Code information for Prior Authorization for SmartHealth Members

Due to the sheer volume of information contained in this document and because codes are grouped by category, please use the search function (CTRL F) to locate the code or word you are looking for. Services may be listed more than once and have different instructions on obtaining authorization. Please review carefully all items matched in your search.

All inpatient confinements require authorization even if the procedure is not on this list.

Emergency and Observation visits *do not* require authorization. However if those visits result in being admitted to the hospital, the hospitalization will require Authorization.

All Genetic Testing (Except 81519, 81521, 81420) requires Prior Authorization and will not be reviewed retroactively. If you do not see the Genetic Test on list (other than the three mentioned above), it is likely not covered.

Physical/Occupational/Speech Therapy (PT/OT/ST) is limited to 60 visits per calendar year, combined. Over 60 visits requires authorization. Please note on request that 60 visits have been exhausted. Be advised: Codes for these services are not on the PA list as the first 60 visits don't require authorization.

All Cell and Gene Therapy requires Prior Authorization. All must be FDA approved or it is not covered.

All Proprietary Laboratory Analysis Codes are considered Experimental/Investigational unless it is listed on the prior authorization list.

Some items on this list have been retired and do not currently require authorization. Please read all notes carefully for each item.

CPT, HCPCS or Revenue Code	Inpatient Revenue Code Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires prior authorization even if the code is not listed here.		
	All Cell/Gene Therapy requires prior authorization.	
0100	All-inclusive room and board plus ancillary - POS 21	
0101	All-inclusive room and board - POS 21	
0110	Room and Board Private (one bed) - General - POS 21	
0111	Room and Board Private (one bed) - Medical/Surgical/GYN - POS 21	
0112	Room and Board Private (one bed) - OB - POS 21	
0113	Room and Board Private (one bed) - Pediatric - POS 21	
0114	Room and Board Private (one bed) - Psychiatric - POS 21	
0115	Room and Board Private (one bed) - Hospice - POS 21	
0116	Room and Board Private (one bed) - Detoxification - POS 21	
0117	Room and Board Private (one bed) - Oncology - POS 21	
0118	Room and Board Private (one bed) - Rehab - POS 21	
0119	Room and Board Private (one bed) - Other - POS 21	
0120	Long term acute care	
0121	Room and Board Semi Private (two beds) - Medical/Surgical/GYN - POS 21	
0122	Room and Board Semi Private (two beds) - OB - POS 21	
0123	Room and Board Semi Private (two beds) - Pediatric - POS 21	
0124	Room and Board Semi Private (two beds) - Psychiatric - POS 21	
0125	Room and Board Semi Private (two beds) - Hospice - POS 21	
0126	Room and Board Semi Private (two beds) - Detoxification - POS 21	
0127	Room and Board Semi Private (two beds) - Oncology - POS 21	
0128	Level 1 Rehab	
0129	Level 2 Rehab - acute complex	
0130	Room & Board - Three and Four Beds General Classification - POS 21	
0131	Room & Board - Three and Four Beds Medical/Surgical/Gyn - POS 21	
0132	Room & Board - Three and Four Beds Obstetrics (OB) - POS 21	
0133	Room & Board - Three and Four Beds Pediatric - POS 21	
0134	Room & Board - Three and Four Beds Psychiatric - POS 21	
0135	Room & Board - Three and Four Beds Hospice - POS 21	
0136	Room & Board - Three and Four Beds Detoxification - POS 21	
0137	Room & Board - Three and Four Beds Oncology - POS 21	
0138	Room & Board - Three and Four Beds Rehabilitation - POS 21	
0139	Room & Board - Three and Four Beds Other - POS 21	
0140	Room & Board - Deluxe Private General Classification - POS 21	
0141	Room & Board - Deluxe Private Medical/Surgical/Gyn - POS 21	
0142	Room & Board - Deluxe Private Obstetrics (OB) - POS 21	
0143	Room & Board - Deluxe Private Pediatric - POS 21	
0144	Room & Board - Deluxe Private Psychiatric - POS 21	
0145	Room & Board - Deluxe Private Hospice - POS 21	
0146	Room & Board - Deluxe Private Detoxification - POS 21	
0147	Room & Board - Deluxe Private Oncology - POS 21	
0148	Room & Board - Deluxe Private Rehabilitation - POS 21	

CPT, HCPCS or Revenue Code	Inpatient Revenue Code Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires prior authorization even if the code is not listed here.		
	All Cell/Gene Therapy requires prior authorization.	
0149	Room & Board - Deluxe Private Other - POS 21	
0150	Room & Board - Ward General Classification - POS 21	
0151	Room & Board - Ward Medical/Surgical/Gyn - POS 21	
0152	Room & Board - Ward Obstetrics (OB) - POS 21	
0153	Room & Board - Ward Pediatric - POS 21	
0154	Room & Board - Ward Psychiatric - POS 21	
0155	Room & Board - Ward Hospice - POS 21	
0156	Room & Board - Ward Detoxification - POS 21	
0157	Room & Board - Ward Oncology - POS 21	
0158	Room & Board - Ward Rehabilitation - POS 21	
0159	Room & Board - Ward Other - POS 21	
0160	Room & Board - Other General Classification - POS 21	
0161	Hosptial at home	Effective 8/1/2024
0164	Other Room & Board - Sterile Environment - POS 21	
0167	Room & Board - Other Self Care - POS 21	
0169	Room & Board - Other Other - POS 21	
0170	Nursery General Classification - POS 21	
0171	Nursery Newborn - Level I - POS 21	
0172	Nursery Newborn - Level II - POS 21	
0173	Nursery Newborn - Level III - POS 21	
0174	Nursery Newborn - Level IV - POS 21	
0179	Nursery Other - POS 21	
0190	General classification - SNF	
0191	Subacute Care - Level I - SNF	
0192	Subacute Care - Level II - SNF	
0193	Subacute Care - Level III - SNF	
0194	Subacute Care - Level IV - SNF	
0199	Other Subacute Care - SNF	
0362	Transplant- small intestine; small intestine/liver; liver; multivisceral; lung/heart/lung; heart; bone marrow; pancreas; cornea	
0367	Transplant – kidney	
0413	Hyperbaric Oxygen Therapy outpatient revenue code	
0540	Ambulance – General	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S
0542	Ambulance – Medical Transport	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S
0543	Ambulance – Heart Mobile	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S

CPT, HCPCS or Revenue Code	Inpatient Revenue Code Description	Comments/ Limitations
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	All Cell/Gene Therapy requires prior authorization.	
0546	Ambulance – Neonatal	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S
0549	Ambulance – Other	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S
1000	General Behavioral Health Accommodations	
1001	Residential treatment - psychiatric	
1002	Residential treatment - chemical dependency	

CPT, HCPCS or Revenue Code	HCPCS (not contained in other categories) Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
** S2066, S2067, S2068 **	These are non-covered codes. Please use the proper procedure codes instead: 19361, 19364, 19366, 19367, 19368, 19369	Effective 1/1/2020
A0426	Ambulance, advanced life support, non emergency transport	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S
A0428	Ambulance, basic life support, non emergency transport	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	
A0432	Paramedic intercept (PI)0632 rural area, transport furnished by volunteer ambulance company which is prohibited by state law from billing third party payers	
A0434	Specialty Care Transport (SCT)	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S
A0435	Fixed wing air mileage	
A0436	Rotary wing air mileage	

CPT, HCPCS or Revenue Code	HCPCS (not contained in other categories) Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
A0999	Unlisted ambulance service	No auth required If service will be billed with 2nd position modifier of D, H, I, N, or S
A9599	Radiopharmaceutical, diagnostic for beta-amyloid PET imaging	
C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system	Effective 5/1/2026
C1608	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)	Effective 5/1/2026
C1832	Autograft suspension, including cell processing and application, and all system components	Effective 9/1/2022
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)	Effective 5/1/2026
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide) per cm length	Effective 1/1/2022
C9353	Microporous collagen implantable slit tube (Neurawrap Nerve Protector), per cm length	Effective 1/1/2022
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	Effective 1/1/2022

CPT, HCPCS or Revenue Code	HCPCS (not contained in other categories) Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5cm length	Effective 1/1/2022
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet)	Effective 1/1/2022
C9361	Collagen matrix nerve wrap (Neuromend Collagen Nerve Wrap), per 0.5cm length	Effective 1/1/2022
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5cc	Effective 1/1/2022
C9363	Integra meshed bil wound mat	Effective 1/1/2022
C9364	Porcine implant, Permacol, per sq cm	Effective 1/1/2022
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	Effective 9/1/2022
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Effective 10/1/2023
D9223	General Anesthesia in 15 minute increments	Pre-certification of Anesthesia is only applicable when dental services are performed in a hospital/facility setting.

CPT, HCPCS or Revenue Code	HCPCS (not contained in other categories) Description	Comments/ Limitations
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G0277	Hyperbaric Oxygen Therapy	
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	Effective 1/1/2023
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)	Effective 6/1/21
G2172	All Inclusive Payment For Services Related To Highly Coordinated And Integrated Opioid Use Disorder (Oud) Treatment Services Furnished For The Demonstration Project	Effective 6/1/21
H0017	Behavioral health; residential	Effective 10/1/25
H0018	Behavioral health; short-term residential	Effective 10/1/25
H0019	Behavioral health; long-term residential	Effective 10/1/25
S9960	Ambulance service, conventional air services, non emergency transport, one way (fixed wing)	
V2790	Amniotic membrane for surgical reconstruction per procedure	

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
A2002	Mirragen advanced wound matrix, per square centimeter	Effective 9/1/2022
A2003	Bio-connekt wound matrix, per square centimeter	Effective 9/1/2022
A2006	Novosorb synpath dermal matrix, per square centimeter	Effective 9/1/2022
A2007	Restrata, per square centimeter	Effective 9/1/2022
A2008	Theragenesis, per square centimeter	Effective 9/1/2022

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
A2009	Symphony, per square centimeter	Effective 9/1/2022
A2010	Apis, per square centimeter	Effective 9/1/2022
A2011	Supra sdrm, per square centimeter	Effective 9/1/2022
A2012	Suprathel, per square centimeter	Effective 9/1/2022
A2013	Innovamatrix fs, per square centimeter	Effective 9/1/2022

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
A2014	Omeza collagen matrix or omeza complete matrix, per 100 mg	Effective 10/1/2022
A2015	Phoenix wound matrix, per square centimeter	Effective 10/1/2022
A2016	Permeaderm b, per square centimeter	Effective 10/1/2022
A2017	Permeaderm glove, each	Effective 10/1/2022
A2018	Permeaderm c, per square centimeter	Effective 10/1/2022

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
A2019	Kerecis Omega3 MariGen Shield, per sq cm	Effective 10/1/2023
A2026	Restrata minimatrix, 5 mg	Effective 4/1/24 (added on 5/1/24 list)
A2027	Matriderm, per square centimeter	Effective 10/1/24
A2028	Micromatrix flex, per mg	Effective 10/1/24
A2029	Mirotract wound matrix sheet, per cubic centimeter	Effective 10/1/24

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
A2030	Miro3d fibers, per milligram	Effective 4/1/25
A2031	Mirodry wound matrix, per square centimeter	Effective 4/1/25
A2032	Myriad matrix, per square centimeter	Effective 4/1/25
A2034	Foundation drs solo, per square centimeter	Effective 4/1/25
A2035	Corplex p or theracor p or allacor p, per milligram	Effective 4/1/25

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
A4100	Skin substitute	Effective 9/1/2022
A9599	Radiopharmaceutical, diagnostic for beta-amyloid PET imaging	
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5cc	Effective 1/1/2022
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5cc	Effective 1/1/2022
C9363	Integra meshed bil wound mat	Effective 1/1/2022

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4101	Apligraf, per square centimeter	
Q4102	Oasis wound matrix, per sq cm	
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	
Q4105	Integra dermal regeneration template (drt), per square centimeter	
Q4107	Graftjacket, per square centimeter	

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Q4108	Integra matrix, per sq cm	
Q4110	Primatrix	Effective 1/1/2022
Q4111	Gammagraft	Effective 1/1/2022
Q4112	Cymetra, injectable, 1cc	Effective 1/1/2022
Q4115	Alloskin	Effective 1/1/2022

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4116	Alloderm, per square centimeter	
Q4117	Hyalomatrix	Effective 1/1/2022
Q4121	TheraSkin, per square centimeter	
Q4122	Dermacell, awm, porous sq cm	
Q4123	Alloskin	Effective 1/1/2022

