-d/c h vst new pt 45 m Post-d/c h vst new pt 60 m Post-d/c h vst new pt 75 m Post-d/c h vst ext pt 20 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 30 m Post-d/c h vst ext pt 45 m	X X X X X X X X X X	- - - - - - - - -

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflucecialty medications and should be directed to the Pharmacy link option within the website.	ect information regarding im	munizations, injectable drugs, o
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	_
assigned to the sip component of the per model (do not bill with official care management codes)	^	_
G2081 Pt 66+ snp or ltc pos > 90d	X	-
G2082 Visit esketamine 56m or less	-	Х
G2083 Visit esketamine, > 56m	-	X
S2090 Pt 66+ frailty and med dem	Х	-
S2091 Pt 66+ frailty and adv ill	X	-
S2092 Ace arb arni	Х	-
S2093 Med doc rsn no ace arn arni	Х	-
62094 Pt rsn no ace arn arni	Х	-
S2095 Sys rsn no ace arn arni	X	-
S2096 No rsn ace arb arni	Х	-
S2097 Child dx uri 3d of other dx	X	-
62098 Pt 66+ frailty and med dem	X	-
2099 Pt 66+ frailty and adv ill	X	-
62100 Pt 66+ frailty and med dem	Х	-
62101 Pt 66+ frailty and adv ill	X	-
62105 Pt 66+ It ints > 90	Х	-
62106 Pt 66+ It ints > 90	Х	-
62107 Pt 66+ frailty and adv ill	Х	-
62108 Pt 66+ It ints > 90	X	-
62109 Pt 66+ frailty and med dem	X	-
62110 Pt 66+ frailty and adv ill	Х	-
2112 Pred<=5 mg ra glu <6m	X	-
2113 Pred>5 mg >6m, no chg da	Х	-
2115 Pt 66+ frailty and med dem	X	-
2116 Pt 66+ frailty and adv ill	X	-
2118 Pt 81+ frailty	X	-
2121 Psy dep anx ap and icd asse	X	-
62122 Psy/dep/anx/apandicd noasse	X	-
2125 Pt 81+ frailty	X	-
2126 Pt 66+ frailty adv ill	X	-
2127 Pt 66+ frailty med dem	X	-
62128 No aspirin med rsn	X	-
62129 No bp outpt	X	-
62136 Bk pain vas 6-20wk = 3	X	-
62137 Bk pain vas 6-20wk > 3	X	-
62138 Bk pain vas 9-15mo = 3	Х	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
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	-
S2144 Fs odi 6-20wk postop > 22	Х	-
62145 Fsodi 6-20wk >22 or chg 30pt	X	-
G2146 Leg pain vas 9-15mo <= 3	X	-
S2147 Leg pain vas 9-15mo > 3	X	-
G2148 Mpm used	X	-
S2149 No mpm med rsn	X	-
62150 No mpm	Х	-
62151 Dx degen neuro	Х	-
S2152 Res change sc =0	Х	-
S2167 Res change sc < 0	Х	-
62168 Svs by pt in home health	-	Χ*
S2169 Svs by ot in home health	-	X*
All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment	.,	
services furnished for the demonstration project	X	-
S2173 Uri w comorb 12m oth dx	Х	-
G2174 Uri new rx antibiotic 30d	X	_
G2175 Pt comorb dx 12m of epi	X	-
62176 Outpt ed obs w inpt admit	X	-
S2177 Bronch w rx antibx 30d	X	_
62178 Pt not elig low neuro ex	X	_
22179 Med doc rsn no low ex	X	
22180 Inelig footwr eval	X	
22181 Bmi not doc medrsn ptref	X	
22182 Pt 1st biolog antirheum	X	
22183 Doc pt unable comm	X	
S2184 No caregiver	X	
22185 Caregiver dem trained	X	<u> </u>
62186 Pt ref app rsrcs	X	<u> </u>
22187 Clin ind img hd trauma	X	<u> </u>
62188 Pt 50 yrs w/clin ind hd	X	
		-
S2189 Img hd abnml neuro exam	X	-
S2190 Ind img hd rad neck	X	<u>-</u>
S2191 Ind img hd pos hd ache	X	-
S2192 >55 yrs temp hd ache	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
G2193 <6yr new onset hd ache	X	-
G2194 New hdache ped pt dis	X	-
G2195 Occip hdache child	X	-
G2196 Screen unhithy etoh use	X	-
G2197 Screen hithy etoh use	X	
G2198 Med rsn no unhithy etoh	X	
G2199 Not scrn etoh no rsn	X	<u>-</u>
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	<u> </u>
34010 Infectious disease ss	X	<u> </u>
34010 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	-
G4020 Ophthalmology ss	X	-

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	dications and should be directed to the Pharmacy link option within the website.	T v	
	Orthopedic surgery ss	X	-
	Otolaryngology ss	X	-
	Pathology ss	X	-
	Pediatric ss	X	-
	Physical medicine ss	Х	-
	Phys/occ therapy ss	Х	-
	Plastic surgery ss	X	-
	Podiatry ss	X	<u> </u>
	Preventive medicine ss	X	-
	Pulmonology ss	X	-
	Radiation oncology ss	X	-
	Rheumatology ss	X	-
	Skilled nursing facility ss	X	-
34034	Speech language path ss	X	•
34035	Thoracic surgery ss	Х	-
34036	Urgent care ss	Х	-
G4037	Urology ss	Х	-
34038	Vascular surgery ss	Х	-
G8395	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli	Х	-
38396	Left ventricular ejection fraction (lvef) not performed or documented	Х	-
	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	Х	-
	Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or pharmacologic therapy (othe	Х	-
	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not ordered or pharmacologic thera	Х	-
38404	Lower extremity neurological exam performed and documented	Х	-
	Lower extremity neurological exam not performed	X	-
	Footwear evaluation performed and documented	X	-
	Footwear evaluation was not performed	X	-
	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	X	_
	Bmi >= 30 was calculated and a follow-up plan was documented in the medical record	X	
	Bmi < 22 was calculated and a follow-up plan was documented in the medical record	X	_
	Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	X	-
	Bmi < 30 and >= 22 was calculated and documented	X	
	Bmi not calculated	X	-
	Doc cur meds by prov	X	
	boo our mode by prov	_ ^	-

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

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

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	escription	Not Covered	Preauthorization Required
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, o
,	cations and should be directed to the Pharmacy link option within the website.		
	un stat score le < 0	X	-
	un stat score le not done	Χ	-
	un stat score ls >= 0	X	
	un stat score ls < 0	Χ	-
	un stat score ls pt no elg	X	-
	afs crs lbi no scor no surv	Χ	-
8663 F	un stat score shdl >=0	X	-
8664 F	un stat score shdl < 0	X	-
8666 R	afs crs si no scor no surv	X	-
8667 F	un stat score ue >=0	X	-
8668 F	un stat score ue < 0	X	-
8670 R	afs crs ewh no scor no surv	X	-
8694 L	eft ventricular ejection fraction (Ivef) < 40%	X	-
8708 P	atient not prescribed or dispensed antibiotic	X	-
	atient prescribed or dispensed antibiotic for documented medical reason(s)	X	-
	atient prescribed or dispensed antibiotic	Х	-
	rescribed or dispensed antibiotic	Х	-
	ntibiotic not prescribed or dispensed	Х	-
8721 P	t category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology	Х	-
	ledical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report	Х	-
8723 S	pecimen site is other than anatomic location of primary tumor	Х	-
8724 P	t category, pn category and histologic grade were not documented in the pathology report, reason not otherwise	Х	-
	ocumentation of a positive elder maltreatment screen and documented follow-up plan	Х	-
	lder maltreatment screen documented as negative, no follow-up required	X	-
	lder maltreatment screen documented as positive, follow-up plan not documented, reason not specified	X	-
8749 A	bsence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or ny other sign suggesting systemic spread) or absence of syp	X	-
	lost recent systolic blood pressure < 140 mmhg	Χ	
	lost recent systolic blood pressure >= 140 mmhg	X	
	lost recent diastolic blood pressure < 90 mmhg	X	
	lost recent diastolic blood pressure >= 90 mmhg	X	
	o documentation of blood pressure measurement, reason not otherwise specified	X	<u> </u>
	lood pressure screening performed as recommended by the defined screening interval	X	-
	lood pressure screening not performed as recommended by screening interval, reason not otherwise specified	X	-

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-	cription	Not Covered	Preauthorization Required
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in tions and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, or
	ecimen site other than anatomic location of prostate	Х	
	formance of transabdominal or transvaginal ultrasound	X	-
	nsabdominal or transvaginal ultrasound not performed for reasons documented by clinician	X	-
	formance of transabdominal or transvaginal ultrasound not ordered, reason not specified	X	<u> </u>
	tin therapy not prescribed for documented reasons	X	-
	tin medication prescribed at discharge	X	<u> </u>
	tin therapy not prescribed at discharge, reason not specified	X	-
		X	-
	ient discharge to home no later than postoperative day #7	X	-
	ient not discharged to home by postoperative day #7	X	-
	ient discharge to home no later than postoperative day #2 following evar	X	-
	ient not discharge to home by postoperative day #2 following evar		-
	ient discharged to home no later than postoperative day #2 following cea	X	<u>-</u>
	ient not discharged to home by postoperative day #2	X	-
	ep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	Х	-
	cumentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial	Х	<u>-</u>
	time sleepiness, patient visits between initial testing and		
	ep apnea symptoms not assessed, reason not otherwise specified	X	-
	nea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	X	-
	cumentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) he time of initial diagnosis	X	-
	nea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason specified	Х	-
	sitive airway pressure therapy prescribed	Х	
G8846 Mod	derate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or	X	-
	ater)	Х	
	cumentation of reason(s) for not prescribing positive airway pressure therapy	X	<u> </u>
	sitive airway pressure therapy not prescribed, reason not otherwise specified		-
	ective measurement of adherence to positive airway pressure therapy, documented	X	-
	sitive airway pressure therapy prescribed	X	<u> </u>
	cumentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy		-
	ective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise cified	X	-
	erral to a physician for an otologic evaluation performed	X	-
	ient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a sician for acute or chronic dizziness)	Х	-
	ierral to a physician for an otologic evaluation not performed, reason not specified	Х	_
	ients not assessed for risk of bone loss, reason not otherwise specified	X	-
	eumococcal vaccine administered or previously received	X	_

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect becialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, o
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	Х	
B8869 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	<u> </u>
G8876 Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively		<u></u>
book blockmentation 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	V	
method, reason not otherwise specified	X	-
S8878 Sentinel lymph node biopsy procedure performed	Х	-
S8880 Documentation of reason(s) sentinel lymph node biopsy not performed	Х	_
S8881 Stage of breast cancer is greater than t1n0m0 or t2n0m0	Х	_
S8882 Sentinel lymph node biopsy procedure not performed	Х	_
68883 Biopsy results reviewed, communicated, tracked and documented	Х	_
68884 Clinician documented reason that patient's biopsy results were not reviewed	Х	-
Biopsy results not reviewed, communicated, tracked or documented	X	_
B8907 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	-
B8908 Patient documented to have received a burn prior to discharge	Х	
68909 Patient documented not to have received a burn prior to discharge	X	_
B8910 Patient documented to have experienced a fall within asc	X	
B8911 Patient documented not to have experienced a fall within ambulatory surgical center	X	
Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant		
levent	X	-
B8913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong		
limplant event	X	-
Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc	Х	
B8915 Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc		
i diletti desamented net te nare expenenced a nespital transfer el nespital dallinesien apen disentarge nem des	X	-
B8916 Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time	V	
	X	-
B8917 Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic not initiated on time	X	_
		<u> </u>
S8918 Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis	X	-
G8923 Left ventricular ejection fraction (Ivef) < 40% or documentation of moderately or severely depressed left ventricular	X	_
systolic function	^	-

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	dications and should be directed to the Pharmacy link option within the website.		
38924	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)	X	-
:	Left ventricular ejection fraction (Ivef) <40% or documentation of moderately or severely depressed left ventricular systolic function	Х	1
8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	-
	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	Х	-
38937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	Х	-
	Elder maltreatment screen documented, patient not eligible for follow-up	Х	-
	Documented functional outcomes assessment and care plan within the previous 30 days	Х	-
	Ajcc melanoma cancer stage 0 through iic melanoma	Х	-
38946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic	Х	-
	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	Х	=
8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-
	Most recent assessment of adequacy of volume management	Х	_
	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	Х	-
	Assessment of adequacy of volume management not documented, reason not given	Х	-
8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	Х	-
8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low ri	Х	-
	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci wihin 2 years	Х	-
8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had poi wthin 2 years (e.g., symptomatic patient, patient grea	Х	-
	Warfarin or another oral anticoagulant that is fda approved prescribed	Х	-
8968	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	-
8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., economic, social, and/or religious impediments, nonco	Х	-
	No risk factors or one moderate risk factor for thromboembolism	Χ	-
	Mccd, initial rate	X	-
	Mccd,maintenance rate	X	-
	Mccd, risk adj hi, initial	X	-
	Mccd, risk adj lo, initial	X	-
	Mccd, risk adj, maintenance	X	_

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9006	Mccd, home monitoring	Х	-
	Mccd, sch team conf	Х	-
9008	Mccd,phys coor-care ovrsght	Х	-
	Coordinated care fee, risk adjusted maintenance, level 3	Х	-
9010	Coordinated care fee, risk adjusted maintenance, level 4	Х	-
9011	Coordinated care fee, risk adjusted maintenance , level 5	Х	-
9012	Other specified case mgmt	Х	-
9013	Esrd demo basic bundle level i	Х	-
9014	Esrd demo expanded bundle including venous access and related services	X	-
	Demo-smoking cessation coun	Х	-
9050	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence	X	-
9051	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	Х	-
9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	Х	-
9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	Х	-
	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	X	-
	Oncology; primary focus of visit; other, unspecified service not otherwise listed	X	-
	Oncology; practice guidelines; management adheres to guidelines	Х	_
	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	Х	-
9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin	Х	-
9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment	Х	-
9060	Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness	Х	-
	Oncology; practice guidelines; patients condition not addressed by available guidelines	Х	-
	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	Х	-
	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1	Х	-
9064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii	Х	-
9065	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii	Х	-
9066	Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic	Х	-
	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation	X	-
	Oncology; disease status; limited to small cell and combined small cell/non small cell	X	-
	Oncoloyg; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell	Х	-