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	
Q4127	Talymed	Effective 1/1/2022
Q4132	Grafix core, per square centimeter	
Q4133	Grafix prime, per square centimeter	
Q4134	Hmatrix, per square centimeter	

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4135	Mediskin, per square centimeter	
Q4136	Ez-derm, per square centimeter	
Q4141	Alloskin ac, 1cm	Effective 1/1/2022
Q4142	XCM biologic tissue matrix, per sq cm	Effective 1/1/2022
Q4143	Repriza, 1cm	Effective 1/1/2022

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4145	EpiFix, injectable, 1mg	Effective 1/1/2022
Q4146	Tensix, 1cm	Effective 1/1/2022
Q4147	Architect ecm px fx 1 sq cm	Effective 1/1/2022
Q4149	Excellagen, 0.1cc	Effective 1/1/2022
Q4151	AminoBand or guardian per sqcm	

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4153	Dermavest, plurivest sq cm	Effective 1/1/2022
Q4157	Revitalon 1 square cm	Effective 1/1/2022
Q4158	Kerecis omega3, per sq cm	Effective 1/1/2022
Q4161	Bio-connekt per square cm	Effective 1/1/2022
Q4165	Keramatrix, Kerasorb sq cm	Effective 8/1/2020

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4167	Truskin, per sq centimeter	Effective 1/1/2022
Q4168	AminoBand 1 mg	
Q4169	Artacent wound, per sq cm	Effective 1/1/2022
Q4171	Interfyl, 1mg	Effective 1/1/2022
Q4175	Miroderm	Effective 1/1/2022

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4176	Neopatch, per sq centimeter	Effective 1/1/2022
Q4177	FlowerAmnioFlo, 0.1cc	Effective 1/1/2022
Q4178	Floweramniopatch, per sq cm	Effective 1/1/2022
Q4179	Flowerderm, per sq cm	Effective 1/1/2022
Q4181	Amnio wound, per square cm	Effective 1/1/2022

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4182	Transcyte per sqcm	
Q4183	Surgigraft, per square centimeter	
Q4184	Cellesta or duo per sq cm	
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	
Q4186	EpiFix, per square centimeter	

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4187	Epicord, per square centimeter	
Q4188	Amnioarmor, per square centimeter	
Q4190	Artacent ac, per square centimeter	
Q4191	Restorigin, per square centimeter	
Q4194	Novachor, per square centimeter	

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4197	Puraply xt, per square centimeter	
Q4198	Genesis amniotic membrane, per square centimeter	
Q4199	Cygnus matrix, per square centimeter	Effective 9/1/2022
Q4200	Skin te, per square centimeter	
Q4201	Matrion, per square centimeter	

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4202	Keroxx (2.5g/cc), 1cc	
Q4203	Derma-gide, per square centimeter	
Q4206	Fluid flow or fluid GF, 1 cc	Effective 8/1/2020
Q4208	Novafix, per square centimeter	
Q4209	Surgraft, per square centimeter	

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4211	Amnion bio or Axobiomembrane, per square centimeter	
Q4212	Allogen, per cc	Effective 8/1/2020
Q4213	Ascent, 0.5 mg	Effective 8/1/2020
Q4214	Cellesta cord, per square centimeter	Effective 8/1/2020
Q4216	Artacent cord, per square centimeter	Effective 8/1/2020

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	
Q4218	Surgicord, per square centimeter	
Q4219	Surgigraft-dual, per square centimeter	
Q4220	BellaCell HD or Surederm, per square centimeter	
Q4221	Amniowrap2, per square centimeter	

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Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4224	Human health factor 10 amniotic patch (hhf10-p), per square centimeter	Effective 9/1/2022
Q4225	Amniobind or dermabind tl, per square centimeter	Effective 9/1/2022
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	
Q4230	Cogenex Flowable Amnion, per 0.5cc	Effective 1/1/2022
Q4232	Corplex, per sq cm	Effective 1/1/2022

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4233	SurFactor or NuDyn, per 0.5cc	Effective 1/1/2022
Q4237	Cryo-Cord, per sq cm	Effective 1/1/2022
Q4238	Derm-Maxx, per sq cm	Effective 1/1/2022
Q4240	CoreCyte, for topical use only, per 0.5cc	Effective 1/1/2022
Q4241	PolyCyte, for topical use only, per 0.5cc	Effective 1/1/2022

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4242	AmnioCyte Plus, per 0.5cc	Effective 1/1/2022
Q4245	AmnioText, per cc	Effective 1/1/2022
Q4247	Amniotext patch, per sq cm	Effective 1/1/2022
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Effective 1/1/2022
Q4249	AMNIPLY, for topical use only, per sq cm	Effective 1/1/2022

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4251	Vim, per sq cm	Effective 1/1/2022
Q4252	Vendaje, per sq cm	Effective 1/1/2022
Q4255	REGUaRD, for topical use only, per sq cm	Effective 1/1/2022
Q4256	Mlg-complete, per square centimeter	Effective 9/1/2022
Q4257	Relese, per square centimeter	Effective 9/1/2022

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4258	Enverse, per square centimeter	Effective 9/1/2022
Q4259	Celera dual layer or celera dual membrane, per square centimeter	Effective 7/1/2022
Q4260	Signature apatch, per square centimeter	Effective 7/1/2022
Q4261	Tag, per square centimeter	Effective 7/1/2022
Q4278	Epieffect, per square centimeter	Effective 10/1/2023

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4279	Vendaje ac, per square centimeter	Effective 1/1/2024
Q4280	Xcell amnio matrix, per square centimeter	Effective 10/1/2023
Q4281	Barrera sl or barrera dl, per square centimeter	Effective 10/1/2023
Q4282	Cygnus dual, per square centimeter	Effective 10/1/2023
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	Effective 10/1/2023

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4284	Dermabind sl, per square centimeter	Effective 10/1/2023
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	Effective 1/1/2024
Q4286	NuDYN SL or NuDYN SLW, per sq cm	Effective 1/1/2024
Q4287	Dermabind dl, per square centimeter	Effective 1/1/2024
Q4288	Dermabind ch, per square centimeter	Effective 1/1/2024

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4289	Revoshield + amniotic barrier, per square centimeter	Effective 1/1/2024
Q4290	Membrane wrap-hydro, per square centimeter	Effective 1/1/2024
Q4291	Lamellas xt, per square centimeter	Effective 1/1/2024
Q4292	Lamellas, per square centimeter	Effective 1/1/2024
Q4293	Acesso dl, per square centimeter	Effective 1/1/2024

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4294	Amnio quad-core, per square centimeter	Effective 1/1/2024
Q4295	Amnio tri-core amniotic, per square centimeter	Effective 1/1/2024
Q4296	Rebound matrix, per square centimeter	Effective 1/1/2024
Q4297	Emerge matrix, per square centimeter	Effective 1/1/2024
Q4298	Amnicore pro, per square centimeter	Effective 1/1/2024

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4299	Amnicore pro+, per square centimeter	Effective 1/1/2024
Q4300	Acesso tl, per square centimeter	Effective 1/1/2024
Q4301	Activate matrix, per square centimeter	Effective 1/1/2024
Q4302	Complete aca, per square centimeter	Effective 1/1/2024
Q4303	Complete aa, per square centimeter	Effective 1/1/2024

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4304	Grafix plus, per square centimeter	Effective 1/1/2024
Q4305	American amnion ac tri-layer, per square centimeter	Effective 4/1/24
Q4306	American amnion ac, per square centimeter	Effective 4/1/24
Q4307	American amnion, per square centimeter	Effective 4/1/24
Q4308	Sanopellis, per square centimeter	Effective 4/1/24

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4309	Via matrix, per square centimeter	Effective 4/1/24
Q4310	Procenta, per 100 mg	Effective 4/1/24
Q4311	Acesso, per square centimeter	Effective 7/1/24
Q4312	Acesso ac, per square centimeter	Effective 7/1/24
Q4313	Dermabind fm, per square centimeter	Effective 7/1/24

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4314	Reeva ft, per square cenitmeter	Effective 7/1/24
Q4315	Regenelink amniotic membrane allograft, per square centimeter	Effective 7/1/24
Q4316	Amchoplast, per square centimeter	Effective 7/1/24
Q4317	Vitograft, per square centimeter	Effective 7/1/24
Q4318	E-graft, per square centimeter	Effective 7/1/24

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4319	Sanograft, per square centimeter	Effective 7/1/24
Q4320	Pellograft, per square centimeter	Effective 7/1/24
Q4321	Renograft, per square centimeter	Effective 7/1/24
Q4322	Caregraft, per square centimeter	Effective 7/1/24
Q4323	Alloply, per square centimeter	Effective 7/1/24

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4324	Amniotx, per square centimeter	Effective 7/1/24
Q4325	Acapatch, per square centimeter	Effective 7/1/24
Q4326	Woundplus, per square centimeter	Effective 7/1/24
Q4327	Duoamnion, per square centimeter	Effective 7/1/24
Q4328	Most, per square centimeter	Effective 7/1/24

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4329	Singlay, per square centimeter	Effective 7/1/24
Q4330	Total, per square centimeter	Effective 7/1/24
Q4333	Ardeograft, per square centimeter	Effective 7/1/24
Q4334	Amnioplast 1, per square centimeter	Effective 10/1/24
Q4335	Amnioplast 2, per square centimeter	Effective 10/1/24

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4336	Artacent c, per square centimeter	Effective 10/1/24
Q4337	Artacent trident, per square centimeter	Effective 10/1/24
Q4338	Artacent velos, per square centimeter	Effective 10/1/24
Q4339	Artacent vericlen, per square centimeter	Effective 10/1/24
Q4340	Simpligraft, per square centimeter	Effective 10/1/24

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4341	Simplimax, per square centimeter	Effective 10/1/24
Q4342	Theramend, per square centimeter	Effective 10/1/24
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	Effective 10/1/24
Q4344	Tri-membrane wrap, per square centimeter	Effective 10/1/24
Q4346	Shelter dm matrix, per square centimeter	Effective 1/1/25

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4347	Rampart dl matrix, per square centimeter	Effective 1/1/25
Q4348	Sentry sl matrix, per square centimeter	Effective 1/1/25
Q4349	Mantle dl matrix, per square centimeter	Effective 1/1/25
Q4350	Palisade dm matrix, per square centimeter	Effective 1/1/25
Q4351	Enclose tl matrix, per square centimeter	Effective 1/1/25

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4352	Overlay sl matrix, per square centimeter	Effective 1/1/25
Q4353	Xceed tl matrix, per square centimeter	Effective 1/1/25
Q4354	Palingen dual-layer membrane, per square centimeter	Effective 4/1/25
Q4355	Abiomend xplus membrane and abiomend xplus hydromembrane, per square centimeter	Effective 4/1/25
Q4356	Abiomend membrane and abiomend hydromembrane, per square centimeter	Effective 4/1/25

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4359	Choriply, per square centimeter	Effective 4/1/25
Q4360	Amchoplast fd, per square centimeter	Effective 4/1/25
Q4362	Cygnus disk, per square centimeter	Effective 4/1/25
Q4367	Amniocore sl, per square centimeter	Effective 4/1/25
Q4368	Amchothick, per square centimeter	Effective 7/1/25

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4369	Amnioplast 3, per square centimeter	Effective 7/1/25
Q4370	Aeroguard, per square centimeter	Effective 7/1/25
Q4371	Neoguard, per square centimeter	Effective 7/1/25
Q4372	Amchoplast excel, per square centimeter	Effective 7/1/25
Q4373	Membrane wrap lite, per square centimeter	Effective 7/1/25

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4375	Duograft ac, per square centimeter	Effective 7/1/25
Q4376	Duograft aa, per square centimeter	Effective 7/1/25
Q4377	Trigraft ft, per square centimeter	Effective 7/1/25
Q4378	Renew ft matrix, per square centimeter	Effective 7/1/25
Q4379	Amniodefend ft matrix, per square centimeter	Effective 7/1/25

CPT, HCPCS or Revenue Code	Skin Substitutes Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here. When requesting authorization for a skin grafting procedure, the material must be authorized or it may not be covered.		
Q4380	Advograft one, per square centimeter	Effective 7/1/25
Q4382	Advograft dual, per square centimeter	Effective 7/1/25

Code(s)	Cell/Gene Description	Comments/ Limitations	Notes
Various	All Cell/Gene Therapy requires prior-authorization.	Effective 5.1.21	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
38208	Transplant preparation of hematopoietic progenitor cells;	Effective 1.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Effective 1.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Effective 1.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Effective 1.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.