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	edications and should be directed to the Pharmacy link option within the website.	Х	
	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small	X	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	<u> </u>
	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	
	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	
	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	
	Oncology; disease status; prostate cancer, limited to adenocarcinoma	X	
	Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	X	_
	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	Х	-
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9092	Oncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty	Х	-

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Disclaimer	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding in	nmunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	<u>-</u>
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Χ	-
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
	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	Х	-
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
G9113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	Х	
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	X	
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv	X	
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	X	
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	X	
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	
	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	Х	
	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl	Х	-
00400	posit	V	
	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	Х	-
	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	X	
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., ris	Х	-
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	Х	-

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claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflected little medications and should be directed to the Pharmacy link option within the website.	t information regarding	immunizations, injectable drugs,
Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	Х	-
9135 Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	Х	-
9136 Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	Х	-
9137 Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	Х	-
9138 Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin	Х	-
9139 Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-
9140 Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of	Х	-
9143 Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	Х
Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine	Х	-
9148 National committee for quality assurance - level 1 medical home	Х	-
9149 National committee for quality assurance - level 2 medical home	X	_
9150 National committee for quality assurance - level 3 medical home	X	-
9151 Mapcp demonstration - state provided services	X	_
9152 Mapcp demonstration - community health teams	X	_
9153 Mapcp demonstration - physician incentive pool	X	_
9157 Transesophageal doppler used for cardiac monitoring	X	_
9187 Bpci home visit	Х	-
9188 Beta not given no reason	Х	-
9189 Beta pres or already taking	Х	-
9190 Medical reason for no beta	Х	-
9191 Pt reason for no beta	Х	-
9192 System reason for no beta	Х	-
9196 Med reason for no ceph	Х	-
9197 Order for ceph	Х	-
9198 No order for ceph no reason	Х	_
9212 Doc of dsm-iv init eval	X	-
9213 No doc of dsm-iv	X	-
9223 Pjp proph ordered cd4 low	X	-
9225 Norsn no foot exam	X	-
9226 3 comp foot exam completed	X	_
9227 Docrsn no care plan	X	_

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ecialty medications and should be directed to the Pharmacy link option within the website.		
9228 Gc chl syp documented	X	-
9229 Ptrsn no gc chl syp test	X	-
9230 Norsn for gc chl syp test	X	-
9231 Doc esrd dia trans preg	X	-
9242 Doc viral load >=200	X	-
9243 Doc viral load <200	X	-
9246 No med visit in 24mo	X	-
9247 1 med visit in 24mo	X	-
9250 Doc of pain comfort 48hr	X	-
9251 Doc no pain comfort 48hr	X	-
9254 Doc pt dischg >2d	X	-
9255 Doc pt dischg <=2d	X	-
9273 Sys<140 and dia<90	X	-
9274 Bp out of nrml limits	X	-
9275 Doc of non tobacco user	X	-
9276 Doc of tobacco user	X	-
9277 Doc daily aspirin or contra	X	-
9278 Doc no daily aspirin	X	-
9279 Pne scrn done doc vac done	X	-
9280 Pne not given norsn	X	-
9281 Pne scrn done doc not ind	X	-
9282 Doc medrsn no histo type	X	-
9283 Hist type doc on report	Х	-
9284 No hist type doc on report	Х	-
9285 Site not small cell lung ca	Х	-
9286 Doc antibio order w in 7d	Х	_
9287 No doc antibio order w in 7d	Х	-
9288 Doc medrsn no hist type rpt	X	-
9289 Doc type nsm lung ca	Х	-
9290 No doc type nsm lung ca	X	-
9291 Not nsm lung ca	X	-
9292 Medrsn no pt category	X	-
9293 No pt category on report	X	-
9294 Pt cat and thick on report	X	_
9295 Non cutaneous loc	X	
9296 Doc share dec prior proc	X	
9297 No doc share dec prior proc	X	<u> </u>
9298 Eval risk vte card 30d prior	X	<u> </u>
9299 No eval risk vte card prior	X	<u> </u>

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pecialty medications and should be directed to the Pharmacy link option within the website.		
G9305 No interv req for leak	X	ı
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	•
S9317 No doc comm risk calc	X	•
G9318 Image std nomenclature	X	-
G9319 Image not std nomenclature	X	-
99321 Doc count of ct in 12mo	X	-
99322 No doc count of ct in 12mo	X	-
Sign System Syst	X	-
S9342 No srch for ct in 12mo norsn	X	-
Sysrsn no dicom srch	X	-
99345 Follow up pulm nod	X	=
99347 No follow up pulm nod norsn	X	-
39351 Doc >1 sinus ct w 90d dx	X	=
9352 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	-
9356 Early ind/delivery	X	-
G9357 Pp eval/edu perf	X	-
G9358 Pp eval/edu not perf	X	-
G9359 Neg mgd pos tb notact	X	1
G9360 No doc of neg or man pos tb	X	-
G9361 Medical indication for elective delivery or early induction	X	-
69364 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	
99383 Recd scrn hcv infec	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.	I v I	
9384 Doc med reas no offer eol	X	-
9385 Doc pt reas not rec hcv srn	X	-
9386 Scrn hcv infec not recd	X	-
9393 Ini phq9 >9 remiss <5	X	-
9394 Dx bipol, death, nhres, hosp	X	-
9395 Ini phq9 >9 no remiss >=5	X	-
9396 Ini phq9 >9 not assess	X	-
9408 Card tamp w/in 30d	X	-
9409 No card tamp e/in 30d	X	-
9410 Admit w/in 180d req remov	X	-
9411 No admit w/in 180d req remov	X	-
9412 Admit w/in 180d req surg rev	X	-
9413 No admit req surg rev	X	-
9414 Idose menig vac btwn 11 & 13	X	-
9415 No 1dose meni vac btwn 11&13	X	-
9416 Tdap or td or 1tet/dipth	X	-
9417 No tdap or td or 1tet/dipth	X	-
9418 Lungcx bx rpt docs class	X	-
9419 Med reas no rpt histo type	X	-
9420 Spec site no lung	X	-
9421 Lung cx bx rpt no doc class	X	-
9422 Rpt doc class histo type	X	-
9423 Med reas rpt no histo type	X	-
9424 Site no lung or lung cx	Х	-
9425 Spec rpt no doc class histo	X	-
9426 Impr med time edarr pain med	Х	-
9427 No impro med time pain med	X	-
9428 Rpt pt cat and pt1	Х	-
9429 Doc med reas no pt cat	Х	-
9430 Spec site no cutaneous	X	-
9431 No pt cat and pt1	X	-
9432 Asth controlled	X	-
9434 Asth not controlled	X	-
9451 1x scrn hcv infect	X	
9452 Doc med reas no scrn hcv	X	
9453 Pt reas no hov infect	X	<u>-</u>
9454 No hcv infect srn	X	<u> </u>
9455 Abd imag w/us, ct or mri	X	<u> </u>
9456 Doc med pt reas no hcc scrn	X	<u> </u>

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflected to the Pharmacy link option within the website.	ect information regarding im	munizations, injectable drugs, or
edative medications and should be directed to the Pharmacy link option within the website. 9457 No abd imag w/o reason	X	
9468 No recd cortico>=10mg/d >60d	X	
9470 No rec cortico>60d 1rx 600mg	X	<u> </u>
9471 W/in 2yr dxa not order		-
	X	-
Services performed by chaplain in the hospice setting, each 15 minutes	X	-
Services performed by dietary counselor in the hospice setting, each 15 minutes		-
Services performed by other counselor in the hospice setting, each 15 minutes	X	-
Services performed by volunteer in the hospice setting, each 15 minutes	X	-
Services performed by care coordinator in the hospice setting, each 15 minutes	X	-
Services performed by other qualified therapist in the hospice setting, each 15 minutes	X	-
Services performed by qualified pharmacist in the hospice setting, each 15 minutes	X	-
9480 Admission to medicare care choice model program (mccm)	X	-
Remote e/m new pt 10mins	X	-
Remote e/m new pt 20mins	X	-
9483 Remote e/m new pt 30mins	X	-
S9484 Remote e/m new pt 45mins	X	-
9485 Remote e/m new pt 60mins	X	-
9486 Remote e/m est. pt 10mins	X	-
9487 Remote e/m est. pt 15mins	X	-
9488 Remote e/m est. pt 25mins	X	-
S9489 Remote e/m est. pt 40mins	X	-
9490 Joint replac mod home visit	X	-
Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	X	-
9498 Antibiotic regimen prescribed	Х	-
9500 Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using	V	
fluoroscopy, documented	X	-
9501 Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for		
procedure using fluoroscopy, reason not given	X	-
9502 Med reas no perf foot exam	Х	-
9504 Doc reas no hbv status	X	-
9505 Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	X	-
9506 Biologic immune response modifier prescribed	X	-
9507 Doc reas on statin or contra	X	-
9508 Documentation that the patient is not on a statin medication	X	_
Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	X	_
9510 Remis12m not phq-9 score <5	X	
9511 Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	X	
9512 Individual had a pdc of 0.8 or greater	X	<u> </u>
9512 Individual flad a puc of 0.6 of greater 9513 Individual did not have a pdc of 0.8 or greater	X	-

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sclaimer ecialty m	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
	Patient required a return to the operating room within 90 days of surgery	Х	
	Patient did not require a return to the operating room within 90 days of surgery	X	
	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	X	
	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason		
110011	not given	Х	-
9518	Documentation of active injection drug use	Х	-
	Final ref +/- 1.0 w/in 90d	Χ	-
9520	Refract not +/- 1.0 w/in 90d	X	-
	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	Х	-
9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	Х	-
9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	Χ	-
	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	Х	-
9531	Pt doc	Х	-
	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	X	_
	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	-
9539	Intent for potential removal at time of placement	Х	
	Patient alive 3 months post procedure	X	
	Filter removed within 3 months of placement	X	
	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	X	
	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	
9544	No filt remov w/in 3mos plcm	Х	-
	Cys ren les or adren	X	-
	No f/u rec image study	X	-
	Doc med rsn for f/u imag	X	-
	Imag rec	X	-
	Imag no les	X	-
	Incidental thyroid nodule < 1.0 cm noted in report	X	_
	Prior thyroid disease diagnosis	X	-
	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	X	-
	Doc med reas no follow imag	X	-
	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	X	-
9557	Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted	Х	<u> </u>

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9580 Door to puncture time of less than 2 hours	Т x Т	
9582 Door to puncture time of greater than 2 hours, no reason given	X	-
9593 Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	X	-
9594 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	-
9595 Doc shnt/tum/coag	X	
9596 Hd inj >24h/gcs >15/no res	X	
Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	X	-
Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-
Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-
9603 Patient survey score improved from baseline following treatment	Х	-
9604 Patient survey results not available	Х	-
9605 Patient survey score did not improve from baseline following treatment	Х	-
69606 Intraoperative cystoscopy performed to evaluate for lower tract injury	Х	-
Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	Х	-
9608 Intraoperative cystoscopy not performed to evaluate for lower tract injury	Х	-
9609 Documentation of an order for anti-platelet agents or p2y12 antagonists	Х	-
9610 Doc md rsn no antipla/p2y12	Х	-
9611 Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	Х	-
9612 Photodocumentation of one or more cecal landmarks to establish a complete examination	Х	=
9613 Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	Х	-
9614 No photodocumentation of cecal landmarks to establish a complete examination	Х	-
Open Book Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of an kind		-
Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	Х	-
Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	Х	-
Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Х	-
Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	Х	-
Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	Х	-
9625 Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	X	-

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69626 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	
99628 Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	
G9629 Pt not elig	X	_
Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	_
Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	X	_
69632 Pt not elig	X	-
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	-
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	-
69649 Psori tool doc w/benchmk	X	-
G9651 Psori tool doc/no bnchmk met	Х	-
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	Х	-
99656 Patient transferred directly from anesthetizing location to pacu	Х	-
A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	Х	-
S9659 >85y no hx colo ca/rsn scope	X	_
S9660 Doc med rsn scope pt >85y	Х	-
S9661 >85y scope othr rsn	Х	-
99662 Previously diagnosed or have an active diagnosis of clinical ascvd	X	-
69663 Fast/dir IdI <= 190 mg/dl	Х	-
99664 Patients who are currently statin therapy users or received an order (prescription) for statin therapy	X	-
Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	X	-
The highest fasting or direct Idl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior the beginning of the measurement period	to X	-
99674 Patients with clinical ascvd diagnosis	Х	-
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	_

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specialty medications and should be directed to the Pharmacy link option within the website.	V	
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	-
99688 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	-
99696 Med rsn no presc bronchdil	X	=
99697 Pt rsn no presc bronchdil	X	=
S9698 Sys rsn no presc bronchdil	X	-
69699 Long inhal bronchdil no pres	X	-
69700 Pt is w/hosp during msmt per	X	-
69702 Pt use hosp during msmt per	Х	=
99703 Child anbx 30 prior dx phary	X	-
69704 Ajcc br ca stg i: t1 mic/t1a	X	-
69705 Ajcc br ca stg ib	X	-
G9706 Low recur prost ca	X	_
69708 Bilat mast/hx bi /unilat mas	X	_
69709 Hosp srv used pt in msmt per	X	-
69710 Pt prov hosp srv msmt per	X	-
G9711 Pt hx tot col or colon ca	X	-
69712 Doc med rsn presc anbx	X	_
69713 Pt use hosp during msmt per	X	_
69714 Pt is w/hosp during msmt per	X	_
69715 Pt w/hosp anytime msmt per	X	
69716 Bmi not norm, no follow, doc	X	-
69717 Doc dx depr/dx bipol, no scr	X	
99718 Hospice anytime msmt per	X	<u> </u>
99719 Pt not ambul/immob/wc	X	<u> </u>
69720 Hospice anytime msmt per	X	<u> </u>
99720 Hospice anytime msmt per	X	
59721 Pt not ambul/immob/wc 59722 Doc hx renal fail or cr+ >4	X	-
		-
G9723 Hosp recd by pt dur msmt per	X	-
69724 Pt w/doc use anticoag mst yr	X	-

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^{**}Preauth after 3rd rental month when criteria not met.