Code(s)	Cell/Gene Description	Comments/ Limitations	Notes
Various	All Cell/Gene Therapy requires prior-authorization.	Effective 5.1.21	
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Effective 1.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
88240	Cryopreservation, freezing and storage of cells, each cell line	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
** 96365 if >$7500	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Co.	Effective 1/1/23 changed to $7500 Effective 10.1.23	Requests for prior authorization for this code if billing > $7500, should be sent to 586-693-4768. Click here for link to form.
** 96366 if >$7500	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug	Effective 10.1.23	Requests for prior authorization for this code if billing > $7500, should be sent to 586-693-4768. Click here for link to form.
** C9399 if >$7500	Unclassified drugs	Effective 10.1.23	Requests for prior authorization for this code if billing > $7500, should be sent to 586-693-4768. Click here for link to form.

Code(s)	Cell/Gene Description	Comments/ Limitations	Notes
Various	All Cell/Gene Therapy requires prior-authorization.	Effective 5.1.21	
** J3490 if >$7500	Unclassified drugs	Effective 10.1.23	Requests for prior authorization for this code if billing > $7500, should be sent to 586-693-4768. Click here for link to form.
** J3590 if >$7500	Unclassified drugs	Effective 10.1.23	Requests for prior authorization for this code if billing > $7500, should be sent to 586-693-4768. Click here for link to form.
** J9999 if > $7500	Not otherwise classified, antineoplastic drugs	Effective 11.1.23	Requests for prior authorization for this code if billing > $7500, should be sent to 586-693-4768. Click here for link to form.
Q2058	Aucatzyl (obecabtagene autoleucel) CAR-T. Any Code used for this therapy requires authorization)	Effective 11.8.24 New code assigned effective 7/1/25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J1411	Hemgenix (Etranacogene Dezaparvovec-drib) Gene Therapy	Effective 1.1.23 New code 4.1.23	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J1412	Roctavian (Valoctocgene Roxaparvovec or BMN 270) Gene Therapy (Miscellaneous codes require authorization when used for this therapy)	Effective 8.1.23. New Code Assigned 1/1/24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J1413	Elevidys (delandistrogene moxeparvovec) Gene Therapy (Miscellaneous codes require authorization when used for this therapy)	Effective 8.1.23. New Code assigned 1/1/24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.

Code(s)	Cell/Gene Description	Comments/ Limitations	Notes
Various	All Cell/Gene Therapy requires prior-authorization.	Effective 5.1.21	
J1414	Beqvez (fidanacogene maraleucel) Gene Therapy (Any Code used for this therapy requires authorization)	Effective 4.25.24. New Code assigned 1.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J3386	Injection, etuvetidigene autotemcel, per treatment	Effective 10.1.2026	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J3392	Casgevy (exagamglogene autotemcel) Gene Therapy. (Unclassified codes require authorization when used for this therapy)	Effective 1.16.24 New Code assigned 1.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J3393	Zynteglo beti-cel (betbeglogene darolentivec) Gene Therapy. (Unclassified codes require authorization when used for this therapy)	Effective 1.1.23. New code assigned 7.1.24	Requests for prior authorization for this therapy, regardless of code, should be sent to 586-693-4768. Click here for link to form.
J3394	Lyfgenia (lkovotibeglogene autotemcel). Gene Therapy. (Unclassified codes require authorization when used for this therapy)	Effective 1.1.24. New code assigned 7.1.24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J3398	Luxterna (vortigene-neparvovec-ryzl) Gene Therapy	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J3399	Zolgensma (onasemnogene abeparvovec -xioi) Gene Therapy	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.

Code(s)	Cell/Gene Description	Comments/ Limitations	Notes
Various	All Cell/Gene Therapy requires prior-authorization.	Effective 5.1.21	
J3401	Vyjuvek (beremagene geperpavec) Gene Therapy. (Unclassified codes require authorization when used for this therapy)	Effective 1.1.24. New code assigned 1/1/24. Added to PA 8.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J3405	Injection, onasemnogene abeparvovec-brve, per treatment	Effective 10.1.2026	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J7330	MACI (Autologous Cultured Chrondocytes on a Porcine Collagen Membrane) Gene Therapy	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J9029	Adstiladrin (Nadofaragene firadenovec-vncg) Gene Therapy. (Miscellaneous codes require authorization when used for this therapy)	Effective 1.1.23 New code 7.1.23	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
J9325	Imlygic (talimogene laherparepvec) Gene Therapy	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
Q2040	Kymriah (tisagenlecleucel) CAR-T	Effective 5/1/21. Code assigned 10/1/23	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
Q2041	Yescarta (axicabtagene ciloleucel) CAR-T	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.

Code(s)	Cell/Gene Description	Comments/ Limitations	Notes
Various	All Cell/Gene Therapy requires prior-authorization.	Effective 5.1.21	
Q2042	Kymriah (tisagenlecleucel) CAR-T	Effective 5/1/21. Code assigned 11/1/21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
Q2043	Provenge (sipuleucel-T) CAR-T	Effective 11.1.21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
Q2053	Tecartus (Brexucabtagene autoleucel), up to 200 million autologous anti-CD19 CAR positive viable T cells including leukapheresis and dose preparation procedures per therapeutic dose . CAR-T	Effective 11/1/2021	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
Q2054	Breyanzi (lisocabtagene maraleucel) CAR-T	Effective 11/1/21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
Q2055	Abecma (idecabtagene vicleucel) CAR-T	Effective 11.1.21. New code assigned 1/1/22	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
Q2056	Carvykti (Ciltacabtagene autoleucel) CAR-T	Effective 7.1.22. New Code effecitve 10.1.22.	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
Q2057	Tecelra (Afamitresgene autoleucel) (CAR-T)	Effective 8.1.24. New code assigned 4.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.

Code(s)	Cell/Gene Description	Comments/ Limitations	Notes
Various	All Cell/Gene Therapy requires prior-authorization.	Effective 5.1.21	
S2140	Cord blood harvesting for transplantation, allogeneic (Allocord; Clevecord;Ducord; Hemacord; HPC Cord Blood Clinimmune labs; HPC Cord Blood MD Anderson Blood Bank;HPC Cord Blood LifeSouth Community Blood Centers; HPC, Cord Blood Bloodworks.	Effective 11/1/21	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Amtagvi (Lifileucel) CAR-T	Effective 2.21.24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Encelto (revakinagene taroretcel-lwey) (Gene Therapy)	Not covered until requiring Authorization Effective 3.5.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Gintuit (Allogeneic Cultured Keratinocytes and Fibroblasts in Bovine Collagen) CAR-T. (Unclassified codes require authorization when used for this therapy)	Effective 1.1.24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Kebilidi (eladocagene exuparvovec-tneq) (Gene Therapy)	Effective 11.13.24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Lantrida (donislecel) CAR-T (Unclassified codes require authorization when used for this therapy)	Effective 1.1.24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Laviv (azficel-T)	Cosmetic. Not Covered	
J3391	Lenmeldy (vortigene-neparvovec-ryzl) Gene Therapy. (Unclassified codes require authorization when used for this therapy)	Effective 3.18.24. New Code assigned effective 7.1.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.

Code(s)	Cell/Gene Description	Comments/ Limitations	Notes
Various	All Cell/Gene Therapy requires prior-authorization.	Effective 5.1.21	
TBD	Omisirge (omidubicel) CAR-T. (Unclassified codes require authorization when used for this therapy)	Effective 1.1.24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Rethymic (Allogenic processed thymus tissue-agdc) Gene Therapy (Unclassified codes require authorization when used for this therapy)	Effective 10/1/23	Requests for prior authorization for this therapy, regardless of code, should be sent to 586-693-4768. Click here for link to form.
TBD	Ryoncil (remestemcel-L-rknd) (CAR-T)	Not covered until requiring Authorization Effective 12.19.24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Skysona (Elivaldogene autotemcel FKA eli-cel) Autologous Gene Cell Therapy. (Unclassified codes require authorization when used for this therapy)	Effective 1.1.23	Requests for prior authorization for this therapy, regardless of code, should be sent to 586-693-4768. Click here for link to form.
TBD	SYMVESS (acellular tissue engineered vessel-tyod) (CAR-T)	Not covered until requiring Authorization Effective 12.19.24	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
TBD	Zevaskyn (prademagene zamikeracel, pz-cel) (Gene Therapy)	Not covered until requiring Authorization Effective 4.29.25	Requests for prior authorization for this code should be sent to 586-693-4768. Click here for link to form.
**	Codes in Orange require authorization if billing >$7500.	Effective 10.1.23	

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J0129	Orencia	abatacept	1/1/2023	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J0174	LEQEMBI	Lecanemab	Covered effective 5/1/2024 with prior authorization.	Antidementia Agent	Requires Prior Authorization Form be faxed to 512-831-5499
J0175	KISUNLA	donanemab-azbt	Covered effective 4/1/25 with prior authorization	Alzheimer's Disease	Requires Prior Authorization Form be faxed to 512-831-5499
J0177	EYLEA HD	Afilbercept	Covered effective 9/1/24 with prior authorization.	Ophthalmic Disorders	Requires Prior Authorization Form be faxed to 512-831-5499
J0178	EYLEA	Aflibercept	10/1/2022	Macular Degeneration	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
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J0179	BEOVU	Brolucizumab	10/1/2022	Macular Degeneration	Requires Prior Authorization Form be faxed to 512-831-5499
J0180	FABRAZYME	Agalsidase beta	9/1/24	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J0202	Lemtrada	alemtuzumab	1/1/2023	Multiple Sclerosis	Requires Prior Authorization Form be faxed to 512-831-5499
J0217	LAMZEDE	Velmanase alfa-tycv	Covered effective 9/1/24 with prior authorization.	Enzyme Replacement Therapy	Requires Prior Authorization Form be faxed to 512-831-5499
J0218	Xenpozyme	olipudase alfa-rpcp	Covered effective 1/1/2024 with Prior Authorization	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J0219	NEXVIAZYME	Avalglucosidase alfa-ngpt	10/1/2022	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J0220	Alglucosidase alfa	Alglucosidase alfa	10/1/2022	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J0221	LUMIZYME	Alglucosidase alfa	10/1/2022	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J0222	ONPATTRO	patisiran	5/1/2023	Amyloidosis	Requires Prior Authorization Form be faxed to 512-831-5499
J0223	GIVLAARI	Givosiran	9/1/24	Acute Hepatic Porphyria	Requires Prior Authorization Form be faxed to 512-831-5499

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J0224	OXLUMO	Lumasiran	9/1/24	Primary Hyperoxaluria	Requires Prior Authorization Form be faxed to 512-831-5499
J0225	Amvuttra	vutrisiran	11/1/2023	Hereditary Transthyretin (hATTR) Amyloidosis with Polyneuropathy	Requires Prior Authorization Form be faxed to 512-831-5499
J0401	Abilify Maintena	Aripiprazole	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J0402	Abilify Asimtufii	Aripiprazole extended-release	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J0485	Nulojix	belatacept	1/1/2023	Immunosuppressive Agents	Requires Prior Authorization Form be faxed to 512-831-5499

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J0490	Benlysta IV	belimumab	1/1/2023	Systemic Lupus Erythematosus (SLE)	Requires Prior Authorization Form be faxed to 512-831-5499
J0491	Saphnelo	anifrolumab-fnia	Covered effective 1/1/2024 with Prior Authorization	Systemic Lupus Erythematosus (SLE or Lupus)	Requires Prior Authorization Form be faxed to 512-831-5499
J0517	FASENRA	benralizumab	8/1/2022	Asthma	Requires Prior Authorization Form be faxed to 512-831-5499
J0565	ZINPLAVA	bezlotoxumab	8/1/2022	Passive Immunizing and Treatment Agents	Requires Prior Authorization Form be faxed to 512-831-5499
J0567	BRINEURA	cerliponase alfa	1/1/2022	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499

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J0584	Crysvita	burosumab	1/1/2023	Metabolic Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J0585	BOTOX	onabotulinumtoxina	6/1/2022	Neurotoxins	Requires Prior Authorization Form be faxed to 512-831-5499
J0586	DYSPORT	abobotulinumtoxina	6/1/2022	Neurotoxins	Requires Prior Authorization Form be faxed to 512-831-5499
J0587	MYOBLOC	rimabotulinumtoxinb	6/1/2022	Neurotoxins	Requires Prior Authorization Form be faxed to 512-831-5499
J0588	XEOMIN	incobotulinumtoxin a	6/1/2022	Neurotoxins	Requires Prior Authorization Form be faxed to 512-831-5499

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J0589	DAXXIFY	Daxibotulinumtoxina-lanm	Covered effective 9/1/24 with prior authorization.	Neurotoxins	Requires Prior Authorization Form be faxed to 512-831-5499
J0596	Ruconest	c1 esterase inhibitor	Not covered until 11/1/25 with prior authorization	Acute Hereditary Angioedema (HAE)	Requires Prior Authorization Form be faxed to 512-831-5499
J0614	Grafaplex	Treosulfan	3/1/2026	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J0638	Ilaris	canakinumab	1/1/2023	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J0717	Cimzia	certolizumab	1/1/2023	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499

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J0775	Xiaflex	collagenase, clostridium histolyticum	1/1/2023	Enzyme	Requires Prior Authorization Form be faxed to 512-831-5499
J0791	Adakveo	crizanlizumab-tmca	1/1/2023	Sickle Cell Disease	Requires Prior Authorization Form be faxed to 512-831-5499
J0870	RYTELO	imetelstat	Covered effective 4/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J0879	Korsuva	difelikefalin	Covered effective 1/1/2024 with Prior Authorization	Pruritis associated with chronic kidney disease (CKD)	Requires Prior Authorization Form be faxed to 512-831-5499
J0885	EPOGEN	epoetin alfa	8/1/2022	Anemia	Requires Prior Authorization Form be faxed to 512-831-5499

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J0885	PROCRIT	epoetin alfa	8/1/2022	Anemia	Requires Prior Authorization Form be faxed to 512-831-5499
J0887	Mircera	epoetin beta	Precertification Notification 1/1/21-12/31/2024, Then covered 1/1/2025 with Prior Authorization	Anemia (Dialysis)	Requires Prior Authorization Form be faxed to 512-831-5499
j0888	Mircera	epoetin beta	Precertification Notification 1/1/21-12/31/2024, Then covered 1/1/2025 with Prior Authorization	Anemia (Dialysis)	Requires Prior Authorization Form be faxed to 512-831-5499
J0896	Reblozyl	luspatercept-aamt	1/1/2023	Myelodysplastic Syndrome	Requires Prior Authorization Form be faxed to 512-831-5499

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J0897	PROLIA	denosumab	6/1/2022	Osteoporosis	Requires Prior Authorization Form be faxed to 512-831-5499
J0897	XGEVA	denosumab	8/1/2022	Osteoporosis	Requires Prior Authorization Form be faxed to 512-831-5499
J1073	Testopel	Testosterone pellet, implant, 75 mg	7/1/2026	Endocrine Disorders	Requires Prior Authorization Form be faxed to 512-831-5499
J1203	POMBILITI	Cipaglucosidase alfa-atga	Covered effective 9/1/24 with prior authorization.	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1289	Yartemlea	Injection, narsoplimab-wuug, 1 mg	10/1/2026	TA-TMA	Requires Prior Authorization Form be faxed to 512-831-5499

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J1299	SOLIRIS	eculizumab	New code assigned 4/1/25. Previous code, J1300 required auth 1/1/22-.3/31/25	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1301	Radicava	edaravone	1/1/2023	Amyotrophic Lateral Sclerosis	Requires Prior Authorization Form be faxed to 512-831-5499
J1302	Enjaymo	sutimlimab-jome	Covered effective 1/1/2024 with Prior Authorization	Anti-Inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1303	ULTOMIRIS	Ravulizumab	10/1/2022	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1304	QALSODY	Tofersen	Covered effective 9/1/24 with prior authorization.	Amyotrophic Lateral Sclerosis (ALS)	Requires Prior Authorization Form be faxed to 512-831-5499

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J1305	Evkeeza	evinacumab-dgnb	11/1/2023	Hypercholesterolemia	Requires Prior Authorization Form be faxed to 512-831-5499
J1306	LEQVIO	Inclisiran	10/1/2022	Hypercholesterolemia	Requires Prior Authorization Form be faxed to 512-831-5499
J1307	PIASKY	crovalimab-akkz	Covered effective 4/1/25 with prior authorization	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Requires Prior Authorization Form be faxed to 512-831-5499
J1322	VIMIZIM	Elosulfase alfa	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1323	ELREXFIO	Elranatamab-bcmm	Covered effective 9/1/24 with prior authorization.	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J1326	Vyloy	zolbetuximab-clzb	Not covered until 11/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J1426	AMONDYS 45	Casimersen	Prior to 12/31/23 required medical PA. Effective 1/1/24 requires Medical Specialty Pharmacy Prior Authorization	Duchenne Muscular Dystrophy	After 1/1/24 Requires Prior Authorization Form be faxed to 512-831-5499
J1427	Viltepso	viltolarsen	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Duchenne Muscular Dystrophy (DMD)	Requires Prior Authorization Form be faxed to 512-831-5499
J1428	Exondys 51	eteplirsen	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Duchenne Muscular Dystrophy (DMD)	Requires Prior Authorization Form be faxed to 512-831-5499

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J1429	Vyondys 53	golodirsen	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Duchenne Muscular Dystrophy (DMD)	Requires Prior Authorization Form be faxed to 512-831-5499
J1437	MONOFERRIC	Ferric derisomaltose	10/1/2022	Anemia	Requires Prior Authorization Form be faxed to 512-831-5499
J1438	ENBREL	etanercept	8/1/2022	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1439	INJECTAFER	Ferric carboxymaltose	10/1/2022	Anemia	Requires Prior Authorization Form be faxed to 512-831-5499
J1442	NEUPOGEN	filgrastim (g-csf), excludes biosimilars	8/1/2022	Neutropenia	Requires Prior Authorization Form be faxed to 512-831-5499

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J1449	Rolvedon	eflapegrastim-xnst	Covered effective 1/1/2024 with Prior Authorization	Anemia	Requires Prior Authorization Form be faxed to 512-831-5499
J1454	Akynzeo	fosnetupitant/palonosetron	Precertification Notification 8/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1458	Naglazyme	galsulfase	1/1/2023	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1459	PRIVIGEN	immune globulin	Requires Precertification Notification 1/1/21-4/30/24. Requires Prior Authorization as of 5/1/2024.	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499

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J1551	Cutaquig	immune globulin	Covered effective 1/1/2024 with Prior Authorization	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1552	ALYGLO	immune globulin	Covered effective 4/1/25 with prior authorization	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1553	Yimmugo	immune globulin	7/1/2026	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1555	CUVITRU	immune globulin	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499

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J1558	XEMBIFY	immune globulin	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1559	Hizentra	immune globulin	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1561	GAMMAKED	immune globulin	Requires Precertification Notification 1/1/21-4/30/24. Requires Prior Authorization as of 5/1/2024.	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1561	GAMUNEX-C	immune globulin	Requires Precertification Notification 1/1/21-4/30/24. Requires Prior Authorization as of 5/1/2024.	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499

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J1568	Octagam	immune globulin	Precertification Notification 1/1/21-12/31/2024, Then covered 1/1/2025 with Prior Authorization	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1575	Hyqvia	immune globulin/hyaluronidase	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1576	Panzyga	immune globulin	10/1/2026	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1577	Quivigy	Injection, immune globulin (qivigy), 100 mg	10/1/2026	Immunodeficiency	Requires Prior Authorization Form be faxed to 512-831-5499

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J1602	Simponi Aria	golimumab	1/1/2023	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1627	SUSTOL	granisetron, extended-release	8/1/2022	Antiemetics	Requires Prior Authorization Form be faxed to 512-831-5499
J1628	Tremfya	guselkumab	1/1/2023	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1743	ELAPRASE	idursulfase	5/1/2023	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1745	INFLIXIMAB	infliximab, excludes biosimilar	8/1/2022	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499

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J1745	REMICADE	infliximab, excludes biosimilar	8/1/2022	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1746	TROGARZO	ibalizumab-uiyk	5/1/2023	HIV/AIDS	Requires Prior Authorization Form be faxed to 512-831-5499
J1747	Spevigo	spesolimab-sbzo	Covered effective 1/1/2024 with Prior Authorization	Anti-Inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1786	CEREZYME	Imiglucerase	10/1/2022	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1809	Nulibry	Fosdenopterin	3/1/2026	Molybdenum Cofactor Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499

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J1823	Uplizna	inebilizumab-cdon	1/1/2023	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J1930	Somatuline Depot	lanreotide	1/1/2023	Endocrine Disorders	Requires Prior Authorization Form be faxed to 512-831-5499
J1931	ALDURAZYME	Laronidase	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J1943	Aristada Initio	Aripiprazole lauroxil, (aristada), 1 mg	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J1944	Aristada	Aripiprazole lauroxil	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499

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J2182	NUCALA	mepolizumab	8/1/2022	Asthma	Requires Prior Authorization Form be faxed to 512-831-5499
J2267	Omvoh IV	mirikizumab-mrkz	Covered effective 11/1/2024 with Prior Authorization	Ulcerative Colitis	Requires Prior Authorization Form be faxed to 512-831-5499
J2277	APHEXDA	Motixafortide	Covered effective 9/1/24 with prior authorization.	Multiple Myeloma	Requires Prior Authorization Form be faxed to 512-831-5499
J2323	TYSABRI	Natalizumab	10/1/2022	Multiple Sclerosis	Requires Prior Authorization Form be faxed to 512-831-5499
J2326	SPINRAZA	Nusinersen	10/1/2022	Spinal Muscular Atrophy	Requires Prior Authorization Form be faxed to 512-831-5499

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J2327	Skyrizi	risankizumab	11/1/2023	Anti-Inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J2329	Briumvi	ublituximab-xiiy	Covered effective 1/1/2024 with Prior Authorization	Multiple Sclerosis (MS)	Requires Prior Authorization Form be faxed to 512-831-5499
J2350	OCREVUS	Ocrelizumab	10/1/2022	Multiple Sclerosis	Requires Prior Authorization Form be faxed to 512-831-5499
J2351	Ocrevus Zunovo	ocrelizumab/ hyaluronidase-ocsq	Not Covered until 8/1/2025, Then covered with Prior Authorization	Multiple Sclerosis	Requires Prior Authorization Form be faxed to 512-831-5499
J2353	SandoSTATIN LAR Depot	octreotide depot	1/1/2023	Endocrine Disorders	Requires Prior Authorization Form be faxed to 512-831-5499

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J2356	Tezspire	tezepelumab-ekko	1/1/2023	Asthma	Requires Prior Authorization Form be faxed to 512-831-5499
J2357	XOLAIR	omalizumab	8/1/2022	Asthma	Requires Prior Authorization Form be faxed to 512-831-5499
J2358	Zyprexa Relprevv	Olanzapine, long-acting	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J2361	Exdensur	Injection, depemokimab-ulaa, 1 mg	10/1/2026	Asthma	Requires Prior Authorization Form be faxed to 512-831-5499
J2425	Kepivance	palifermin	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J2426	Invega Sustenna	Paliperidone palmitate extended release (invega sustenna)	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J2427	Invega Hafyera/Trinza	Paliperidone palmitate extended release	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J2428	Erzofri	paliperidone palmitate	Not covered until 11/1/25 with prior authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J2506	NEULASTA	pegfilgrastim, excludes biosimilar	8/1/2022	Neutropenia	Requires Prior Authorization Form be faxed to 512-831-5499
J2507	Krystexxa	pegloticase	1/1/23	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499

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J2508	ELFABRIO	Pegunigalsidase alfa-iwxj	Covered effective 9/1/24 with prior authorization.	Enzyme Replacement Therapy (ERT)	Requires Prior Authorization Form be faxed to 512-831-5499
J2777	Vabysmo	faricimab-svoa	Covered effective 1/1/2024 with Prior Authorization	Macular Degeneration	Requires Prior Authorization Form be faxed to 512-831-5499
J2778	LUCENTIS	ranibizumab	8/1/2022	Macular Degeneration	Requires Prior Authorization Form be faxed to 512-831-5499
J2781	SYFOVRE	pegcetacoplan (intravitreal)	Precertification Notification 1/1/24-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Ophthalmic Disorders	Requires Prior Authorization Form be faxed to 512-831-5499
J2782	IZERVAY	Avacincaptad Pegol	Covered effective 9/1/24 with prior authorization.	Ophthalmic Disorders	Requires Prior Authorization Form be faxed to 512-831-5499