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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	<u>-</u>
G9728 Refused to participate	Х	-
G9729 Pt unbl cmplt hip fs prom	Х	-
G9730 Refused to participate	Х	-
G9731 Pt unbl cmplt ft/ank fs prom	X	-
G9732 Refused to participate	X	-
G9733 Pt unbl cmplt lb fs prom	X	-
G9734 Refused to participate	X	-
G9735 Pt unbl cmplt shid fs prom	X	-
G9736 Refused to participate	X	-
G9737 Pt unbl cmplt ewh fs prom	X	-
G9740 Hosp srv to pt dur msmt per	X	-
G9741 Pt w/hosp anytime msmt per	X	-
G9744 Pt not elig, dx htn	Х	-
G9745 Doc rsn no scr high bp	X	-
G9746 Mit sten, valve or trans af	X	-
G9752 Urgent surgery	Х	-
G9753 Doc no dicom, ct other fac	Х	-
G9754 Incid pulm nodule	X	-
G9755 Doc med rsn for imaging	Х	-
G9756 Surg proc w/silicone oil	Х	-
G9757 Surg proc w/silicone oil	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	<u> </u>
G9768 Pt w/hosp anytime msmt per	X	
G9769 Bn den 2yr/got ost med/ther	X	
G9770 Perip nerve block	X	<u> </u>
G9771 Anes end, 1 temp >35.5(95.9)	X	<u> </u>
G9771 Aries end, 1 temp > 5.5(95.9) G9772 Doc med rsn no temp >= 35.5	X	
G9772 Doc med rsn no temp >= 35.5 G9773 No temp >35.5(95.9), anes	X	-
	X	<u>-</u>
G9774 Pt had hyst	į X	-

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odes Description	Not Covered	Preauthorization Required
isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quari pecialty medications and should be directed to the Pharmacy link option within the website.	terly. Additionally, these coding lists do not reflect information regardin	g immunizations, injectable drugs, or
	l v	1
G9775 Recd 2 anti-emet pre/intraop	X	-
G9776 Doc med rsn no proph antiem		-
G9777 Pt no antiemet pre/intraop	X	-
G9778 Pts dx w/pregn	X	-
99779 Pts breastfeeding	X	-
99780 Pts dx w/rhabdomyolysis	X	-
69781 Doc rsn no statin	X	-
69782 Hx dx fam/pure hypercholes	X	-
9784 Path/derm 2nd opin bx	X	-
9785 Path report sent	X	-
9786 Path report not sent	X	-
9787 Pt alive lst day msmt yr	X	-
9788 Most rct bp = 140/90</td <td>X</td> <td>-</td>	X	-
S9789 Record bp ip, er, urg/self	X	-
9790 Most rct bp >/= 140/90	X	-
Most rct tob stat free	X	-
Most rct tob stat not free	X	-
9793 Pt on daily asa/antiplat	X	-
9794 Doc med rsn no asa/antiplat	X	-
9795 Pt no daily asa/antiplat	X	-
9796 Pt not currently on statin	X	-
9797 Pt currently on statin	X	-
9805 Pt w/hosp anytime msmt per	X	-
9806 Pt recd cerv cyto/hpv	X	-
9807 Pt no recd cerv cyto/hpv	X	-
9808 Pt no asthm cont med mst per	X	-
9809 Pt w/hosp anytime msmt per	X	-
9810 Pdc 75% w/asth cont med	X	-
9811 No pdc 75% w/asth cont med	X	-
9812 Pt died during inpt/30d aft	X	-
99813 Pt not died w/in 30d of proc	X	-
9818 Doc sex activity	X	-
9819 Pt w/hosp anytime msmt per	X	-
9820 Doc chlam scr test w/follow	X	-
69821 No doc chlam scr ts w/follow	X	-
69822 Endo abl proc yr prev ind dt	X	-
69823 Endo smpl/hyst bx res doc	X	-
59824 Endo smpl/hyst bx res no doc	X	-
9830 Her-2 pos	X	_

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pecialty 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	-
99838 Pt met dis at dx	X	-
Anti-egfr mon anti ther	X	-
S9840 Kras tst bfr beg anti moab	X	-
9841 No kras tst bfr beg ant moab	X	-
99842 Pt met dis at dx	Х	-
S9843 Kras gene mut	X	-
9844 Pt no recd anti-egfr ther	X	-
99845 Pt recd anti-egfr ther	X	-
9846 Pt died from cancer	X	-
9847 Pt recd chemo last 14d life	X	-
9848 Pt no chemo last 14d life	Х	-
9852 Pt died from cancer	Х	-
9853 Icu stay last 30d life	Х	-
9854 No icu stay last 30d life	X	-
9858 Pt enroll hospice	X	-
9859 Pt died from cancer	X	-
S9860 Pt less 3d hospice	Х	-
9861 Pt more than 3d hospice	Х	-
9862 Doc rsn no 10 yr follow	Х	-
9868 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	-
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	-
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	-
9873 1 em core session	X	
9874 4 em core sessions	X	-
69875 9 em core sessions	X	<u> </u>
9876 2 em core ms mo 7-9 no wl	X	<u>-</u>
		-
9877 2 em core ms mo 10-12 no wl	X	-
9878 2 em core ms mo 7-9 wl	X	-
9879 2 em core ms mo 10-12 wl	X	-
Separation of the separation o	X	-
S9881 Em 9 percent wl	X	-
9882 2 em ongoing ms mo 13-15 wl	X	-
99883 2 em ongoing ms mo 16-18 wl	X	-
99884 2 em ongoing ms mo 19-21 wl	X	<u> </u>

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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	Х	-
G9912 Hbv status assesed and int	Х	-
G9913 No hby status assesd and int	X	-
G9914 Pt receiving anti-tnf agent	Х	-
G9915 No documntd hbv results rcd	X	-
G9916 Funct status past 12 months	Х	-
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	Х	-

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	rage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists	•	
	be directed to the Pharmacy link option within the website.	do not reneat information regarding	minumizations, injectable drugs, or
G9939 Same path/deri	n perf biopsy	Х	-
G9940 Doc reas no sta		Х	-
G9942 Adtl spine proc		Х	-
G9943 Bk pn nt msr va		Х	-
G9945 Pt w/cancer so		Х	-
G9946 Bk pain no vas		Х	-
G9948 Adtl spine proc	on same date	X	-
G9949 Leg pain no vas		X	-
G9954 Pt >2 rsk fac po	ost-op vomit	X	-
G9955 InhInt anesth or		X	-
G9956 Combo thrpy of	>= 2 prophly	X	-
G9957 Doc med rsn no	combo thrpy	Х	-
G9958 No combo proh	pyl thrp for pt	Х	-
G9959 Systemic antim	icro not presc	X	-
G9960 Med rsn sys an	timi nt rx	X	-
G9961 Systemic antim		X	-
G9962 Embolization de	oc separatly	X	-
G9963 Embolization no	ot doc separat	X	-
G9964 Pt recv >=1 we	ll-chld visit	X	-
G9965 No well-chld vis	st recv by pt	X	-
G9968 Pt refrd 2 pvdr/	spolst in pp	Х	-
G9969 Pvdr rfrd pt rprt	rcvd	X	-
G9970 Pvdr rfrd pt no	rprt rcvd	X	-
G9976 Doc pat rsn no	mac exm perf	Х	-
G9977 Dil mac exam r	o perf rsn nos	X	-
G9978 Remote e/m ne	w pt 10 mins	X	-
G9979 Remote e/m ne	w pt 20 mins	Х	-
G9980 Remote e/m ne	w pt 30 mins	X	-
G9981 Remote e/m ne	w pt 45 mins	Х	-
G9982 Remote e/m no	ew pt 60 mins	Х	-
G9983 Remote e/m es	t. pt 10 mins	Х	-
G9984 Remote e/m es		X	-
G9985 Remote e/m es		X	-
G9986 Remote e/m es		X	-
G9987 Bpci advanced		X	-
G9988 Pall serv during	meas	X	-
G9989 Med rsn no pne		X	-
G9992 Pall serv during		X	-
G9993 Pall serv during	meas	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.	T v I	
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	-
S9998 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	-
10005 Alcohol and/or drug services	X	-
H0006 Alcohol and/or drug services	X	-
10007 Alcohol and/or drug services	X	=
10008 Alcohol and/or drug services	X	=
10009 Alcohol and/or drug services	X	-
10010 Alcohol and/or drug services	X	-
10011 Alcohol and/or drug services	X	-
10012 Alcohol and/or drug services	Х	=
10013 Alcohol and/or drug services	X	-
10014 Alcohol and/or drug services	X	=
10015 Alcohol and/or drug services	X	-
10016 Alcohol and/or drug services	X	_
10017 Alcohol and/or drug services	X	_
10018 Alcohol and/or drug services	X	
10019 Alcohol and/or drug services	X	
10020 Alcohol and/or drug services	X	_
10021 Alcohol and/or drug training	X	
10022 Alcohol and/or drug interven	X	
10023 Alcohol and/or drug outreach	X	
10024 Alcohol and/or drug preventi	X	
10025 Alcohol and/or drug preventi	X	
10026 Alcohol and/or drug preventi	X	
10026 Alcohol and/or drug preventi	X	<u> </u>
10028 Alcohol and/or drug preventi	X	-
10029 Alcohol and/or drug preventi	X	-
10030 Alcohol and/or drug hotline	X	-
Mental health assessment, by non-physician	X	-
Mental health service plan development by non-physician	X	-
H0033 Oral medication administration, direct observation	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.	oding lists do not relied illionnation regarding	mmunizations, injectable drugs, or
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	Х	-
H0038 Self-help/peer services, per 15 minutes	Х	-
H0039 Assertive community treatment, face-to-face, per 15 minutes	X	-
H0040 Assertive community treatment program, per diem	Х	-
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	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
2019 Therapeutic behavioral services, per 15 minutes	X	-
2020 Therapeutic behavioral services, per diem	Х	-
2021 Community-based wrap-around services, per 15 minutes	X	-
2022 Community-based wrap-around services, per diem	X	-
2023 Supported employment, per 15 minutes	X	-
2024 Supported employment, per diem	X	-
2025 Ongoing support to maintain employment, per 15 minutes	X	-
2026 Ongoing support to maintain employment, per diem	X	-
2027 Psychoeducational service, per 15 minutes	X	-
2028 Sexual offender treatment service, per 15 minutes	X	-
2029 Sexual offender treatment service, per diem	X	=
2030 Mental health clubhouse services, per 15 minutes	X	-
2031 Mental health clubhouse services, per diem	X	-
2032 Activity therapy, per 15 minutes	X	-
2033 Multisystemic therapy for juveniles, per 15 minutes	Х	-
2034 Alcohol and/or drug abuse halfway house services, per diem	Х	-
2035 Alcohol and/or other drug treatment program, per hour	Х	-
2036 Alcohol and/or other drug treatment program, per diem	Х	-
2037 Developmental delay prevention activities, dependent child of client, per 15 minutes	Х	-
2038 Skill train and dev/diem	Х	-
2040 Coordinated specialty care, team-based, for first episode psychosis, per month	Х	=
2041 Coordinated specialty care, team-based, for first episode psychosis, per encounter	Х	-
0005 Ultralightweight wheelchair	-	Х
0010 Stnd wt frame power whichr	-	Х
0011 Stnd wt pwr whichr w control	-	Х
0012 Ltwt portbl power whichr	_	Х
0108 W/c component-accessory nos	_	X
0553 Ther cgm supply allowance	_	Х
0554 Ther cgm receiver/monitor	_	Х
0606 Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	_	X
Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Х	-
0800 Pov group 1 std up to 300 lbs	_	Х
0801 Pov group 1 hd 301-450 lbs	-	X
0802 Pov group 1 vhd 451-600 lbs		X
0806 Pov group 2 std up to 300lbs	-	X
0807 Pov group 2 hd 301-450 lbs	-	^ X
0808 Pov group 2 vhd 451-600 lbs	-	X
0808 Pov group 2 viid 431-600 ibs 0812 Power operated vehicle noc	-	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally the services are updated quarterly.	onally, these coding lists do not reflect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
(0813 Pwc gp 1 std port seat/back		X X
(0814 Pwc gp 1 std port cap chair	-	
(0815 Pwc gp 1 std seat/back		X
(0816 Pwc gp 1 std cap chair	-	X X
(0820 Pwc gp 2 std port seat/back	-	
(0821 Pwc gp 2 std port cap chair	-	X
(0822 Pwc gp 2 std seat/back	-	X
(0823 Pwc gp 2 std cap chair	-	X
(0824 Pwc gp 2 hd seat/back	-	X
0825 Pwc gp 2 hd cap chair	-	X
(0826 Pwc gp2 vhd seat/back	-	X
0827 Pwc gp 2 vhd cap chair	-	X
0828 Pwc gp 2 xtra hd seat/back	-	X
(0829 Pwc gp 2 xtra hd cap chair	-	Х
(0830 Pwc gp2 std seat elevate s/b	-	X
0831 Pwc gp2 std seat elevate cap	-	Χ
0835 Pwc gp2 std sing pow opt s/b	-	Χ
0836 Pwc gp2 std sing pow opt cap	-	X
(0837 Pwc gp 2 hd sing pow opt s/b	-	Χ
0838 Pwc gp 2 hd sing pow opt cap	-	Χ
(0839 Pwc gp2 vhd sing pow opt s/b	-	X
(0840 Pwc gp2 xhd sing pow opt s/b	-	Χ
0841 Pwc gp2 std mult pow opt s/b	-	Χ
(0842 Pwc gp2 std mult pow opt cap	-	Χ
10843 Pwc gp2 hd mult pow opt s/b	-	Χ
0848 Pwc gp 3 std seat/back	-	Χ
0849 Pwc gp 3 std cap chair	-	Χ
(0850 Pwc gp 3 hd seat/back	-	Χ
(0851 Pwc gp 3 hd cap chair	-	X
0852 Pwc gp 3 vhd seat/back	-	X
(0853 Pwc gp 3 vhd cap chair	-	X
0854 Pwc gp 3 xhd seat/back	-	Х
0855 Pwc gp 3 xhd cap chair	-	Х
(0856 Pwc gp3 std sing pow opt s/b	-	Х
(0857 Pwc gp3 std sing pow opt cap	-	Х
(0858 Pwc gp3 hd sing pow opt s/b	-	Х
0859 Pwc gp3 hd sing pow opt cap	-	Х
(0860 Pwc gp3 vhd sing pow opt s/b	-	X
(0861 Pwc gp3 std mult pow opt s/b	_	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	information regarding	g immunizations, injectable drugs, or
ecialty medications and should be directed to the Pharmacy link option within the website.	1	
(0862 Pwc gp3 hd mult pow opt s/b	-	X
(0863 Pwc gp3 vhd mult pow opt s/b	-	X
(0864 Pwc gp3 xhd mult pow opt s/b	-	X
(0868 Pwc gp 4 std seat/back	-	X
10869 Pwc gp 4 std cap chair	-	X
0870 Pwc gp 4 hd seat/back	-	X
0871 Pwc gp 4 vhd seat/back	-	X
0877 Pwc gp4 std sing pow opt s/b	-	X
0878 Pwc gp4 std sing pow opt cap	-	X
10879 Pwc gp4 hd sing pow opt s/b	-	Χ
0880 Pwc gp4 vhd sing pow opt s/b	-	X
0884 Pwc gp4 std mult pow opt s/b	-	X
0885 Pwc gp4 std mult pow opt cap	-	X
0886 Pwc gp4 hd mult pow s/b	-	X
10890 Pwc gp5 ped sing pow opt s/b	-	X
0891 Pwc gp5 ped mult pow opt s/b	-	X
0898 Power wheelchair noc	-	X
0900 Cstm dme other than wheelchr	-	X
1001 Electronic posa treatment	Х	-
1002 Ces system w/supplies access	Х	-
1003 Whirlpool tub walkin portabl	Х	-
1004 Lo freq us diathermy device	Х	-
1005 Disp col sto bag breast milk	Х	-
1007 Bil hkaf pc s/d micro sensor	-	X
1009 Speech volume modulation sys	Х	-
1018 External upper limb tremor stimulator of the peripheral nerves of the wrist	_	Х
1020 Non-invasive vagus nerve stimulator	_	Х
1022 Endoskel posit rotat unit	-	Х
1024 Non pneum comp control cal	_	Х
1025 Non pneum compress full arm	_	Х
1026 Mech allergen parti barrier	Х	-
1027 Oral dev without fix mech	_	Х
1028 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	-
(1029 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	-
(1030 External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator,		
replacement only	X	-
(1031 Non-pneumatic compression controller without calibrated gradient pressure	_	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Non-pneumatic sequential compression garment, full leg	-	X
	Non-pneumatic sequential compression garment, half leg	-	Χ
	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	Х	-
(1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Х	-
(1037	Docking station for oral dev	Х	-
	Tlso, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, poster	-	Х
_0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner,multiple straps and closures, posterior exte	-	Х
.0484	Tlso, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, poster	-	Х
0486	Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior exte	-	Х
0700	Ctlso a-p-l control molded	-	Χ
	Ctlso a-p-l control w/ inter	-	Χ
	Halo cervical into jckt vest	-	Χ
	Halo cervical into body jack	-	Χ
0830	Halo cerv into milwaukee typ	-	Χ
0859	Addition to halo procedure, magnetic resonance image compatible systems, rings abd pins, any material	-	Χ
	Protective body sock each	Х	-
	Add to spinal orthosis nos	-	Χ
1000	Ctlso milwauke initial model	-	Χ
1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	-	Χ
1200	Furnsh initial orthosis only	-	Χ
1300	Body jacket mold to patient	-	Х
	Post-operative body jacket	-	Χ
1499	Spinal orthosis nos	-	Χ
1681	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	-	X
	customized to fit a specific patient by an individual with expertise		
1690	Combination bilateral ho	-	Х
1844	Ko w/adj jt rot cntrl molded	-	Χ
	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type,	-	Х
2006	Kaf sng/dbl swg/stn mcpr cus	-	Х
	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation contro		X