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J2783	ELITEK	Rasburicase	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Chemo Protectant (TLS)	Requires Prior Authorization Form be faxed to 512-831-5499
J2786	CINQAIR	reslizumab	8/1/2022	Asthma	Requires Prior Authorization Form be faxed to 512-831-5499
J2794	Risperdal Consta	Risperidone, long acting	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J2799	Uzedy	speridone extended relea	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499
J2801	Rykindo	Risperidone extended release	Not covered until 1/1/25 with Prior Authorization	Atypical Antipsychotic	Requires Prior Authorization Form be faxed to 512-831-5499

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J2802	Nplate	romiplostim	Effective 1/1/23. New Code assigned 1/1/25	Thrombocytopenia	Requires Prior Authorization Form be faxed to 512-831-5499
J2840	KANUMA	Sebelipase alfa	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J2860	SYLVANT	Siltuximab	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J3032	VYEPTI	Eptinezumab	10/1/2022	Migraine	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J3055	TALVEY	Talquetamab-tgvs	Covered effective 9/1/24 with prior authorization.	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J3060	ELELYSO	Taliglucerase Alfa	10/1/2022	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J3111	Evenity	romosozumab	1/1/2023	Osteoporosis	Requires Prior Authorization Form be faxed to 512-831-5499
J3241	TEPEZZA	teprotumumab-trbw	8/1/2022	Thyroid Eye Disease	Requires Prior Authorization Form be faxed to 512-831-5499
J3245	Ilumya	tildrakizumab	1/1/2023	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J3247	Cosentyx IV	secukinumab	Covered effective 11/1/2024 with Prior Authorization	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J3262	Actemra	tocilizumab	1/1/2023	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J3263	Loqtorzi	toripalimab-tpzi	Covered effective 11/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J3285	Remodulin	treprostinil	Precertification Notification 1/1/21-10/31/2023, Then covered 11/1/2024 with Prior Authorization	Pulmonary Arterial Hypertension (PAH)	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J3285	Remodulin	treprostinil	Precertification Notification 1/1/21-10/31/2023, Then covered 11/1/2024 with Prior Authorization	Pulmonary Arterial Hypertension (PAH)	Requires Prior Authorization Form be faxed to 512-831-5499
J3357	STELARA SC	Ustekinumab	10/1/2022	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J3358	STELARA IV	Ustekinumab	10/1/2022	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J3380	ENTYVIO	Vedolizumab	10/1/2022	Auto-inflammatory Conditions	Requires Prior Authorization Form be faxed to 512-831-5499
J3385	VPRIV	Velaglucerase Alfa	10/1/2022	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J3396	Visudyne	verteporfin	1/1/2023	Ophthalmic Disorders	Requires Prior Authorization Form be faxed to 512-831-5499
J3397	MEPSEVII	Vestronidase alfa-vjbk	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499
J3404	Papzimeos	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	7/1/2026		Requires Prior Authorization Form be faxed to 512-831-5499
J7170	HEMLIBRA	Emicizumab	10/1/2022	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499
J7171	Adzynma	adamts13, recombinant-krhn	Covered effective 11/1/2024 with Prior Authorization	Congenital Thrombotic Thrombocytopenic Purpura (cTTP)	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J7172	Hympavzi	marstacimab-hncq	Not covered until 11/1/25 with prior authorization	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499
J7173	Alhemo	concizumab-mtci	3/1/2026	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499
J7174	Qfitlia	Ffitusiran	3/1/2026	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499
J7176	Fesilty	Injection, human fibrinogen - chmt (fesilty), 1 mg	10/1/2026	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499
J7179	Vonvendi	von willebrand factor (recombinant), (vonvendi)	Precertification Notification 1/1/21-12/31/2024, Then covered 1/1/2025 with Prior Authorization	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J7183	Wilate	von Willebrand factor complex	10/1/2026	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499
J7201	Alprolix	factor ix, fc fusion protein	Precertification Notification 1/1/21-10/31/2023, Then covered 11/1/2024 with Prior Authorization	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499
J7209	Nuwiq	factor viii, (antihemophilic factor, recombinant)	Precertification Notification 1/1/21-12/31/2024, Then covered 1/1/2025 with Prior Authorization	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499
J7214	ALTUVIIIO	antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl	Covered effective 4/1/25 with prior authorization	Hemophilia	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
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J7313	Iluvien	iluvien	1/1/2023	Ophthalmic Disorders	Requires Prior Authorization Form be faxed to 512-831-5499
J7318	DUROLANE	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499
J7320	GENVISC 850	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499
J7322	HYMOVIS	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499
J7324	ORTHOVISC	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
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J7326	GEL-ONE	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499
J7327	MONOVISC	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499
J7328	GELSYN-3	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499
J7329	TRIVISC	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499
J7332	TRILURON	Hyaluronan or derivative	10/1/2022	Osteoarthritis	Requires Prior Authorization Form be faxed to 512-831-5499

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J7355	iDose TR	travoprost	Covered effective 11/1/2024 with Prior Authorization	Ophthalmic Disorders	Requires Prior Authorization Form be faxed to 512-831-5499
J7356	Vyalev	foscarbidopa and foslevodopa	Not covered until 11/1/25 with prior authorization	Parkinson's Disease	Requires Prior Authorization Form be faxed to 512-831-5499
J9011	Datroway	datopotamab deruxtecan-dlnk	3/1/2026	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9019	Erwinaze	Asparaginase	Precertification Notification 1/1/21-12/31/2024, Then covered 1/1/2025 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9021	Rylaze	asparaginase	Covered effective 1/1/2024 with Prior Authorization	Enzyme Deficiency	Requires Prior Authorization Form be faxed to 512-831-5499

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J9022	Tecentriq	atezolizumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9023	Bavencio	avelumab	Precertification Notification 1/1/21-10/31/2023, Then covered 11/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9024	Tecentriq Hybreza	atezolizumab and hyaluronidase-tqjs	Not Covered until 8/1/2025, Then covered with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9025	VIDAZA	Azacitidine	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the [Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page]					
J9026	IMDELLTRA	tarlatamab-dlle	Covered effective 4/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9027	CLOLAR	Clofarabine	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9028	ANKTIVA	nogapendekin alfa inbakicept-pmln	Covered effective 4/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9033	Treanda	bendamustine hcl	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9034	BENDEKA	Bendamustine	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9036	Belrapzo	bendamustine hcl	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9038	Niktimvo	axatilimab-csfr	Not Covered until 8/1/2025, Then covered with Prior Authorization	Chronic Graft-versus-Host Disease	Requires Prior Authorization Form be faxed to 512-831-5499
J9039	BLINCYTO	blinatumomab	1/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9041	Velcade	bortezomib	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9042	Adcetris	brentuximab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9043	JEVTANA	Cabazitaxel	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9047	Kyprolis	carfilzomib	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9053	Blenrep	Injection, belantamab mafodotin-blmf, 0.1 mg	10/1/2026	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9054	Boruzu	bortezomib (boruzu), 0.1 mg	Not Covered until 8/1/2025, Then covered with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9055	Erbitux	cetuximab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9061	Rybrevant	amivantamab-vmjw	11/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9062	Rybrevant	Injection, amivantamab 5 mg and hyaluronidase-lpuj	10/1/2026	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9063	Elahere	mirvetuximab soravtansine-gynx	Covered effective 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9119	Libtayo	cemiplimab-rwlc	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9144	Darzalex Faspro	daratumumab / hyaluronidase-fihj	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9145	Darzalex	daratumumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9155	Firmagon	degarelix	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9161	Lymphir	denileukin diftitox-cxdl	Not Covered until 8/1/2025, Then covered with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9173	Imfinzi	durvalumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9174	Beizray	docetaxel	Not covered until 11/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9176	Empliciti	elotuzumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9177	PADCEV	Enfortumab vedotin-ejfv	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9179	Halaven	eribulin mesylate	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
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J9183	Inlexzo	Gemcitabine intravesical system, 225 mg	7/1/2026	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9198	INFUGEM	Gemcitabine hcl	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9202	Zoladex	goserelin acetate	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9203	MYLOTARG	gemtuzumab ozogamicin	5/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9204	Poteligeo	mogamulizumab-kpkc	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9205	ONIVYDE	irinotecan liposome	Covered through 3/31/25. As of 4/1/25 prior authorization is required.	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9206	CAMPTOSAR	Irinotecan (HCL)	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9216	Actimmune	Interferon, gamma 1-b	Not covered until 1/1/25 with Prior Authorization	Chronic Granulomatous Disease	Requires Prior Authorization Form be faxed to 512-831-5499
J9223	Zepzelca	lurbinectedin	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9227	SARCLISA	isatuximab-irfc	5/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9228	Yervoy	ipilimumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9229	Besponsa	inotuzumab ozogamicin	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9248	HEPZATO	Melphalan	Covered effective 9/1/24 with prior authorization.	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9256	Imaavy	nipocalimab-aahu	7/1/2026	Myasthenia Gravis (MG)	Requires Prior Authorization Form be faxed to 512-831-5499

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J9262	SYNRIBO	Omacetaxine mepesuccinate	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9264	Abraxane	paclitaxel protein-bound	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9266	Oncaspar	Pegaspargase	Precertification Notification 1/1/21-12/31/2024, Then covered 1/1/2025 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9269	ELZONRIS	tagraxofusp-erzs	5/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9271	KEYTRUDA	pembrolizumab	8/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9272	JEMPERLI	Dostarlimab-gxly	Covered effective 9/1/24 with prior authorization.	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9273	Tivdak	tisotumab vedotin-tftv	Covered effective 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9274	KIMMTRAK	tebentafusp-tebn	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9275	Unloxcyt	cosibelimab-ipdl	Not covered until 11/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9276	Ziihera	zanidatamab-hrii	Not covered until 11/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9286	Columvi	glofitamab-gxbm	Covered effective 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9289	Opdivo Qvantig	nivolumab and hyaluronidase-nvhy	Not covered until 11/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9298	Opdualag	nivolumab/relatlimab	11/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9299	OPDIVO	nivolumab	8/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9301	Gazyva	obinutuzumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9302	Arzerra	ofatumumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9303	Vectibix	panitumumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9305	Alimta	pemetrexed	Precertification Notification 1/1/21-12/31/2023, Then covered 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9306	PERJETA	Pertuzumab	10/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9307	FOLOTYN	pralatrexate	1/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9308	Cyramza	ramucirumab	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9309	POLIVY	polatuzumab vedotin-piiq	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9311	RITUXAN HYCELA	rituximab / hyaluronidase	8/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9312	RITUXAN	rituximab	8/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9316	PHESGO	pertuzumab / trastuzumab / hyaluronidase-zzxf	8/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9317	Trodelvy	sacituzumab govitecan-hziy	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9321	Epkinly	epcoritamab-bysp	Effective 1/1/24	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9326	Emrelis	telisotuzumab vedotin-tllv	7/1/2026	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9329	TEVIMBRA	tislelizumab-jsgr	Covered effective 4/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

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J9332	Vyvgart	efgartigimod alfa-fcab	Covered effective 1/1/2024 with Prior Authorization	Myasthenia Gravis (MG)	Requires Prior Authorization Form be faxed to 512-831-5499
J9333	RYSTIGGO	Rozanolixizumab-noli	Precertification Notification 1/1/2024 - 8/31/2024 then with prior authorization effective 9/1/2024.	Myasthenia Gravis	Requires Prior Authorization Form be faxed to 512-831-5499
J9334	VYVGART HYTRULO	Efgartigimod alfa, 2 mg and Hyaluronidase-qvfc	Precertification Notification 1/1/2024 - 8/31/2024 then with prior authorization effective 9/1/2024.	Myasthenia Gravis	Requires Prior Authorization Form be faxed to 512-831-5499
J9341	Tepylute	thiotepa	Not covered until 11/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9345	ZYNYZ	Retifanlimab-dlwr	Covered effective 9/1/24 with prior authorization.	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J9347	Imjudo	tremelimumab-actl	Covered effective 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9348	DANYELZA	naxitamab-gqgk	1/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9349	Monjuvi	tafasitamab-cxix	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9350	Lunsumio	mosunetuzumab-axgb	Covered effective 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9352	YONDELIS	Trabectedin	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
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J9354	Kadcyla	ado-trastuzumab emtansine	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9355	HERCEPTIN	trastuzumab	8/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9356	HERCEPTIN HYLECTA	trastuzumab / hyaluronidase-oysk	8/1/2022	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9357	VALSTAR	Valrubicin	Precertification Notification 1/1/21-8/31/2024, Then covered 9/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9358	Enhertu	fam-trastuzumab deruxtecan-nxki	1/1/2023	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs		Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page					
J9359	Zynlonta	loncastuximab tesirine-lpyl	Covered effective 11/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9361	Ryzneuta	efbemalenograstim alfa-vuxw	Covered effective 11/1/2024 with Prior Authorization	Neutropenia	Requires Prior Authorization Form be faxed to 512-831-5499
J9380	Tecvayli	teclistamab cqyv	Covered effective 1/1/2024 with Prior Authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9382	Bizengri	zenocutuzumab-zbco	Not covered until 11/1/25 with prior authorization	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499
J9601	Lynozyfic	Injection, linvoseltamab-gcpt, 1 mg	7/1/2026	Oncology	Requires Prior Authorization Form be faxed to 512-831-5499