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pecialty medications and should be directed to the Pharmacy link option within the website.	1	V
2036 Kafo plas doub free knee mol	-	X
_2037 Kafo plas sing free knee mol	-	X
_2038 Kafo w/o joint multi-axis an	-	X
_2128 Kafo fem fx cast molded to p	-	X
.2627 Plastic mold recipro hip & c	-	X
.2628 Metal frame recipro hip & ca	-	X
.2840 Tibial length sock fx or equ	X	-
_2850 Femoral Igth sock fx or equa	X	-
.2999 Lower extremity orthosis nos	-	X
_3215 Orthopedic ftwear ladies oxf	X	-
.3216 Orthoped ladies shoes dpth i	Χ	-
.3217 Ladies shoes hightop depth i	Χ	-
.3219 Orthopedic mens shoes oxford	Х	•
_3221 Orthopedic mens shoes dpth i	X	-
_3222 Mens shoes hightop depth inl	Х	-
.3224 Woman's shoe oxford brace	-	X
.3620 Trans shoe solid stirrup exi	-	Х
.3640 Shoe dennis browne splint bo	-	Х
_3649 Orthopedic shoe modifica nos	-	Х
.3901 Hinge ext/flex wrist finger	-	Х
.3904 Whfo electric custom fitted	-	Х
3960 Sewho airplan desig abdu pos	-	Х
Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr	-	Х
Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without	-	Х
Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuck	-	Х
3973 Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, include	-	X
3975 Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, cust	-	X
3976 Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	Х
3977 Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, t	-	×
3978 Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	Х
3999 Upper limb orthosis nos	_	Х

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ecialty medications and should be directed to the Pharmacy link option within the website.		
_5010 Mold socket ank hgt w/ toe f	-	X
.5020 Tibial tubercle hgt w/ toe f	-	X
.5050 Ank symes mold sckt sach ft	-	X
5060 Symes met fr leath socket ar	-	X
5100 Molded socket shin sach foot	-	Χ
5105 Plast socket jts/thgh lacer	-	Χ
5150 Mold sckt ext knee shin sach	-	X
5160 Mold socket bent knee shin s	-	X
5200 Kne sing axis fric shin sach	-	Χ
5210 No knee/ankle joints w/ ft b	-	Χ
5220 No knee joint with artic ali	-	Χ
5230 Fem focal defic constant fri	-	Χ
5250 Hip canad sing axi cons fric	-	Χ
5270 Tilt table locking hip sing	-	Χ
5280 Hemipelvect canad sing axis	-	Χ
5301 Below knee, molded socket, shin, sach foot, endoskeletal system	-	Х
5312 Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	-	Х
5321 Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	-	Χ
Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	X
Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	Χ
5500 Init bk ptb plaster direct	-	Х
5505 Init ak ischal plstr direct	-	Х
5510 Prep bk ptb plaster molded	-	Х
5520 Perp bk ptb thermopls direct	-	Х
5530 Prep bk ptb thermopls molded	-	Х
5535 Prep bk ptb open end socket	-	Х
5540 Prep bk ptb laminated socket	-	Х
5560 Prep ak ischial plast molded	-	Х
5570 Prep ak ischial direct form	-	Χ
5580 Prep ak ischial thermo mold	-	Х
5585 Prep ak ischial open end	-	Х
5590 Prep ak ischial laminated	-	Х
5595 Hip disartic sach thermopls	-	Χ
5600 Hip disart sach laminat mold	-	X
5610 Above knee hydracadence	-	X
5611 Ak 4 bar link w/fric swing		X
5613 Ak 4 bar ling w/hydraul swig	_	X

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect the code of the c	ect information regarding	immunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.	1 1	
5614 4-bar link above knee w/swng	-	X
5616 Ak univ multiplex sys frict	-	X
5639 Below knee wood socket	-	X
5643 Hip flex inner socket ext fr	-	X
5649 Isch containmt/narrow m-l so	-	X
5651 Ak flex inner socket ext fra	-	Χ
.5673 Addition to lower extremity, below knee/above knee, custom fabricated	-	X
5679 Addition to lower extremity, below knee/above knee, custom fabricated	-	X
5681 Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	Χ
5683 Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	Χ
5700 Replace socket below knee	-	Χ
5701 Replace socket above knee	-	X
5702 Replace socket hip	-	Χ
Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	-	X
5707 Custm shape cover hip disart	-	Х
5724 Knee-shin exo fluid swing ph	-	Х
5726 Knee-shin ext jnts fld swg e	-	Х
5728 Knee-shin fluid swg & stance	-	Х
5780 Knee-shin pneum/hydra pneum	-	X
5781 Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system	-	Х
5782 Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system, heavy dut	, -	Х
5783 Add low ext mec limb vol sys	-	Х
5795 Exoskel hip ultra-light mate	-	Х
5814 Endo knee-shin hydral swg ph	-	X
5816 Endo knee-shin polyc mch sta	-	Х
5818 Endo knee-shin frct swg & st	-	Х
5822 Endo knee-shin pneum swg frc	-	Х
5824 Endo knee-shin fluid swing p	-	Х
5826 Miniature knee joint	-	Х
5827 Endo knee shin single axis	_	X
5828 Endo knee-shin fluid swg/sta	 -	X
5830 Endo knee-shin pneum/swg pha	_	X
5840 Multi-axial knee/shin system	 	X
5841 Addition endoskletl knee-shi		X
5845 Knee-shin sys stance flexion		X
5848 Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	^ X

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pecialty medications and should be directed to the Pharmacy link option within the website.	T	
L5856 Elec knee-shin swing/stance	-	X
_5857 Elec knee-shin swing only	-	X
_5858 Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	-	X
Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	-	Х
5930 High activity knee frame	_	Х
.5960 Endo hip ultra-light materia	_	X
5961 Endo poly hip, pneu/hyd/rot	_	X
5964 Above knee flex cover system	_	X
5966 Hip flexible cover system	-	X
.5968 Multiaxial ankle w dorsiflex	_	X
Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes	-	X
5979 Multi-axial ankle/ft prosth	-	Х
5980 Flex foot system	-	X
5981 Flex-walk sys low ext prosth	-	X
5984 Endoskeletal axial rotation	-	X
5987 Shank ft w vert load pylon	-	X
5988 Vertical shock reducing pylo	-	Х
5990 Addition to lower extremity prosthesis, user adjustable heel height	-	Х
5991 Addition to lower extremity prostheses, osseointegrated external prosthetic connector	-	Х
5999 Lowr extremity prosthes nos	-	Х
6026 Part hand myo exclu term dev	-	Х
6028 Part handfng endoskel molded	-	Х
6029 Test interface part handfing	-	Х
6030 External frame part handfing	-	X
6031 Rep interface handfng molded	-	X
6032 Part handfng ultralite tcf/=	-	Х
6033 Part handfing acrylic	-	Х
6050 Wrst mld sck flx hng tri pad	-	Х
6055 Wrst mold sock w/exp interfa	-	Х
6100 Elb mold sock flex hinge pad	-	X
6110 Elbow mold sock suspension t	-	X
6120 Elbow mold doub splt soc ste	-	X
6130 Elbow stump activated lock h	-	X
6200 Elbow mold outsid lock hinge	-	X
6205 Elbow molded w/ expand inter	_	X
6250 Elbow inter loc elbow forarm	_	X

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ecialty medications and should be directed to the Pharmacy link option within the website.	1	V
6300 Shider disart int lock elbow	-	X
6310 Shoulder passive restor comp	-	X
6320 Shoulder passive restor cap 6350 Thoracic intern lock elbow	-	X
	-	X X
6360 Thoracic passive restor comp	 -	X
6370 Thoracic passive restor cap		
8400 Below elbow prosth tiss shap	-	X
6450 Elb disart prosth tiss shap	-	X
6500 Above elbow prosth tiss shap	-	X
6550 Shldr disar prosth tiss shap	-	X
6570 Scap thorac prosth tiss shap	-	X
Mrist/elbow bowden cable mol	-	X
6582 Wrist/elbow bowden cbl dir f	-	X
6584 Elbow fair lead cable molded	-	X
6586 Elbow fair lead cable dir fo	-	X
Shdr fair lead cable molded	-	X
Shdr fair lead cable direct	-	Χ
Addition to upper extremity prosthesis, external powered, additional switch, any type	-	X
Upper extremity addition, flexion/extension and rotation wrist unit	-	X
6638 Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered elbow	-	X
Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us	-	X
Upper extremity addition, shoulder lock mechanism, external powered actuator	-	X
6660 Heavy duty control cable	-	X
6693 Lockingelbow forearm cntrbal	-	X
6694 Elbow socket ins use w/lock	-	X
0700 Ue add ext power myoel	-	Х
Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	-	Х
6713 Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	Х
6714 Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	-	Х
6715 Terminal device model #5xa	-	X
Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined	-	Х
Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined	-	X
Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	-	X
6881 Automatic grasp feature, additional to upper limb prosthetic terminal device.	+	X
6882 Microprocessor control feature, addition to upper limb prosthesis terminal device	+ - +	X

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	nedications and should be directed to the Pharmacy link option within the website.		
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	-	X
_6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	-	Х
6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex	-	X
6890	Production glove	-	X
6920	Wrist disarticul switch ctrl	-	X
6925	Wrist disart myoelectronic c	-	Χ
6930	Below elbow switch control	-	Χ
6935	Below elbow myoelectronic ct	-	Х
6940	Elbow disarticulation switch	-	Χ
6945	Elbow disart myoelectronic c	-	Х
6950	Above elbow switch control	-	Х
6955	Above elbow myoelectronic ct	-	X
6960	Shldr disartic switch contro	-	X
6965	Shldr disartic myoelectronic	-	Χ
6970	Interscapular-thor switch ct	-	X
6975	Interscap-thor myoelectronic	-	X
7007	Electric hand, switch or myoelectric controlled, adult	-	X
7008	Electric hand, switch or myoelectric, controlled, pediatric	-	X
7009	Electric hook, switch or myoelectric controlled, adult	-	X
7040	Prehensile actuator hosmer s	-	X
7045	Electron hook child michigan	-	X
7170	Electronic elbow hosmer swit	-	Χ
7180	Electronic elbow utah myoele	-	Χ
7181	Electronic elbo simultaneous	-	Χ
	Electron elbow adolescent sw	-	Χ
7186	Electron elbow child switch	-	Χ
7190	Elbow adolescent myoelectron	-	Χ
7191	Elbow child myoelectronic ct	-	Χ
7259	Electronic wrist rotator any	-	Х
7406	Add to upp extr user adj mec	-	Х
	Upper extremity prosthes nos	-	Х
	Prosthetic donning sleeve, any material, each	Х	-
	Vacuum erection system	X	-
	Tension ring, for vacuum erection device, any type, replacement only, each	Х	-
	Mastectomy sleeve	X	-
	Breast prosthesis, silicone or equal, with integral adhesive	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
8033 Nipple prosthesis custom, ea	X	-
8035 Custom breast prosthesis	Х	- -
8040 Nasal prosthesis	-	X
8041 Midfacial prosthesis	-	X
8042 Orbital prosthesis	-	X
8043 Upper facial prosthesis	-	Χ
8044 Hemi-facial prosthesis	-	X
8045 Auricular prosthesis	-	X
8046 Partial facial prosthesis	-	X
8047 Nasal septal prosthesis	-	X
8048 Unspec maxillofacial prosth	-	X
8049 Repair maxillofacial prosth	-	X
8410 Sheath above knee	-	Χ
8465 Shrinker upper limb	-	Χ
8499 Unlisted misc prosthetic ser	-	Χ
8511 Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only	-	Χ
8512 Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis	-	Χ
8515 Gel cap app device for trach	-	Х
8600 Implant breast silicone/eq	-	X
8605 Tissue expander implant	-	X
8609 Artificial cornea	-	Χ
8614 Cochlear device/system	-	Χ
8615 Coch implant headset replace	-	X
8616 Coch implant microphone repl	-	X
8617 Coch implant trans coil repl	-	Χ
8618 Coch implant tran cable repl	-	Х
8619 Cochlear implant, external speech processor and controller, integrated system, replacement	-	Х
8621 Repl zinc air battery	-	Х
8623 Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	-	Х
8624 Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	-	Х
8627 Cochlear implant, external speech processor, component, replacement	_	X
8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	_	X
8630 Metacarpophalangeal implant	_	X
8631 Metacarpal phalangeal joint replacement, two or more pieces, metal	-	X
8641 Metatarsal joint implant		X
8658 Interphalangeal joint implint	-	^ X
8659 Interphalangeal finger joint replacement, 2 or more pieces, metal		^ X
8670 Vascular graft, synthetic	-	^ X

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	Imp neurosti pls gn any type	_	X
	Implantable neurostimulator electrode (with any number of contact points), each	X	
	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	-	X
	Implantable neurostimulator radiofrequency receiver		X
	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver		X
	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver for bowel and	-	^
0004	bladde	-	X
2625	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Χ	
	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	X	-
	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	X	-
		X	-
	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	^	<u> </u>
8689	External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified	-	X
8690	Auditory osseointegrated device, includes all internal and external components	-	Χ
8691	Auditory osseointegrated device, external sound processor, replacement	-	X
8692	Auditory osseointedgrated device, external sound processor, used without osseiontegration, body worn, includes	V	
	headband	Х	-
8693	Aud osseo dev, abutment	-	Х
8699	Prosthetic implant nos	-	Χ
8701	Pow ue rom dev ewh uprt cust	-	Χ
8702	Pow ue rom dev ewhf uprt cus	-	Х
8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Х	-
8721	Receptor sole for use with I8720, replacement, each	Х	_
	O&p supply/accessory/service	-	Х
	Advancing cancer care mips value pathways	Х	-
	Optimal care for kidney health mips value pathways	X	-
	Supportive care for neurodegenerative conditions mips value pathways	X	_
	Promoting wellness mips value pathways	X	_
	Enhancing oncology model (eom) monthly enhanced oncology services (meos) payment for eom enhanced services	X	-
0075	Cellular therapy	Х	-
	Prolotherapy	Χ	-
	Intragastric hypothermia	X	-
	ly chelationtherapy	X	-
	Fabric wrapping of aneurysm	X	-
	Tb screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease	X	-
	modifying anti-rheumatic drug therapy for ra Doc med rsn no srn tb	Х	

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pecialty medications and should be directed to the Pharmacy link option within the website.	5 .	, , , , , ,
M1005 Tb screening not performed or results not interpreted, reason not given	X	-
M1006 Disease activity not assessed, reason not given	Х	-
M1007 >=50% of total number of a patient's outpatient ra encounters assessed	Х	-
M1008 <50% of total number of a patient's outpatient ra encounters assessed	Х	-
M1009 Dc eoc doc med rec	Х	-
M1010 Dc eoc doc med rec	Х	-
M1011 Dc eoc doc med rec	Х	-
M1012 Dc eoc doc med rec	Х	-
M1013 Dc eoc doc med rec	Х	-
/1014 Dc epi care doc medrec	Х	-
//1016 Female patients unable to bear children	Х	-
/1017 Patient admitted to palliative care services	Х	-
/1018 Pt dx hst cr pt sk lg cr scr	Х	-
M1019 Adl pt mj dep ds rs 12 phq<5	Х	-
M1020 Adl pt mj dep ds no rs 12 mo	Х	-
//1021 Patient had only urgent care visits during the performance period	X	-
M1027 Imaging of the head (ct or mri) was obtained	X	-
/1028 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	Х	-
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	Х	-
Aloults 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	Х	-
11037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	Х	-
11038 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	Х	-
//1039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure	Х	-
/1040 Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	Х	-
//1041 Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-
/1043 Fs no odi 9-15mo	Х	-
/1045 Fs oks 9-15mo = 37	Х	-
/1046 Fs oks 9-15mo = 37	Х	-
/1049 Fs wth scr no odi pre and p	Х	-
Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-
M1052 Lg pn not meas w/ vas 1yr po	Х	-

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odes Description	Not Covered	Preauthorization Require
isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	•	•
ecialty medications and should be directed to the Pharmacy link option within the website.		
/1054 Patient had only urgent care visits during the performance period	Х	-
/1055 Aspirin or another antiplatelet therapy used	X	-
/1056 Presc antico med in pp	X	-
//1057 Aspirin or another antiplatelet therapy not used, reason not given	Х	-
11058 Patient was a permanent nursing home resident at any time during the performance period	X	-
11059 Patient was in hospice or receiving palliative care at any time during the performance period	X	=
11060 Patient died prior to the end of the performance period	X	-
11067 Hospice services for patient provided any time during the measurement period	X	-
11068 Adults who are not ambulatory	X	-
11069 Patient screened for future fall risk	Х	-
11070 Patient not screened for future fall risk, reason not given	Х	-
Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	Х	-
I1072 Rom rad therapy anal, pc	Х	_
I1073 Rom rad therapy anal, tc	X	-
11074 Rom rad therapy bladder, pc	Х	-
1075 Rom rad therapy bladder, to	Х	-
1076 Rom rad ther bone mets, pc	Х	-
1077 Rom rad ther bone mets, to	Х	-
1078 Rom rad ther brain mets, pc	Х	-
11079 Rom rad ther brain mets, tc	Х	-
11080 Rom rad therapy breast, pc	Х	-
11081 Rom rad therapy breast, tc	Х	-
1082 Rom rad therapy cervical, pc	Х	-
1083 Rom rad therapy cervical, to	Х	-
1084 Rom rad therapy cns, pc	Х	-
1085 Rom rad therapy cns, tc	Х	-
1086 Rom rad ther colorectal, pc	Х	-
1087 Rom rad ther colorectal, to	Х	-
1088 Rom rad ther head/neck, pc	Х	-
1089 Rom rad ther head/neck, tc	Х	-
11094 Rom rad therapy lung, pc	Х	-
1095 Rom rad therapy lung, tc	Х	-
1096 Rom rad therapy lymphoma, pc	X	-
1097 Rom rad therapy lymphoma, tc	Х	-
1098 Rom rad therapy pancreas, pc	Х	-
1099 Rom rad therapy pancreas, pc	Х	-
1100 Rom rad therapy prostate, pc	Х	=
1101 Rom rad therapy prostate, to	Х	-

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Description ner: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do by medications and should be directed to the Pharmacy link option within the website. Power and the code of the pharmacy link option within the website. Power and the code of the pharmacy link option within the website. Power and the code of the pharmacy link option within the website.	X	Preauthorization Required immunizations, injectable drugs, or
y medications and should be directed to the Pharmacy link option within the website.	X	
)2 Rom rad therapy gi, pc		
		-
03 Rom rad therapy gi, tc	X	-
04 Rom rad therapy uterus, pc	X	-
05 Rom rad therapy uterus, to	X	-
06 Start eoc doc med rec	X	-
Docu dx degen neuro	X	-
08 Oc ni pt 1-2 vis	X	-
09 Oc ni pt dc 1-2 vis	X	-
10 Oc ni pt selfdc 1-2 vis	X	-
11 Start eoc doc med rec	X	-
12 Docu dx degen neuro	X	-
13 Oc ni pt 1-2 vis	X	-
14 Oc ni pt dc 1-2 vis	X	-
15 Oc ni pt selfdc 1-2 vis	X	-
16 Start eoc doc med rec	X	-
17 Docu dx degen neuro	X	-
18 Oc ni pt 1-2 vis	X	-
19 Oc ni pt dc 1-2 vis	X	-
20 Oc ni pt selfdc 1-2 vis	X	-
21 Start eoc doc med rec	X	-
22 Docu dx degen neuro	X	-
23 Oc ni pt 1-2 vis	X	-
24 Oc ni pt dc 1-2 vis	X	-
25 Oc ni pt selfdc 1-2 vis	X	-
26 Start eoc doc med rec	X	-
27 Docu dx degen neuro	X	-
28 Oc ni pt 1-2 vis	X	-
29 Oc ni pt dc 1-2 vis	X	-
30 Oc ni pt self dc 1-2 vis	X	-
31 Docu dx degen neuro	X	-
32 Oc ni pt 1-2 vis	X	-
33 Oc ni pt dc 1-2 vis	X	-
34 Oc ni pt self dc 1-2 vis	X	-
35 Start eoc doc med rec	X	-
41 Fs no oks	X	-
42 Emerge cases	X	-
43 Ni rehab med chiro	X	-
46 Ongoing care not ind	X	-
47 Care not poss med rsn	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		
	Pt self dschg	X	-
	No neck fs prom incap	Χ	-
M1150	Left ventricular ejection fraction (Ivef) less than or equal to 40% or documentation of moderately or severely depressed	X	_
	left ventricular systolic function		
	Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	Х	-
	Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	Х	-
	Patient with diagnosis of osteoporosis on date of encounter	X	
	Patient received active chemotherapy any time during the measurement period	X	-
	Patient received bone marrow transplant any time during the measurement period	X	-
	Patient had history of immunocompromising conditions prior to or during the measurement period	X	-
	Hospice services provided to patient any time during the measurement period	X	<u>-</u>
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	Х	
	birthday	^	-
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th	V	
	birthday	Х	-
M1163	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	X	-
	Patients with dementia any time during the patient's history through the end of the measurement period	Х	-
	Patients who use hospice services any time during the measurement period	Х	-
	Pathology report for tissue specimens produced from wide local excisions or re-excisions	Х	-
	In hospice or using hospice services during the measurement period	Х	-
	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		
VIII I I	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		
VI I I I Z	tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	×	
	tuap vaccine of history of encephalopating within seven days after a previous dose of a to-containing vaccine	^	-
//1172	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the		
VIII/3	·	Χ	-
11171	end of the measurement period		
vi i 1/4	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant	V	
	vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	X	-
11175	Decumentation of medical reason(s) for not administering zector vaccine (e.g., prior anaphylovic due to the zector		
///////////////////////////////////////	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	X	-

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	nedications and should be directed to the Pharmacy link option within the website.		
И1176	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	X	=
	measurement period		
Л1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the	×	_
	end of the measurement period	^	-
<i>I</i> 1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the	х	
	pneumococcal vaccine)	^	-
И1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and	Х	
	before or during measurement period		-
/11180	Patients on immune checkpoint inhibitor therapy	X	=
/11181	Grade 2 or above diarrhea and/or grade 2 or above colitis	X	-
<i>I</i> 1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	Х	
		^	-
<i>I</i> 1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or	V	
	administered	Х	-
<i>I</i> 1184	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,	X	-
	other medical reasons/contraindication)		
<i>I</i> 1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants		
	prescribed or administered was not performed, reason not given	Х	-
<i>I</i> 1186	Patients who have an order for or are receiving hospice or palliative care	Х	-
	Patients with a diagnosis of end stage renal disease (esrd)	Х	-
	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	Х	-
	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-		
	creatinine ratio (uacr) performed	Х	-
/11190	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	-
<i>I</i> 1191	Hospice services provided to patient any time during the measurement period	Х	-
	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	X	-
	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	-
/11194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or		
	recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not		
	included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the	x	_
	sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)		
/11195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by		
100	immunohistochemistry, msi by dna-based testing status, or both, reason not given	X	-
	affer a certain number of visits. Limits are dependent on plan and/or provider type		