Code	Medical Specialty Drugs	Effective Date	Clinical Category	Note
To see a product list of physician-administered specialty medications or infusion therapies along with coverage and notification information please visit the Medical Benefit Drug Formuarly List on SmartHealth Pharmacy Page				
Q4081	EPOGEN	epoetin alfa	8/1/2022	Anemia (Dialysis)	Requires Prior Authorization Form be faxed to 512-831-5499
Q4081	PROCRIT	epoetin alfa	8/1/2022	Anemia (Dialysis)	Requires Prior Authorization Form be faxed to 512-831-5499

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar	
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s)	
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	
0275T	Percutaneous laminotomy/laminectomy	
0278T	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	
0335T	Extra-osseous subtalar joint implant	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:	Effective 1/1/24. Please use ABA form from the Prior Authorization Page of the mysmarthealth.org website for this request.
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified healthcare professional	
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified healthcare	
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands;multiple injections in one or both hands	
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified healthcare professional, including physiological and LABoratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic	
0496T	each additional hour (List separately in addition to code for primary procedure)	
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method,	
0510T	Removal of sinus tarsi implant	
0511T	Removal and reinsertion of sinus tarsi implant	
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; pulse generator component(s) (battery and/or transmitter) only	
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimulator for left ventricular pacing	
0522T	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, wireless cardiac	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpretation; complete system (electrode and implantable monitor)	
0526T	electrode only	
0527T	implantable monitor only	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	
0531T	electrode only	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0532T	implantable monitor only	
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	
0547T	Bone material quality testing by microindentation(s) of the tibia(s), with results reported as a score	
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified healthcare professional	
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system for bladder dysfunction (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	
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system for bladder dysfunction (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	
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment	
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; analysis of data received and transmission of reports to the	
0615T	Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Effective 7/1/21
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; single	Effective 7/1/21
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Effective 7/1/21
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Effective 7/1/21
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Effective 7/1/21
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with MR-fused images or other enhanced ultrasound imaging	Effective 7/1/21
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	Effective 7/1/21

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	Effective 7/1/21
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Effective 7/1/21
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Effective 7/1/21
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Effective 7/1/21
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Effective 7/1/21
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Effective 7/1/21
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Effective 7/1/21
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Effective 7/1/21

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Effective 7/1/21
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Effective 7/1/21
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Effective 1/1/2022
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Effective 1/1/2022
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Effective 1/1/2022
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	Effective 1/1/2022
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified healthcare professional, with report, per calendar month	Effective 1/1/2022
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure)	Effective 1/1/2022

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	Effective 1/1/2022
0692T	Therapeutic ultrafiltration	Effective 1/1/2022
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Effective 1/1/2022
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	Effective 1/1/2022
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	Effective 1/1/2022
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days	Effective 1/1/2022
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified healthcare professional, per calendar month	Effective 1/1/2022
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), including imaging guidance and arthroscopic assistance for joint visualization	Effective 1/1/2022

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0717T	Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For Partial Thickness Rotator Cuff Tear; Adipose Tissue Harvesting, Isolation And Preparation Of Harvested Cells, Including Incubation With Cell Dissociation Enzymes, Filtration, Washing And Concentration Of Adrcs	Effective 7/1/2022
0718T	Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For Partial Thickness Rotator Cuff Tear; Injection Into Supraspinatus Tendon Including Ultrasound Guidance, Unilateral	Effective 7/1/2022
0736T	Colonic Lavage, 35 Or More Liters Of Water, Gravity-Fed, With Induced Defecation, Including Insertion Of Rectal Catheter	Effective 7/1/2022
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	Effective 1/1/2023
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	Effective 1/1/2023
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	Effective 1/1/2023
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image data (eg, CT, MRI, or myocardial perfusion scan) and electrical data (eg, 12-lead ECG data), and identification of areas of avoidance	Effective 1/1/2023
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiation treatment plan	Effective 1/1/2023

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Effective 1/1/2023
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Effective 1/1/2023
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	Effective 1/1/2023
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or	Effective 1/1/2023
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or	Effective 1/1/2023
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Effective 1/1/2023
0774T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; each additional 15 minutes intraservice time (List separately in addition to code for	Effective 1/1/2023
0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	Effective 1/1/2023

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Effective 1/1/2023
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	Effective 1/1/24
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Effective 1/1/24
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	Effective 1/1/24
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	Effective 10/1/2023
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right	Effective 10/1/2023
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-	Effective 10/1/2023
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)	Effective 10/1/2023

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
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	Effective 10/1/2023
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-chamber leadless pacemaker system)	Effective 10/1/2023
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	Effective 10/1/2023
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	Effective 10/1/2023
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-	Effective 10/1/2023
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	Effective 10/1/2023
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Effective 10/1/2023
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	Effective 1/1/24

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0816T	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	Effective 1/1/24
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	Effective 1/1/24
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	Effective 1/1/24
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	Effective 1/1/24
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	Effective 1/1/24
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	Effective 1/1/24
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	Effective 1/1/24
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	Effective 1/1/24

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Effective 1/1/24
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	Effective 1/1/24
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	Effective 1/1/24
0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Effective 7/1/2024
0895T	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	Effective 7/1/2024
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for	Effective 7/1/2024
0900T	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	Effective 7/1/2024
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)	Effective 1/1/2025

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
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	Effective 1/1/2025
0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	Effective 1/1/2025
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	Effective 1/1/2025
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	Effective 1/1/2025
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Effective 1/1/2025
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Effective 1/1/2025
0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	Effective 1/1/2025
0923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Effective 1/1/2025

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	Effective 1/1/2025
0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Effective 1/1/2025
0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	Effective 1/1/2025
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	Effective 1/1/2025
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	Effective 1/1/2025
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Effective 1/1/2025
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	Effective 1/1/2025
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	Effective 1/1/2025

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation	Effective 1/1/2025
0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified	Effective 1/1/2025
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral	Effective 1/1/2025
1026T	Transvaginal laser photobiomodulation therapy of pelvis, provided by a physician or other qualified health care professional	Effective 10/1/2026
1027T	Percutaneous insertion or replacement of neurostimulation catheter via left subclavian or left jugular vein into the superior vena cava, with verification of capture of phrenic nerves, mapping and programming, and delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning when performed, including	Effective 10/1/2026
1028T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, with repositioning and verification of left phrenic nerve capture, per session	Effective 10/1/2026
1029T	Mapping and programming of neurostimulation catheter with delivery of transvenous phrenic neurostimulation therapy in ventilated patients, without catheter repositioning, per session	Effective 10/1/2026
1030T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days; initial 30 minutes	Effective 10/1/2026

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
1031T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), cumulative time for up to 30 days;each additional 30 minutes (List separately in addition to code for primary procedure)	Effective 10/1/2026
1032T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; initial 60 minutes	Effective 10/1/2026
1033T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]) and digital simulation, cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)	Effective 10/1/2026
1034T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; initial 90 minutes	Effective 10/1/2026
1035T	Creation of digital 3D model from surface mesh files of patient-specific anatomy (eg, final anatomic representation [FAR]), digital simulation, and computational analyses (eg, computational fluid dynamics, finite element analysis), cumulative time for up to 30 days; each additional 30 minutes (List separately in addition to code for primary procedure)	Effective 10/1/2026
1036T	Noninvasive hemodynamic assessment with pulmonary pressures and ejection fraction when performed, including passive acquisition of acoustic and electrical signals, augmentative algorithmic analysis, and generation of a clinical report with review, interpretation, and clinical integration by a physician or other qualified health care professional	Effective 10/1/2026
1037T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant pancreatic tissue, including imaging guidance	Effective 10/1/2026
1038T	Autologous muscle cell therapy, injection(s) of muscle progenitor cells into the tongue, including esophagoscopy, when performed	Effective 10/1/2026

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
1039T	Connectomic analysis of previously performed multi-modal brain magnetic resonance imaging (MRI) requiring physician or other qualified health care professional (QHP) analysis of software- and physician-generated structural and functional maps for integration of cortical grey matter correlation based on restingstate functional MRI and mapping of white matter	Effective 10/1/2026
1040T	Bronchoscopy, flexible, with bronchial cryotherapy, 1 lung, including trachea, when performed	Effective 10/1/2026
1041T	Augmentative algorithmic analysis of encephalographic waveforms to identify the source and propagation of epileptiform activity, including artifact reduction with analysis of 3D localization of spike sources throughout the examination, 3D animations over time of high-amplitude event locations, high-frequency activity locations, and temporal	Effective 10/1/2026
1042T	Implantation of absorbable urologic scaffold for prostatic urethra restoration of reconstructed bladder neck and urethral anastomosis (List separately in addition to code for primary procedure)	Effective 10/1/2026
1043T	Quantitative magnetic resonance, without imaging, for analysis of liver tissue, including assessment of 1 or more parameters (eg, proton density fat fraction [PDFF], water diffusion, T1-water relaxation time), with automatically generated report	Effective 10/1/2026
1044T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; first 5 sq cm or less	Effective 10/1/2026
1045T	Harvest of full-thickness skin for autologous heterogeneous skin-construct graft, including direct closure of donor site; each additional 5 sq cm, or part thereof (List separately in addition to code for primary procedure)	Effective 10/1/2026
1046T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; first 50 sq cm or less, or 0.5% of body area of infants and children	Effective 10/1/2026

CPT, HCPCS or Revenue Code	Category III Description	Comments/ Limitations
1047T	Autologous heterogeneous skin-construct graft application, trunk, arms, legs; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Effective 10/1/2026
1048T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 50 sq cm or less, or 0.5% of body area of infants and children	Effective 10/1/2026
1049T	Autologous heterogeneous skin-construct graft application, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 50 sq cm, or each additional 0.5% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Effective 10/1/2026
1050T	Insertion, subcutaneous heart failure decompensation monitor, containing sensors that measure, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds	Effective 10/1/2026
1051T	Removal of subcutaneous heart failure decompensation monitor	Effective 10/1/2026
1052T	Interrogation device evaluation(s), (in person or remote) up to 30 days, insertable subcutaneous heart failure decompensation monitor, analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report, review and interpretation by a physician or other	Effective 10/1/2026
1053T	Programming device evaluation (in person or remote) of subcutaneous heart failure decompensation monitor, with analysis of physiologic parameters, including, at a minimum, heart rate, impedance, respiration rate, physical activity, heart sounds, with generation of a report and review and interpretation by a physician or other qualified health care	Effective 10/1/2026

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
01999	dental procedure	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	
11951	1.1 to 5.0 cc	
11952	5.1 to 10.0 cc	
11954	over 10.0 cc	
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface	
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate:	Effective June 1, 2021

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
15772	autologous fat grafting to the trunk, breasts, extremities, or scalp for each additional 50cc of injectate	Prior Authorization is not required for the following Diagnosis Codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01, D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91, D05.92,D48.61,D48.62, I97.2,N65.0, N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811, Z45.819,Z85.3,Z90.10,Z90.11,Z90.12, Z90.13

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet	Effective September 1, 2021

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)	Prior Authorization is not required for the following Diagnosis Codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01, D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91, D05.92,D48.61,D48.62, I97.2,N65.0, N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811, Z45.819,Z85.3,Z90.10,Z90.11,Z90.12, Z90.13

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	
15781	segmental, face	
15782	regional, other than face	
15786	Abrasion (e.g. keratosis, scar) - single & multiple	
15787	Abrasion (e.g. keratosis, scar) - single & multiple	
15792	Chemical peel, non facial; epidermal	
15793	dermal	
15822	Blepharoplasty – upper eyelid	
15823	Blepharoplasty – upper eyelid	
15824	Rhytidectomy; forehead	
15825	neck with platysmal tightening (platysmal flap, P-flap)	
15826	gLABellar frown lines	
15828	cheek, chin, and neck	
15829	superficial musculoaponeurotic system (SMAS) flap	
15830	Panniculectomy	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
15832	thigh	
15833	leg	
15834	hip	
15835	buttock	
15836	arm	
15837	forearm or hand	
15838	submental fat pad	
15839	other area	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	
15841	free muscle graft (including obtaining graft)	
15842	free muscle flap by microsurgical technique	
15845	regional muscle transfer	
15847	Abdominoplasty	
15877	Lipectomy – suction assisted	
15879	Lipectomy - lower extremity	Effective June 1, 2021

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
17106	Destruction of cutaneous vascular proliferative lesions, less than 10 sq cm	
17107	Destruction of cutaneous vascular proliferative lesions, 10.0 to 50.0 sq cm	
17108	Destruction of cutaneous vascular proliferative lesions, over 50.0 sq cm	
17999	Unlisted procedure – skin, mucous membrane & subcutaneous tissue	
19300	Mastectomy for gynecomastia	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
19303	Mastectomy, simple, complete	Prior Authorization is not required for the following Diagnosis Codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01, D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91, D05.92,D48.61,D48.62, I97.2,N65.0, N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811, Z45.819,Z85.3,Z90.10,Z90.11,Z90.12, Z90.13

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	Prior Authorization is not required for the following Diagnosis Codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01, D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91, D05.92,D48.61,D48.62, I97.2,N65.0, N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811, Z45.819,Z85.3,Z90.10,Z90.11,Z90.12, Z90.13

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	Prior Authorization is not required for the following Diagnosis Codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01, D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91, D05.92,D48.61,D48.62, I97.2,N65.0, N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811, Z45.819,Z85.3,Z90.10,Z90.11,Z90.12, Z90.13

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	Prior Authorization is not required for the following Diagnosis Codes: C50.011,C50.012,C50.019,C50.021,C50.022,C50.029,C50.111,C50.112,C50.119,C50.121, C50.122, C50.129,C50.211,C50.212,C50.219,C50.221,C50.222, C50.229,C50.311,C50.312,C50.319,C50.321, C50.322,C50.329,C50.411 ,C50.412,C50.419,C50.421,C50.422, C50.429,C50.511,C50.512,C50.519, C50.521,C50.522,C50.529,C50.611,C50.612,C50.619,C50.621.C50.622,C50.629,C50.811,C50.812,C50.819,C50.821,C50.822,C50.829,C50.911 ,C50.912,C50.919,C50.921,C50.922,C50.929, C79.81,D05.00,D05.01, D05.02,D05.10,D05.11,D05.12, D05.80,D05.81,D05.82,D05.90,D05.91, D05.92,D48.61,D48.62, I97.2,N65.0, N65.1,Q79.8.T85.43XA,T85.43XD,T85.43XS,Z42.1,Z45.811,Z45.812,Z45.811, Z45.819,Z85.3,Z90.10,Z90.11,Z90.12, Z90.13
19316	Mastopexy	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
19318	Reduction mammaplasty	
19325	Mammaplasty, augmentation w/ or w/o implant	
19328	Removal of mammary implant material	
19330	Removal of mammary implant material	
19340	Immediate or delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	
19342	Immediate or delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	
19350	Nipple/areola reconstruction	
19355	Correction of inverted nipples	
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	
19364	Breast reconstruction with free flap	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	
19368	with microvascular anastomosis (supercharing)	
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	
19370	Periprosthetic capsulectomy	
19371	Periprosthetic capsulectomy	
19380	Revision of reconstructed breast	
19396	Moulage preparation for custom implant	
19499	Unlisted procedure – breast	
20912	Nasal cartilage graft	Effective 1/1/2021
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
20933	hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	
20934	intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	
21110	Interdental fixation device for conditions other than fracture or dislocation	
21120	Genioplasty; augmentation - all types	
21121	sliding osteotomy, single piece	
21122	Genioplasty; augmentation - all types	
21123	Genioplasty; augmentation - all types	
21125	Augmentation, mandibular angle; prosthetic material or bone graft	
21127	Augmentation, mandibular angle; prosthetic material or bone graft	
21137	Forehead reduction	
21138	Forehead reduction	
21139	Forehead reduction	
21141	Midface reconstruction	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
21142	Midface reconstruction	
21143	Midface reconstruction	
21145	Midface reconstruction	
21146	Midface reconstruction	
21147	Midface reconstruction	
21150	Midface reconstruction	
21151	Midface reconstruction	
21154	Midface reconstruction	
21155	Midface reconstruction	
21159	Midface reconstruction	
21160	Midface reconstruction	
21172	Forehead reconstruction	
21175	Forehead reconstruction	
21179	Forehead reconstruction	
21180	Forehead reconstruction	
21210	Graft, bone, nasal,maxillary or malar areas	Effective 1/1/2021
21280	Canthopexy	
21282	Canthopexy	
22101	thoracic	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22102	lumbar	
22103	each additional segment (List separately in addition to code for primary procedure)	
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	
22112	thoracic	
22114	lumbar	
22116	each additional vertebral segment (List separately in addition to code for primary procedure)	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	
22207	lumbar	
22208	each additional vertebral segment (List separately in addition to code for primary procedure)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	
22212	thoracic	
22214	lumbar	
22216	each additional vertebral segment (List separately in addition to primary procedure)	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	
22222	thoracic	
22224	lumbar	
22226	each additional vertebral segment (List separately in addition to code for primary procedure)	
22505	Manipulation of spine requiring anesthesia, any region	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22511	lumbosacral	
22512	each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	
22514	lumbar	
22515	each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22527	1 or more additional levels (List separately in addition to code for primary procedure)	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	
22533	lumbar	
22534	thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22552	cervical below C2, each additional interspace (List separately in addition to code for primary procedure)	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	
22556	thoracic	
22558	lumbar	
22585	each additional interspace (List separately in addition to code for primary procedure)	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	
22610	thoracic (with lateral transverse technique, when performed)	
22612	lumbar (with lateral transverse technique, when performed)	
22614	each additional vertebral segment (List separately in addition to code for primary procedure)	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
22632	each additional interspace (List separately in addition to code for primary procedure)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	
22634	each additional interspace and segment (List separately in addition to code for primary procedure)	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	
22802	7 to 12 vertebral segments	
22804	13 or more vertebral segments	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	
22819	3 or more segments	
22830	Exploration of spinal fusion	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
22843	7 to 12 vertebral segments (List separately in addition to code for primary procedure)	
22844	13 or more vertebral segments (List separately in addition to code for primary procedure)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	
22846	4 to 7 vertebral segments (List separately in addition to code for primary procedure)	
22847	8 or more vertebral segments (List separately in addition to code for primary procedure)	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	
22849	Reinsertion of spinal fixation device	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy (ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	
22858	second level, cervical (List separately in addition to code for primary procedure)	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
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)	Effective 1/1/2023
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	
22862	lumbar	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	
22865	lumbar	
22899	Unlisted procedure, spine	
27412	Autologous chondrocyte implantation, knee	
27415	Osteochondral allograft, knee, open	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
29867	osteochondral allograft (eg, mosaicplasty)	
30120	Excision or surgical planning of skin for rhinophyma	
30400	Rhinoplasty	
30410	Rhinoplasty	
30420	Rhinoplasty	
30430	Rhinoplasty	
30435	Rhinoplasty	
30450	Rhinoplasty	
30520	Septoplasty or submucous resection	
30999	Unlisted procedure – nose	
31660	Bronchial Thermoplasty	
31661	with bronchial thermoplasty, 2 or more lobes	
32851	Transplant – lung	
32852	Transplant – lung	
32853	Transplant – lung	
32854	Transplant – lung	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Effective 9/1/22
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Effective 9/1/22
33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including pre-procedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
33927	Implantation of a total replacement heart system(artificial heart) with recipient cardiectomy	
33928	Removal and replacement of total replacement heart system. (artificial heart)	
33935	Transplant – heart/lung	
33945	Transplant – heart	
35602	Bypass graft, with other than vein; carotid-contralateral carotid	Effective 5/1/26
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	
36465	multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Effective June 1, 2021

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein).	Effective June 1, 2021
36470	Injection of sclerosing solution	
36471	Injection of sclerosing solution	
36473	Endovenous mechanochemical destruction - 1st vein- imaging guidance	Effective 1/1/2021
36474	Endovenous mechanochemical destruction - 1st vein- imaging guidance	Effective 1/1/2021
36475	Endovenous ablation therapy - radiofrequency	
36476	Endovenous ablation therapy - radiofrequency	
36478	Endovenous ablation therapy - laser	
36479	Endovenous ablation therapy - laser	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
36482	Endovenous chemical destruction vein arm or leg, 1st	Effective 1/1/2021
36483	Endovenous chemical destruction vein arm or leg, subsequent	Effective 1/1/2021
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Effective 5/1/26
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	Effective 5/1/26
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	Effective 5/1/26
37700	Ligation/division/stripping/stab phlebectomy	
37718	Ligation/division/stripping/stab phlebectomy	
37722	Ligation/division/stripping/stab phlebectomy	
37735	Ligation/division/stripping/stab phlebectomy	
37760	Ligation/division/stripping/stab phlebectomy	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
37761	Ligation/division/stripping/stab phlebectomy	
37765	Ligation/division/stripping/stab phlebectomy	
37766	Ligation/division/stripping/stab phlebectomy	
37780	Ligation/division/stripping/stab phlebectomy	
37785	Ligation/division/stripping/stab phlebectomy	
38240	Transplant – bone marrow	
38241	Transplant – bone marrow	
38242	Transplant – bone marrow	
41899	dental procedure	
42145	Palatopharyngoplasty	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Effective 5/1/2020
43285	Removal of esophageal sphincter augmentation device	Effective 5/1/2020

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
43289	Unlisted laparoscopy, surgical, esophageal sphincter augmentation	Effective 5/1/2020
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Effective 1/1/2023
43291	Esophagogastroduodenoscopy, flexible, transoral; with of intragastric bariatric balloon(s)	Effective 1/1/2023
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Effective 9/1/22
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Effective 7/1/2020
43644	Lap Gastric Bypass w/Roux-en-Y	
43645	Gastric Bypass w/small intestine reconstruction to limit absorption	
43659	Unlisted lap procedure, stomach	
43770	Lap Band	
43771	Revision of adjustable gastric restrictive device component only	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
43772	Laparoscopy, surgical, gastric restrictive procedure, of adjustable gastric restrictive device component only.	
43773	& replacement of Lap Band	
43774	Laparoscopy, surgical, gastric restrictive procedure, of adjustable gastric restrictive device and subcutaneous port components	
43775	Sleeve Gastrectomy	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity: vertical-banded gastroplasty	
43843	Gastric restrictive procedure, w/o gastric bypass, other than vertical-banded gastroplasty	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
43846	Gastric Bypass w/Roux-en-Y	
43847	Gastric Bypass w/small intestine reconstruction to limit absorption	
43848	Revision of gastric restrictive procedure, other than adjustable gastric restrictive device	
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	
43886	Gastric restrictive procedure; open; revision of subcutaneous port component only	
43887	Gastric restrictive procedure, open; of subcutaneous port component only	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
43888	Gastric restrictive procedure, open; and replacement of subcutaneous port component only	
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	Effective 5/1/26
43999	Gastric Outlet Repair Unlisted procedure, stomach	
44135	Transplant – small intestine	
44136	Transplant – small intestine	
47135	Transplant-Liver	
48160	Transplant – pancreas	
48554	Transplant – pancreas	
50360	Transplant – kidney	
50365	Transplant – kidney	
50380	Transplant – kidney	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, when performed	Effective 5/1/26
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	
58940	Oophorectomy, partial or total, unilateral or bilateral.	
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Effective 9/1/22

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Effective 9/1/22
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site	Effective 1/1/25
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site	Effective 1/1/25
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Effective 1/1/2024 (added on 5/1/24 list

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	
63003	thoracic	
63005	lumbar, except for spondylolisthesis	
63012	Laminectomy with of abnormal facets and/or pars interarticularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	
63016	thoracic	
63017	lumbar	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
63030	1 interspace, lumbar	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	Effective 5/1/26
63035	each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
63042	lumbar	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63043	each additional cervical interspace (List separately in addition to code for primary procedure)	
63044	each additional lumbar interspace (List separately in addition to code for primary procedure)	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	
63046	thoracic	
63047	lumbar	
63048	each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63051	with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	Effective 9/1/22
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	Effective 9/1/22