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	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in decications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than		
11100	or equal to 4	Х	-
/11197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-		
	up visit score	Х	-
/11198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score		
	or assessment was not completed during the follow-up encounter	Х	-
11199	Patients receiving rrt	Х	_
	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	X	-
	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement		
	period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of		
	hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	Х	-
	Insperitation and the area and anotapy, about mainly injury and to also for any anotapy,, said modern bassing		
11202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period,	.,	
	(e.g., patient declined, other patient reasons)	Х	-
11203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	Х	-
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than		
	or equal to 4	Х	-
11205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-		
	up visit score	Х	-
11206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score		
	or assessment was not completed during the follow-up encounter	Х	-
11207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and		
	interpersonal safety	X	-
11208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and		
	interpersonal safety	X	-
11209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-
	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-
	Most recent hemoglobin a1c level > 9.0%	Х	-
	Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)	Х	-
	No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%		
		Х	-
11214	Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed	Х	-
	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia		
	or tracheostomy)	Х	-
11216	No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed		
	with results documented during the encounter	Х	-
11217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment	V	
	not available at the time of the encounter)	Х	-
11218	Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	Х	-

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	dications 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)	Х	
li	nterpretation documented and reviewed; with evidence of retinopathy	^	-
M1221 [Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai)	×	
li	nterpretation documented and reviewed; without evidence of retinopathy	Х	-
M1222 (Glaucoma plan of care not documented, reason not otherwise specified	X	-
M1223	Glaucoma plan of care documented	Х	-
M1224 I	ntraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	Х	-
M1225 I	ntraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level	X	-
M1226 I	op measurement not documented, reason not otherwise specified	Х	-
M1227	Evidence-based therapy was prescribed	Х	-
M1228 F	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv	Х	
	reatment initiated within 3 months of the reactive hcv antibody test	^	-
	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred		
	within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection	Х	-
	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 how viral test that detects how viremia and is not referred to a clinician who treats how	V	
	nfection within 1 month and does not have how treatment initiated within 3 months of the reactive how antibody test,	Х	-
	eason not given		
	Patient receives hcv antibody test with nonreactive result	Х	-
	Patient receives hcv antibody test with reactive result	Х	-
	Patient does not receive how antibody test or patient does receive how antibody test but results not documented, reason		
	not given	Χ	-
	Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia	Х	-
	Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period		
		Χ	-
M1236	Baseline mrs > 2	Х	-
	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and		
	nterpersonal safety (e.g., patient declined or other patient reasons)	Х	-
	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	-
ľ	(,		
M1239 F	Patient did not respond to the question of patient felt heard and understood by this provider and team	Х	ı
	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	Χ	-
	Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone		
	with a medical problem	Х	-
	Patient did not respond to the question of patient felt this provider and team understood what is important to me in my		
	ife	Х	-

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	Patient provided a response other than "completely true" for the question of patient felt heard and understood by this	1	
/11243	provider and team	X	-
11211	Patient provided a response other than "completely true" for the question of patient felt this provider and team put my		
11244	best interests first when making recommendations about my care	X	-
11215	Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me		
11243	as a person, not just someone with a medical problem	X	-
11246	Patient provided a response other than "completely true" for the question of patient felt this provider and team		
112-10	understood what is important to me in my life	X	-
11247	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	-
11248	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	-
11249	Patient responded "completely true" for the question of patient felt this provider and team understood what is important	.,	
	to me in my life	X	-
/11250	Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team	, , , , , , , , , , , , , , , , , , ,	
		X	-
/11251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)	V	
		Х	-
/11252	Patients who did not complete at least one of the four patient experience hu survey items and return the hu survey	V	
	within 60 days of the ambulatory palliative care visit	Х	-
/11253	Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory	Х	
	palliative care provider in the last 60 days (disavowal)	^	-
11254	Patients who were deceased when the hu survey reached them	X	-
11255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive		
	pregnancy test but have not established the clinic as an ob provider (e.g., plan to terminate the pregnancy or seek	X	-
	prenatal services elsewhere)		
11256	Prior history of known cvd	X	-
11257	Cvd risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not	×	_
	otherwise specified		
	Cvd risk assessment performed, have a documented calculated risk score	X	-
11259	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year	×	_
	following initiation of dialysis	^	
11260	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		
	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	X	-
	Patients who had a transplant prior to initiation of dialysis	X	-
	Patients in hospice on their initiation of dialysis date or during the month of evaluation	X	-
	Cms medical evidence form 2728 for dialysis patients: initial form completed	X	-
	Patients admitted to a skilled nursing facility (snf)	X	-

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	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-		
VI 1201	pancreas transplant waitlist as of the last day of each month during the measurement period	X	-
111260			
VI 1200	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during	X	-
11260	the measurement period Receiving esrd mcp dialysis services by the provider on the last day of the reporting month	Х	
	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the	^	-
	measurement period	Х	-
/11271	Patients with dementia at any time prior to or during the month	X	-
	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-
M1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms- 2728 form	Х	-
Л1274	Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month	Х	-
<i>I</i> 1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	Х	-
M1276	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	Х	-
	Colorectal cancer screening results documented and reviewed	Х	-
	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Х	-
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Х	-
/1281	Blood pressure reading not documented, reason not given	Х	-
	Patient screened for tobacco use and identified as a tobacco non-user	X	-
	Patient screened for tobacco use and identified as a tobacco user	X	-
	Patients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34,	Х	
	54, or 56 for more than 90 consecutive days during the measurement period	^	
<i>I</i> 1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented	Х	-
14000	and reviewed, reason not otherwise specified		
/11286	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Х	-
<i>I</i> 1287	Bmi is documented below normal parameters and a follow-up plan is documented	Х	-
/11288	Documented reason for not screening or recommending a follow-up for high blood pressure	Х	-
	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)	Х	-
44200	Patient not eligible due to active diagnosis of hypertension	Х	

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	edications and should be directed to the Pharmacy link option within the website.		
	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a	V	
	dispensed medication for dementia during the measurement period or the year prior to the measurement period	Х	-
11292	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	x	
	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		
/11293	Bmi is documented above normal parameters and a follow-up plan is documented	X	=
11294	Normal blood pressure reading documented, follow-up not required	Х	-
11295	Patients with a diagnosis or past history of total colectomy or colorectal cancer	X	-
11296	Bmi is documented within normal parameters and no follow-up plan is required	X	-
11297	Bmi not documented due to medical reason or patient refusal of height or weight measurement	X	-
/11298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current	Х	
	encounter	^	-
	Influenza immunization administered or previously received	Χ	-
/1300	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other		
	medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	Х	-
<i>I</i> 1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the	Х	
	six months prior to the measurement period (counseling and/or pharmacotherapy)	^	
<i>I</i> 1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	Х	-
11303	Hospice services provided to patient any time during the measurement period	Х	-
	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and	V	
	before the end of the measurement period	Х	-
	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the	.,	
	end of the measurement period	Х	-
11306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Х	-
	Documentation stating the patient has received or is currently receiving palliative or hospice care	Х	-
	Influenza immunization was not administered, reason not given	Х	-
	Palliative care services provided to patient any time during the measurement period	Х	-
	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	-
	Anaphylaxis due to the vaccine on or before the date of the encounter	Χ	<u>-</u>
11312	Patient not screened for tobacco use	X	-
	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in	Х	-
	the six months prior to the measurement period	V	
	Bmi not documented and no reason is given fter a certain number of visits. Limits are dependent on plan and/or provider type.	Χ	

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	escription	Not Covered	Preauthorization Required
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in cations and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
	olorectal cancer screening results were not documented and reviewed; reason not otherwise specified	Х	-
	urrent tobacco non-user	X	-
	atients who are counseled on connection with a csp and explicitly opt out	X	-
	atients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60	Х	
da	ays after screening or documentation that there was no contact with a csp	^	-
	atients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after	Х	-
	atients who screened positive for at least 1 of the 5 hrsns	Х	
	atients who screened positive for at least 1 of the 5 firshs atients who were not seen within 7 weeks following the date of injection for follow up or who did not have a		<u>-</u>
	ocumented iop or no plan of care documented if the iop was >25 mm hg	X	-
	atients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop)		
	ith tonometry with documented iop =<25 mm hg for injected eye	X	-
	atients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop)		
	ith tonometry with documented iop >25 mm hg and a plan of care was documented	Х	-
	atients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free	.,	
	iamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	Х	-
	atients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time		
	or follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and	V	
ha	ad a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment)	Х	-
M1326 P	atients with a diagnosis of hypotony	Х	-
	atients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	Х	
	atients with a diagnosis of acute vitreous hemorrhage	X	-
	atients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8	x	-
	eeks after initial acute pvd encounter		
M1330 D	ocumentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Х	-
	atients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from	X	_
	itial exam		
M1332 P	atients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	Х	-
M1333 A	cute vitreous hemorrhage	Х	_
M1334 P	atients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2		
w	eeks after initial acute pvd encounter	Х	
M1335 D	ocumentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Х	<u>-</u>
	atients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	Х	-
M1337 A	cute nvd	Х	_

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11338 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	-
11339 Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive		
improvement or maintenance of functioning scores during the performance period	X	-
Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period	Х	-
Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index	Х	_
assessment during the performance period		<u>-</u>
11342 Patients who died during the performance period	X	-
Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam	Х	-
M1344 Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score	Х	-
M1345 Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score	Х	
11346 Patients who did not have a net increase in pam score of at least 6 points within a 6 to 12 month period	X	
11347 Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing)	X	
1/1348 Patients who achieved a net increase in pam score of at least 6-points in a 6 to 12 month period (passing)	X	
1/1349 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	-
11351 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	^	-
11352 Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	Х	-
11353 Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their		
clinician (concurrent or within 24 hours) of the index clinical encounter	Х	-
11354 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	-
11355 Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	
11356 Patients who died during the measurement period	X	-
11357 Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index		-
·	X	-
assessment		
Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days	X	-
of index assessment		
Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased	X	-
suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained		
11360 Suicidal ideation and/or behavior symptoms based on the c-ssrs	Х	-
1361 Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
M1362 Patients who died during the measurement period	Х	-
M1363 Patients who did not have a follow-up assessment within 120 days of the index assessment	Х	-
M1364 Calculated 10-year ascvd risk score of = 20 percent during the performance period	Х	-
M1365 Patient encounter during the performance period with hospice and palliative care specialty code 17	X	-
//1366 Focusing on women's health mips value pathway	Х	-
//1367 Quality care for the treatment of ear, nose, and throat disorders mips value pathway	Х	-
1/1368 Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway	X	-
//1369 Quality care in mental health and substance use disorders mips value pathway	X	-
11370 Rehabilitative support for musculoskeletal care mips value pathway	Х	-
M1371 Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	Х	-
M1372 Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	Х	-
Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%	Х	-
1/1374 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	-
//1375 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	-
11376 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	l x	_
years, other medical reasons)		
11379 A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	Х	_
11380 Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic		
medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under	x	_
"denominator note"	1 ^	_
// 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	-
	Х	
M1382 Patient encounter during the performance period with place of service code 11	X	-
11383 Acute pvd		<u>-</u>
11384 Patients who died during the performance period	Х	-
Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four	X	-
months between baseline pam assessment and follow-up		
M1386 Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of	X	-
0, i, or ii at the start of the performance period		
M1387 Patients who died during the performance period	Х	-
M1388 Patients with documentation of an exam performed for recurrence of melanoma	X	<u> </u>

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	edications and should be directed to the Pharmacy link option within the website.	ı	
W1389	Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow-up (documentation	V	
	must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at	Х	-
144000	least one method must be documented)		
M1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the	Х	-
	performance period		
	All patients who were diagnosed with recurrent melanoma during the current performance period	Х	-
M1392	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation		
	must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at	X	-
	least one method must be documented)		
M1393	Patients who were not diagnosed with recurrent melanoma during the current performance period	X	-
	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	Х	-
M1397	Patients with recurrence/disease progression	Х	-
M1398	Patients with baseline and follow-up promis surveys documented in the medical record	Х	-
M1399	Patients who leave the practice during the follow-up period	Χ	-
M1400	Patients who died during the follow-up period	Х	-
	Stages i-iii breast cancer	Х	-
	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	Х	-
	Patients with baseline and follow-up promis surveys documented in the medical record	Х	-
	Patients on a therapeutic clinical trial	Х	-
	Patients with recurrence/disease progression	Х	-
	Patients who leave the practice during the follow-up period	Х	-
	Patients who died during the follow-up period	Х	-
	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		
W11410	diagnosis	X	-
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy	Х	
	Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or	^	<u> </u>
ıvı ı -† 1∠	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	-
	rearrangement, brai vooce mutation, nitk 1/2/3 gene lusion, met ex 14 skipping mutation, and ret rearrangement 		
M1413	Patients who had a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune checkpoint	Х	
	inhibitor therapy	_ ^	-

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in ecialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication)	Х	-
Patients who did not have a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	х	-
11416 Patient received hospice services any time during the performance period	Х	-
Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	Х	-
Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination because of a medical contraindication documented by clinician	Х	-
Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	Х	-
11420 Complete ophthalmologic care mips value pathway	Х	-
11421 Dermatological care mips value pathway	Х	-
11422 Gastroenterology care mips value pathway	Х	-
11423 Optimal care for patients with urologic conditions mips value pathway	Х	-
11424 Pulmonology care mips value pathway	Х	-
11425 Surgical care mips value pathway	Х	-
9020 Platelet rich plasma, each unit	Х	-
9099 Blood component/product noc	-	X
0479 Power module combo vad, rep	-	Х
0480 Driver for use with pneumatic ventricular assist device, replacement only	-	X
00481 Microprocessor control unit for use with electric ventricular assist device, replacement only	-	X
00482 Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	-	Х
0483 Monitor/display module for use with electric ventricular assist device, replacement only	-	Х
0484 Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х
0489 Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	Х
00495 Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х
00496 Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х
0508 Miscellaneous supply or accessory for use with an implanted ventricular assist device	-	Х
04047 Cast supplies, short leg splint, pediatric (0-10 years), plaster	-	Х
04050 Cast supplies, for unlisted types and materials of casts	-	Х
19001 Va chaplain assessment	Х	-
19002 Va chaplain counsel individu	Х	-
Q9003 Va chaplain counsel group	Х	-
Q9004 Va whole health partner serv	Х	

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	y plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	j immunizations, injectable drugs, o
ecialty medications and should be directed to th	· · ·		
	ces, less than 24 hours, per diem	X	-
	nospital based als service, non-voluntary, non-transport	X	-
	tal-based als service (non-voluntary), non transport	Х	-
Mheelchair van, mileage, i		Х	-
80215 Non-emergency transporta		X	-
Medical conference by phy		Х	-
Medical conference, 60 mi		X	-
	ssessment and treatment planning performed by assessment team	Χ	-
Hospice referral visit (advis	sing patient and family of care options) performed by nurse, social worker, or other designa	Х	-
0257 End of life counseling		Х	-
	atient or office) related to surgical procedure (list separately in addition to code for appro	Х	-
60265 Genetic counseling, under	physician supervision, each 15 minutes	Х	-
	atient home care standard monthly case rate per 30 days	X	_
	patient home care hospice monthly case rate per 30 days	X	_
	patient home care episodic care monthly case rate per 30 days	X	_
	home outside of a capitation arrangement	X	
	embers home outside of a capitation arrangement	X	
	mprehensive care coordination and planning, initial plan	X	
	mprehensive care coordination and planning, maintenance of plan	X	
	performed prior to a screening colonoscopy procedure	X	
	creening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva	^	-
		Х	-
60310 Hospitalist services (list se	parately in addition to code for appropriate evaluation and management service.)	Χ	=
0311 Comprehensive managem	ent and care coordination for advanced illness, per calendar month	Χ	-
0315 Disease management prog	gram, initial assessment and initiation of program	Χ	-
0316 Disease management prog	gram, followup assessment	Χ	-
0317 Disease management prog	gram; per diem	Χ	-
0320 Telephone calls by reg nur	se to disease management program member	Х	-
60340 Lifestyle modification progr	ram for management for coronary artery disease, including all supportive services; first quar	Х	-
60341 Lifestyle modification progr	ram for management for coronary artery disease, including all supportive services; second	Х	-
	ram for management for coronary artery disease, including all supportive services; fourth	Х	-
	and/or trimming of corns, calluses and/or nails andpreventive maintenance in specific	Х	-
	ot performed by a practitioner other than the manufacturer of the orthotic	Χ	

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ecialty medications and should be directed to the Pharmacy link option within the website.	T V T	
Global fee for extracorporeal shock wave lithortripsy treatment of kidney stone(s)	X	-
50500 Disposable contact lens, per lens	X	-
S0504 Single vision prescription lens (safety, athletic, or sunglass), per lens	X	-
80506 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	Х	=
S0580 Polycarbonate lens (list this code in addition to the basic code for the lens)	X	-
Nonstandard lens (list this code in addition to the basic code for the lens)	Х	-
60590 Integral lens service, miscellaneous services reported separately	Х	-
60592 Comprehensive contact lens evaluation	Х	-
00595 Dispensing new spectacle lenses for patient supplied frame	X	-
60596 Phakic intraocular lens for correction of refractive error	X	-
S0601 Screening proctoscopy	Х	-
60610 Annual gynecological examina	Х	-
60612 Annual gynecological examina	Х	-
Annual gynecological examination; clinical breast examination without pelvic examination	Х	-
S0618 Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	Х	-
80620 Routine ophthalmological exa	Х	-
Routine ophthalmological exa	Х	-
60622 Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and		
managem	X	-
80630 Removal of sutures	Х	-
50800 Laser in situ keratomileusis	X	-
S0810 Photorefractive keratectomy	X	-
60812 Phototheraputic keratectomy (ptk)	X	-
B1001 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	_
1015 Iv tubing extension set	X	_
S1016 Non-pvc intravenous administ	X	_
Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)		
71000 Continuous noninvasive glucose monitoring device, parchase (for physician interpretation of data, use opt code)	X	-
Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to	Х	
monitor		
S1034 Art pancreas system	X	<u> </u>

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recialty medications and should be directed to the Pharmacy link option within the website.		
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	-
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	-
Breast reconstruction with gluteal artery perforator (gap) flap, including harvesting of the flap, microvaso	cular transfe X	-
2067 Breast reconstruction of a single breast with "stacked" depp inferior epigastric perforator (diep) flap(s) a	and/or glutea X	-
2068 Breast reconstruction with deep inferior epigastric perforator (diep) flap, including microvascular anasto	omosis and clos	-
2070 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser	X	-
2079 Laparoscopic esophagomyotomy (heller type)	X	-
2080 Laser-assisted uvulopalatoplasty (laup)	X	-
2083 Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Х	-
2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	X	-
2102 Islet cell tissue transplant	X	-
2103 Adrenal tissue transplant	Х	-
2107 Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphoration)	cyte therapy) pe X	-
2112 Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	X	-
2115 Osteotomy, periacetabular, with internal fixation	X	-
2117 Arthroereisis, subtalar	Х	-
2118 Metal-on-metal total hip resurfacing, including acetabular and femoral components	X	-
2120 Low density lipoprotein(IdI)	X	_
2140 Cord blood harvesting	X	_
2142 Cord blood-derived stem-cell	X	-
Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologo phe		-
2152 Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor procurement.	r(s), X	-
2202 Echosclerotherapy	X	-
2205 Minimally invasive direct co	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
2206 Minimally invasive direct co	X	-
2207 Minimally invasive direct co	X	-
2208 Minimally invasive direct co	X	-
2209 Minimally invasive direct co	X	-
2225 Myringotomy, laser-assisted	X	-
2230 Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	X	-
2235 Implantation of auditory brain stem implant	X	-
2260 Induced abortion, 17 to 24 weeks, any surgical method	X	-
2265 Abortion for fetal indication, 25-28 weeks	X	-
2266 Abortion for fetal indication, 29-31 weeks	X	-
2267 Abortion for fetal induction, 32 weeks or greater	Х	-
2300 Arthroscopy, shoulder, surgi	Х	-
2325 Hip core decompression	Х	-
2340 Chemodenervation of abductor	Х	-
2341 Chemodenervation of adductor muscle(s) of vocal cord	Х	-
2342 Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus	V	
cavity(X	-
2348 Decompress disc rf lumbar	X	-
2350 Diskectomy, anterior, with d	X	-
2351 Diskectomy, anterior, with d	Х	-
2400 Repair, congenital hernia in the fetus, procedure performed in utero	X	-
2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero	X	-
2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	X	-
2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	Х	-
2404 Repair, myelomeningocele in the fetus, procedure performed in utero	Х	-
2405 Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	Х	-
2409 Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Х	-
2411 Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	Х	-
2900 Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure		-
3000 Diabetic indicator; retinal eye exam, dilated, bilateral	Х	_
3005 Performance measurement, evaluation of patient self assessment, depression	X	-
3600 Stat laboratory request (situations other than s3601)	X	-
3601 Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	X	-
3620 Newborn metabolic screening	X	_
3630 Eosinophil count, blood direct	X	_
3645 Hiv-1 antibody testing of or	X	<u> </u>
3650 Saliva test, hormone level;	X	<u> </u>
3652 Saliva test, hormone level;	X	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Antisperm antibodies test (immunobead)	X	-
	Gastrointestinal fat absorpt	Х	-
	Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	X	-
	Genetic testing for amyotrophic lateral sclerosis (als)	Х	-
	Dna analysis for germline mutations of the ret proto-oncogene	Х	-
	Genetic testing for retinoblastoma	Х	-
	Genetic testing for von hippel-lindau disease	X	-
	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	X	-
	Genetic testing for alpha-thalassemia	X	-
	Genetic testing for hemoglobin e beta-thalassemia	X	-
	Genetic testing for niemann-pick disease	X	-
	Genetic testing for sickle cell anemia	Χ	-
	Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	X	-
	Genetic testing for myotonic muscular dystrophy	X	-
3854	Gene expression profiling panel for use in the management of breast cancer treatment	X	-
3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada	Х	
	syndrom	^	-
3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Х	-
3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm	V	
	mu	Х	-
33870	Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or	V	
	mental	X	-
3900	Surface electromyography (emg)	Х	-
	Ballistocardiogram	Х	-
	Masters two step	Х	-
	Interim labor facility global (labor occurring but not resulting in delivery)	Х	-
34011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with		
		X	-
34013	Complete cycle, gamete intrafallopian transfer (gift), case rate	Х	-
	Complete cycle, zygote intrafallopian transfer (zift), case rate	X	-
	Complete in vitro fertilization cycle, case rate	X	-
	Frozen in vitro fertilization cycle, case rate	X	
	Incomplete cycle, treatment cancelled prior to stimulation, case rate	X	
	Frozen embryo transfer procedure cancelled before transfer, case rate	X	_
	In vitro fertilization procedure cancelled before aspiration, case rate	X	<u> </u>
	In vitro fertilization procedure cancellation after aspiration, case rate	X	<u> </u>
	Assisted oocyte fertilization, case rate	X	-
		X	-
	Donor egg cycle, incomplete, case rate Air polymer-type a intrauterine foam, per study dose	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
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	-
Monitoring and storage of cryopreserved embryos, per 30 days	X	-
S4042 Ovulation mgmt per cycle	X	-
S4981 Insertion of levonorgestrel-releasing intrauterine system	X	-
64989 Contraceptive intrauterine device (e.g., progestacert iud), including implants and supplies	X	-
S4990 Nicotine patches, legend	X	-
64991 Nicotine patches, non-legend	X	-
64993 Contraceptive pills for birth control	X	-
S4995 Smoking cessation gum	X	-
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	_
Day care services, adult, per 15 minutes	X	-
55101 Day care services, adult, per half day	X	-
Day care services, adult, per diem	X	-
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	_
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	<u> </u>
S5125 Attendant care services, per 15 minutes	X	
S5126 Attendant care services, per 13 minutes S5126 Attendant care services, per diem	X	-
S5130 Homemaker services, per diem S5130 Homemaker service, nos, per 15 minutes	X	
S5131 Homemaker services, nos, per diem	X	-
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	-

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specialty medications and should be directed to the Pharmacy link option within the website.	_	
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	<u>-</u>
S5160 Emergency response system, installation and testing	X	<u>-</u>
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	Х	-
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	Х	-
S5560 Insulin delivery device, reusable pen; 1.5 ml size	Х	-
S5561 Insulin delivery device, reusable pen; 3 ml size	Х	-
S5565 Insulin cartridge for use in insulin delivery device other than pump; 150 units	Х	-
S5566 Insulin cartridge for use in insulin delivery device other than pump; 300 units	Х	-
S5570 Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Х	-
S5571 Insulin delivery device, disposable pen (including insulin); 3 ml size	Х	-
S8030 Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Х	-
S8035 Magnetic source imaging	Х	-
S8037 Magnetic resonance cholangiopancreatography (mrcp)	Х	-
S8040 Topographic brain mapping	Х	-
S8042 Magnetic resonance imaging (mri), low-field	Х	-
S8055 Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used with the physician		
doing	X	-
S8080 Scintimammography	Х	-
S8085 Fluorine-18 fluorodeoxygluco	X	-
S8092 Electron beam computed tomog	X	-
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		
2000. In commence the percentage point expiratory flow motion, motional vide, problem, and/or option	X	-
S8100 Holding chamber or spacer for use with an inhaler or nebulizer; without mask	Х	-
S8101 Holding chamber or spacer for use with an inhaler or nebulizer; with mask	X	
אכ וע ו ן Holding chamber or spacer for use with an innaler or nebulizer; with mask	Х	-

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Disclaimer: F	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ect information regarding	•
<u> </u>	dications and should be directed to the Pharmacy link option within the website.		
	Peak expiratory flow rate (p	X	-
	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	Х	-
S8131	Interferential current stimulator, 4 channel	X	-
S8185	Flutter device	Х	-
S8186	Swivel adaptor	X	-
S8189	Tracheotomy supply, not otherwise classified	Х	-
S8210	Mucus trap	Х	-
S8265	Haberman feeder for cleft lip/palate	Х	-
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	Х	-
S8301	Infect control supplies nos	Х	-
S8415	Supplies for home delivery of infant	Х	-
	Gradient pressure aid (sleeve and glove combination), custom made	Х	-
	Gradient pressure aid (sleeve and glove combination), ready made	Х	-
	Gradient pressure aid (sleeve), custom made, medium weight	Х	-
	Gradient pressure aid (sleeve), custom made, heavy weight	Х	-
	Gradient pressure aid (sleeve), ready made	Х	-
	Gradient pressure aid (glove), custom made, medium weight	Х	-
	Gradient pressure aid (glove), custom made, heavy weight	Х	-
	Gradient pressure aid (glove), ready made	Х	-
	Gradient pressure aid (gauntlet), ready made	Х	-
	Gradient pressure exterior wrap	Х	-
	Padding for compression bandage, roll	Х	-
	Compression bandage, roll	Х	-
	Splint, prefabricated, digit (specify digit by use of modifier)	Х	-
	Splint, prefabricated, wrist or ankle	Х	-
	Splint, prefabricated, elbow	Х	-
S8460	Camisole, post-mastectomy	Х	-
	Insulin syringes (100 syringes, any size)	Х	-
	Auricular electrostim	Х	-
	Equestrian/hippotherapy, per session	X	-
	Application of a modality (requiring constant provider attendance) to one or	X	-
	Complex lymphedema therapy,	X	-
	Physical or manipulative therapy performed for maintenance rather than restoration	X	-
	Resuscitation bag	X	-
	Home uterine monitor with or	X	-
	Intra-vag motion sens biofk	X	-
	Ultrafiltration monitor	X	_

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9024 Paranasal sinus ultrasound	X	
	X	-
9025 Omnicardiogram/cardiointegra		-
9034 Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	X	-
9055 Procuren or other growth fac	X	-
9056 Coma stimulation per diem	X	-
9061 Medical supplies and equipme	X	-
9083 Global fee urgent care centers	X	-
9088 Services provided in urgent	X	-
9090 Vertebral axial decompressio	X	-
9097 Home visit for wound care	X	-
Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood draw, supplies a	Х	-
9110 Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and	Х	-
software; maintenance; patient education and support; per		
9117 Back school, per visit	X	-
9122 Home health aide or certifie	X	-
9123 Nursing care, in the home; b	X	-
9124 Nursing care, in the home; b	X	-
9125 Respite care, in the home, p	X	-
9126 Hospice care, in the home, p	X	-
9127 Social work visit, in the ho	X	-
9128 Speech therapy, in the home,	X	-
9129 Occupational therapy, in the	Χ	-
9131 Physical therapy, in the home, per diem	Χ	-
9140 Diabetic management program,	X	-
9141 Diabetic management program,	X	-
9145 Insulin pump initiation, instruction in initial use of pump (pump not included)	X	-
9150 Evaluation by ocularist	Х	-
9152 Speech therapy, re-evaluation	Х	-
9208 Home management of preterm labor, (do not use this code with any home infusion per diem code)	Х	-
9209 Home management of preterm premature rupture of membranes (pprom)	X	-
9211 Home management of gestational hypertension	Х	-
9212 Home management of postpartum hypertension	Х	-
9213 Home management of preeclampsia	Х	-
9214 Home management of gestational diabetes	X	-
9341 Home therapy; enteral nutrition; via gravity	X	-
9342 Home therapy; enteral nutrition via pump	X	_
9343 Home therapy; enteral nutrition via bolus	X	_
9381 Delivery or service to high risk areas requiring escort or extra protection, per visit	X	

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	edications and should be directed to the Pharmacy link option within the website.	T V	
	Anticoagulation clinic, inclusive of all services except laboratory tests, persession	X	-
	Pharmacy compounding and dispensing services	X	-
	Med food non inborn err meta	X	-
	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	X	-
	Modified solid food supplements for inborn errors of metabolism	X	-
	Childbirth preparation/lamaze classes, non-physician provider, per session	X	-
9437	Childbirth refresher classes, non-physician provider, per session	X	-
9438	Cesarean birth classes, non-physician provider, per session	X	-
9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	X	-
9441	Asthma education, non-physician provider, per session	Х	-
9442	Birthing classes, non-physician provider, per session	Х	-
9443	Lactation classes, non-physical provider per session	Х	-
9444	Parenting classes, non-physician provider, per session	X	-
	Patient education, not otherwise classified, non-physician provider, individual, per session	Х	-
9446	Patient education, not otherwise classified, non-physician provider, group, per session	Х	-
	Infant safety (including cpr) classes, non-physician provider, per session	Х	-
	Weight management classes, non-physician provider, per session	Х	-
	Exercise classes, non-physician provider, per session	Х	-
	Nutrition classes, non-physician provider, per session	Х	-
	Smoking cessation classes, non-physician provider, per session	Х	-
	Stress management classes, non-physician provider, per session	Х	-
	Diabetic management program,	X	_
	Diabetic management program,	X	-
	Diabetic management program,	X	_
	Nutritional counseling, diet	X	
	Cardiac rehabilitation progr	X	-
	Pulmonary rehabilitation pro	X	
	Enterostomal therapy by a re	X	
	Ambulatory setting substance	X	
	Vestibular rehabilitation program, non-physician provider, per diem	X	
	Intensive outpatient psychia	X	<u>-</u>
	Family stabilization services, per 15 minutes	X	-
	Crisis intervention mental health services, per hour	X	-
	Crisis intervention mental h	X	-
		^	-
9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	Х	-
9563	Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Services by a journal-listed christian science practitioner for the purpose of healing, per diem	X	-
	Christian sci nurse visit	X	-
	Air ambulanc nonemerg fixed	X	-
	Air ambulan nonemerg rotary	X	-
	Health club membership, annual	X	-
	Transplant related lodging, meals and transportation, per diem	X	-
	Lodging, per diem, not otherwise specified	X	-
	Meals, per diem, not otherwise specified	X	-
	Medical records copying fee, administrative	X	-
	Medical records copying fee, per page	X	-
	Not medically necessary service (patient is aware that service not medically necessary)	X	-
	Services provided as part of a phase i clinical trial	X	-
	Services provided outside of the united states of america (list in addition to code(s) for service(s)	X	-
	Services provided as part of	X	-
	Services provided as part of	X	-
	Transportation costs to and	X	-
994	Lodging costs (e.g. hotel ch	Х	-
996	Meals for clinical trial par	X	-
9999	Sales tax	Х	-
000	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Х	-
001	Nursing assessment/evaluation	Х	-
	Rn services, up to 15 minutes	X	-
003	Lpn/lvn services, up to 15 minutes	Х	-
	Services of a qualified nursing aide, up to 15 minutes	Х	-
	Respite care services, up to 15 minutes	Х	-
	Alcohol and/or substance abuse services, family/couple counseling	Х	-
	Alcohol and/or substance abuse services, treatment plan development and/or modification	Х	-
	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	X	-
	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Х	-
012	Alcohol and/or substance abuse services, skills development	Х	_
	Sign language or oral interpreter services	X	-
	Telehealth transmission, per minute, professional services bill separately	X	-
	Clinic visit/encounter, all-inclusive	X	-
	Case management, each 15 minutes	X	_
	Targeted case management, each 15 minutes	X	
	School-based individualized education program (iep) services, bundled	X	<u> </u>
	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	X	-

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	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs
-	cations and should be directed to the Pharmacy link option within the website.		
1020 P	ersonal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	Х	-
1021 H	ome health aide or certified nurse assistant, per visit	X	-
1022 C	ontracted home health agency services, all services provided under contract,per day	X	-
1023 S	creening to determine the appropriateness of consideration of an individualfor participation in a specified program, pr	Х	-
1024 E	valuation and treatment by an integrated, specialty team contracted to providecoordinated care to multiple or severely	Х	-
1025 In	ntensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-
1026 In	ntensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-
1027 F	amily training and counseling for child development, per 15 minutes	Х	-
	ssessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	Х	-
1029 C	omprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	Х	-
	ursing care, in the home, by registered nurse, per diem	Х	-
	ursing care, in the home, by licensed practical nurse, per diem	Х	-
	v doula brth wrk per 15 min	X	-
	v doula brth wrk per diem	Х	-
	omm bh clinic svc per diem	Х	-
	omm bh clinic svc per month	Х	-
	dministration of oral, intramuscular and/or subcutaneous medication by healthcare agency/professional, per visit	Х	-
1503 A	dministration of medication other than oral and/or injectable by a health care agency professional per visit	Х	-
	lec med comp dev, noc	Х	-
	liscellaneous therapeutic items and supplies, retail purchases, not otherwiseclassified; identify product in "remarks"	Х	-
2001 N	on-emergency transportation; patient attendant/escort	Х	-
	on-emergency transportation; per diem	Х	-
	on-emergency transportation; encounter/trip	Х	-
	on-emergency transport; commercial carrier, multi-pass	Х	-
	on-emergency transportation; non-ambulatory stretcher van	Х	-
	ransportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	Х	-
	readmission screening and resident review (pasrr) level i id screening, per screen	Х	-
	readmission screening and resident review (pasrr) level ii eval, per eval	X	-
	abilitation, educational; waiver, per diem	X	-
	abilitation, educational, waiver; per hour	X	-
	abilitation, prevocational, waiver; per diem	X	-

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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cod	<u> </u>	•
pecialty medications and should be directed to the Pharmacy link option within the website.		
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	-
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	

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odes Description	Not Covered	Preauthorization Require
isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists do not reflect information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
T4522 Adult size brief/diaper med	X	-
T4523 Adult size brief/diaper lg	X	-
Γ4524 Adult size brief/diaper xl	X	-
Γ4525 Adult size pull-on sm	X	-
Γ4526 Adult size pull-on med	Х	-
Γ4527 Adult size pull-on Ig	X	-
Γ4528 Adult size pull-on xl	X	-
Γ4529 Ped size brief/diaper sm/med	X	-
「4530 Ped size brief/diaper lg	X	-
「4531 Ped size pull-on sm/med	X	-
74532 Ped size pull-on Ig	X	-
4533 Youth size brief/diaper	X	-
74534 Youth size pull-on	X	=
「4535 Disposable liner/shield/pad	X	-
T4536 Reusable pull-on any size	X	-
4537 Reusable underpad bed size	X	-
74538 Diaper serv reusable diaper	X	-
4539 Reuse diaper/brief any size	X	-
74540 Reusable underpad chair size	X	-
4541 Large disposable underpad	X	-
4542 Small disposable underpad	X	-
4543 Disposable incontinence product, brief/diaper, bariatric, each	X	-
4544 Adlt disp und/pull on abv xl	X	-
4545 Incontinence product, disposable, penile wrap, each	X	-
5001 Positioning seat for persons with special orthopedic needs, for use in vehicles	Х	-
5999 Supply, not otherwise specified	X	-
/2025 Eyeglasses delux frames	X	-
/2199 Lens single vision not oth c	-	Х
/2524 Cntct lens hydrophil photoch	X	-
/2526 Contact lens, hydrophilic, with blue-violet filter, per lens	X	-
/2599 Contact lens/es other type	-	Х
/2600 Hand held low vision aids	X	-
/2610 Single lens spectacle mount	X	_
/2615 Telescop/othr compound lens	X	_
/2626 Reduction of eye prosthesis	-	Х
/2627 Scleral cover shell		X
/2702 Deluxe lens feature	X	-
/2755 Uv lens/es		X
/2756 Eye glass case	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.



Codes Description	Not Covered	Preauthorization Required
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pecialty medications and should be directed to the Pharmacy link option within the website.	I v I	
V2760 Scratch resistant coating	X	-
V2761 Mirror coating, any type, solid, gradient or equal, any lens material, per lens	X	-
/2762 Polarization, any lens material, per lens	X	-
/2781 Progressive lens per lens	X	-
/2786 Specialty occupational multifocal lens, per lens	X	-
/2787 Astigmatism correcting function of intraocular lens	X	-
/2788 Presbyopia correcting function of intraocular lens	X	-
/2799 Miscellaneous vision service	-	X
/5008 Hearing screening	X	-
/5010 Assessment for hearing aid	X	-
/5011 Hearing aid fitting/checking	X	-
/5014 Hearing aid repair/modifying	X	-
/5020 Conformity evaluation	X	-
/5030 Body-worn hearing aid air	X	-
/5040 Body-worn hearing aid bone	X	-
/5050 Hearing aid monaural in ear	X	-
/5060 Behind ear hearing aid	Х	-
/5070 Glasses air conduction	X	-
/5080 Glasses bone conduction	X	-
/5090 Hearing aid dispensing fee	X	-
/5095 Semi-implantable middle ear hearing prosthesis	X	-
75100 Body-worn bilat hearing aid	X	-
/5110 Hearing aid dispensing fee	X	-
75120 Body-worn binaur hearing aid	X	-
/5130 In ear binaural hearing aid	X	_
75140 Behind ear binaur hearing ai	X	-
75150 Glasses binaural hearing aid	X	_
75160 Dispensing fee binaural	X	_
75171 Hearing aid, contralateral routing device, monaural, in the ear (ite)	X	_
/5172 Hearing aid, contralateral routing device, monaural, in the canal (itc)	X	_
/5181 Hearing aid, contralateral routing device, monaural, behind the ear (bte)	X	
/5190 Glasses cros hearing aid	X	
/5200 Cros hearing aid dispens fee	X	<u> </u>
/5211 Hearing aid, contralateral routing system, binaural, ite/ite	l x	
	X	-
/5212 Hearing aid, contralateral routing system, binaural, ite/itc		-
/5213 Hearing aid, contralateral routing system, binaural, ite/bte	X	-
/5214 Hearing aid, contralateral routing system, binaural, itc/itc	X	-
/5215 Hearing aid, contralateral routing system, binaural, itc/bte	X	-
/5221 Hearing aid, contralateral routing system, binaural, bte/bte	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
/5230 Glasses bicros hearing aid	X	-
/5240 Dispensing fee bicros	X	-
/5241 Dispensing fee, monaural healing aid, any type	X	-
/5242 Hearing aid, analog, monaural, cic (completely in the ear canal)	X	-
/5243 Hearing aid, analog, monaural, itc (in the canal)	X	-
/5244 Hearing aid, digitally programmable analog, monaural, cic	X	-
/5245 Hearing aid, digitally programmable analog, monaural, itc	X	-
/5246 Hearing aid, digitally programmable analog, monaural, ite (in the ear)	X	-
/5247 Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	X	-
/5248 Hearing aid, analog, binaural, cic	X	-
/5249 Hearing aid, analog, binaural, itc	X	-
/5250 Hearing aid, digitally programmable analog, binaural, cic	X	-
/5251 Hearing aid, digitally programmable analog, binaural, itc	X	-
/5252 Hearing aid, digitally programmable binaural, ite	X	-
/5253 Hearing aid, digitally programmable binaural, bte	Х	-
/5254 Hearing aid, digital, monaural, cic	Х	-
/5255 Hearing aid, digital, monaural, itc	Х	-
/5256 Hearing aid, digital, monaural, ite	Х	-
/5257 Hearing aid, digital, monaural, bte	Х	-
/5258 Hearing aid, digital, binaural, cic	Х	-
/5259 Hearing aid, digital, binaural, itc	Х	=
/5260 Hearing aid, digital, binaural, ite	Х	-
/5261 Hearing aid, digital, binaural, bte	X	_
/5262 Hearing aid, disposable, and type, monaural	X	_
/5263 Hearing aid, disposable, and type, binaural	X	-
/5264 Ear mold/insert, not disposable, any type	X	-
/5265 Ear mold/insert, disposable, any type	X	_
/5266 Battery for use in hearing device	X	_
/5267 Hearing aid supplies/accessories	X	_
/5268 Assistive listening device, telephone amplifier, any type	X	
/5269 Assistive listening device, alerting, any type	X	_
/5270 Assistive listening device, dietang, any type	X	
/5271 Assistive listening device, television ampliner, any type	$\frac{\lambda}{x}$	
/5272 Assistive listening device, television caption decoder	X	<u> </u>
/5273 Assistive listening device, tud /5273 Assistive listening device, for use with cochlear implant	X	<u> </u>
/5274 Assistive listening device, for use with coordeal implant	X	<u> </u>
/5275 Ear impression, each	X	<u> </u>
/52/15 Ear Impression, each /5281 Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	<u>-</u>
/5282 Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	<u>-</u>

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specialty medications and should be directed to the Pharmacy link option within the website.		
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	·	

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