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	
63056	lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	
63057	each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	
63076	cervical, each additional interspace (List separately in addition to code for primary procedure)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	
63082	cervical, each additional segment (List separately in addition to code for primary procedure)	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	
63086	thoracic, each additional segment (List separately in addition to code for primary procedure)	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63088	each additional segment (List separately in addition to code for primary procedure)	
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	
63091	each additional segment (List separately in addition to code for primary procedure)	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	
63102	lumbar, single segment	
63103	thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63185	Laminectomy with rhizotomy; 1 or 2 segments	
63190	more than 2 segments	
63191	Laminectomy with section of spinal accessory nerve	
63200	Laminectomy, with release of tethered spinal cord, lumbar	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	
63252	thoracolumbar	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	
63267	lumbar	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	
63272	lumbar	
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	
63277	extradural, lumbar	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63280	intradural, extramedullary, cervical	
63282	intradural, extramedullary, lumbar	
63285	intradural, intramedullary, cervical	
63287	intradural, intramedullary, thoracolumbar	
63290	combined extradural-intradural lesion, any level	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	
63301	extradural, thoracic by transthoracic approach	
63302	extradural, thoracic by thoracolumbar approach	
63303	extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	
63304	intradural, cervical	
63305	intradural, thoracic by transthoracic approach	
63306	intradural, thoracic by thoracolumbar approach	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63307	intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	
63308	each additional segment (List separately in addition to codes for single segment)	
63620	Stereotactic radiosurgery	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
63662	of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
63688	Revision or of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Effective 1/1/25
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Effective 1/1/25
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Effective 5/1/26

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Effective 6/1/2021
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Effective 1/1/25
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Effective 1/1/25
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Effective 9/1/22
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Effective 7/1/2020

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Effective 1/1/25
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Effective 9/1/22
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Effective 9/1/22
64999	Unlisted procedure, nervous system	Effective 5/1/26
65781	limbal stem cell allograft (eg, cadaveric or living donor)	
67900	Repair of brow ptosis, blepharoptosis	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	
67911	Correction of lid retraction	
67914	Repair of ectropion	
67915	Repair of ectropion; thermocauterization	
67916	Repair of ectropion; excision tarsal wedge	
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
67921	Repair of entropion, suture	
67922	Repair of entropion; thermocauterization	
67923	Repair of entropion; excision tarsal wedge	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	
67950	Canthoplasty	
67999	Unlisted procedure, eyelids	
69300	Otoplasty - protruding ear	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Effective 9/1/22
69719	, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Effective 9/1/22
69726	, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Effective 9/1/22

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
69727	, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Effective 9/1/22
69728	, 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	
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	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
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	Effective 1/1/23
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, subsequent delivery and management, per session	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, subsequent motor threshold re- determination with delivery and management	
95782	younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	
95783	younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	
95801	minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	
95810	age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	
95811	age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	
96121	each additional hour (List separately in addition to code for primary procedure)	
96130	Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
96131	each additional hour (List separately in addition to code for primary procedure)	
96132	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
96133	each additional hour (List separately in addition to code for primary procedure)	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes	

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
96137	each additional 30 minutes (List separately in addition to code for primary procedure)	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	
96139	each additional 30 minutes (List separately in addition to code for primary procedure)	
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	
** 96365 if >$7500	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Co.	Effective 10.1.23
** 96366 if >$7500	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug	Effective 10.1.23

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	Effective 1/1/2022
96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	Effective 1/1/2022
96922	Excimer laser treatment for psoriasis; over 500 sq cm	Effective 1/1/2022
97151	ABA assessment	Effective 1/1/24. Please use ABA form located on the Prior Authorization Page of the mysmarthealth.org website for this request.
97152	ABA assessment	Effective 1/1/24. Please use ABA form located on the Prior Authorization Page of the mysmarthealth.org website for this request.
97153	Adaptive Behavior Treatment	Effective 1/1/24. Please use ABA form located on the Prior Authorization Page of the mysmarthealth.org website for this request.

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
97154	Adaptive behavior treatment with protocol modification	Effective 1/1/24. Please use ABA form located on the Prior Authorization Page of the mysmarthealth.org website for this request.
97155	Adaptive behavior treatment by protocol	Effective 1/1/24. Please use ABA form located on the Prior Authorization Page of the mysmarthealth.org website for this request.
97156	Family adaptive behavior treatment guidance	Effective 1/1/24. Please use ABA form located on the Prior Authorization Page of the mysmarthealth.org website for this request.
97157	multiple patients' adaptive behavior treatment face–to–face with a group of guardians or caregivers	Effective 1/1/24. Please use ABA form located on the Prior Authorization Page of the mysmarthealth.org website for this request.
97158	Group adaptive behavior treatment with protocol modification,	Effective 1/1/24. Please use ABA form located on the Prior Authorization Page of the mysmarthealth.org website for this request.

CPT, HCPCS or Revenue Code	Procedure Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
99183	Hyperbaric Oxygen Therapy (HBO Therapy)	Effective 1/1/2021
99499	Transplant evaluations (general code used for all types).	
C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	Effective 7/1/2026
C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	Effective 7/1/2026
** S2066, S2067, S2068 **	These are non-covered codes. Please use the proper procedure codes instead: 19361, 19364, 19366, 19367, 19368, or 19369.	Effective 1/1/2020

CPT, HCPCS or Revenue Code	Radiology Description	Comments/ Limitations
Please note any elective procedure done as an inpatient also requires authorization even if the code is not listed here.		
61715	Stereotaxis Procedures on the Skull, Meninges, and Brain	Effective 1/1/25
70336	MRI temporomandibular joint(s)	
70540	MRI orbit, face and /or neck; w/o contrast	
70542	MRI orbit, face and /or neck; w/o contrast	
70543	MRI orbit, face and /or neck; w/o contrast followed by contrast	
70544	Magnetic resonance angiography, head; without contrast material(s)	
70545	with contrast material(s)	
70546	without contrast material(s), followed by contrast material(s) and further sequences	
70547	MRA neck; w/o contrast	
70548	MRA neck; with contrast	
70549	MRA neck; w/o contrast followed by contrast	
70551	MRI brain; w/o contrast	
70552	MRI brain; with contrast	
70553	MRI brain; w/o contrast followed by contrast	
70554	Functional MRI; not requiring physician or psychologist administration	
70555	Functional MRI; requiring physician or psychologist administration of entire	
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	
70558	with contrast material(s)	
70559	without contrast material(s), followed by contrast material(s) and further sequences	
71550	MRI chest; w/o contrast	
71551	MRI chest; with contrast	
71552	MRI chest; w/o contrast followed by contrast	

71555	MRA chest; with or w/o contrast	
72141	MRI cervical spine; w/o contrast	
72142	MRI cervical spine; with contrast	
72146	MRI thoracic spine, w/o contrast	
72147	MRI thoracic spine; with contrast	
72148	MRI lumbar spine; w/o contrast	
72149	MRI lumbar spine; with contrast	
72156	MRI cervical spine; w/o contrast followed by contrast	
72157	MRI thoracic spine; w/o contrast followed by contrast	
72158	MRI lumbar spine; w/o contrast followed by contrast	
72159	MRA spinal canal and contents; with or w/o contrast	
72195	MRI pelvis; w/o contrast	
72196	MRI pelvis; with contrast	
72197	MRI pelvis; w/o contrast followed by contrast	
72198	MRA pelvis; with or w/o contrast	
73218	MRI upper extremity; other than joint w/o contrast	
73219	MRI upper extremity; other than joint with contrast	
73220	MRI upper extremity; other than joint w/o contrast followed by contrast	
73221	MRI upper extremity; any joint w/o contrast	
73222	MRI upper extremity; any joint with contrast	
73223	MRI upper extremity; any joint w/o contrast followed by contrast	
73225	MRA upper extremity; with or w/o contrast	
73718	MRI lower extremity, other than joint w/o contrast	
73719	MRI lower extremity, other than joint with contrast	
73720	MRI lower extremity, other than joint, without contrast followed by contrast	
73721	MRI lower extremity, any joint, w/o contrast	

73722	MRI lower extremity, any joint with contrast	
73723	MRI lower extremity, any joint w/o contrast followed by contrast	
73725	MRA lower extremity; with or w/o contrast	
74181	MRI abdomen; w/o contrast	
74182	MRI abdomen; with contrast	
74183	MRI abdomen; w/o contrast followed by contrast	
74185	MRA abdomen; with or w/o contrast	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic	
74713	each additional gestation (List separately in addition to code for primary procedure)	
75557	MRI cardiac; morphology and function w/o contrast	
75559	MRI cardiac; morphology and function w/o contrast material; with stress	
75561	MRI cardiac; morphology and function w/o contrast followed by contrast and	
75563	MRI cardiac; morphology and function w/o contrast followed by contrast and	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to	
76390	Magnetic resonance spectroscopy	
76391	MRI Elastography	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle	
77022	Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation	
77046	MRI breast; without contrast; unilateral	
77047	MRI breast; with contrast; bilateral	
77048	MRI breast; without and with contrast material(s), including computer-aided detection (CAD	
77049	MRI breast; without and with contrast material(s), including computer-aided detection (CAD	
77084	MRI bone marrow blood supply	
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-	Effective 5/1/2026
77437	Surface radiation therapy; superficial, delivery,	Effective 5/1/2026

77438	Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	Effective 5/1/2026
77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for	Effective 5/1/2026
77520	Proton treatment delivery; simple, without compensation	
77522	simple, with compensation	
77523	intermediate	
77525	complex	
78102	Bone marrow imaging; limited area	
78103	multiple areas	
78104	whole body	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study	Effective 9/1/2020
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including	Effective 9/1/2020
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including	Effective 9/1/2020
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with	Effective 9/1/2020
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with	Effective 9/1/2020
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography	Effective 9/1/2020
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	
78452	multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution	
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion,	
78454	multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	
78468	with ejection fraction by first pass technique	
78469	tomographic SPECT with or without quantification	
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise	
78473	multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or	
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress	

78483	multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including	
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection	
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular	
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	
78608	PET of brain for metabolic evaluation	
78609	PET of brain for perfusion evaluation	
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	
78812	PET imaging of skull base to mid-thigh	
78813	PET imaging of entire body	
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Effective 9.1.2022
C030BZ	PET IMAGING, BRAIN, C-11	
C030KZ	PET IMAGING, BRAIN, F-18	
C030MZ	PET IMAGING, BRAIN, O-15	
C030YZ	PET IMAGING, BRAIN, OTHER RADIONUCLIDE	
C03YYZ	PET IMAGING, CNS, OTHER RADIONUCLIDE	
C23GKZ	PET IMAGING, MYOCARDIUM, F-18	
C23GM	HEART, PET IMAGING, MYOCARDIUM, O-15	
C23GMZ	PET IMAGING, MYOCARDIUM, O-15	
C23GQZ	PET IMAGING, MYOCARDIUM, RB-82	
C23GRZ	PET IMAGING, MYOCARDIUM, N-13	
C23GYZ	PET IMAGING, MYOCARDIUM, OTHER RADIONUCLIDE	

C23YYZ	PET IMAGING, HEART, OTHER RADIONUCLIDE	
CB32KZ	PET IMAGING, LUNGS & BRONCHI, F-18	
CB32YZ	PET IMAGING, LUNG & BRONCHI, OTH RADIONUCLIDE	
CB3YYZ	PET IMAGING, RESP SYST, OTHER RADIONUCLIDE	
CW3NYZ	PET IMAGING, WHOLE BODY, OTHER RADIONUCLIDE	
G0219	PET imaging whole body; melanoma	
G0235	PET not otherwise specified	
G0252	PET imaging initial dx	
G0680	Detection and quantification of coronary artery calcium and/or aortic valve calcification from algorithmic analysis of computed tomography of the chest with report	Effective 7/1/2026

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81120	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) (EG, GLIOMA), COMMON VARIANTS (EG, R132H, R132C)	
81121	IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) (EG, GLIOMA), COMMON VARIANTS (EG, R140W, R172M)	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81163	BRCA full sequence analysis	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81164	BRCA full duplication/deletion analysis (ie, detection of large gene rearrangements)	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	
81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status), full gene sequence	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status), known familial variant	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81185	full gene sequence	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81189	MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GLIOBLASTOMA MULTIFORME) PROMOTER METHYLATION ANALYSIS	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81217	known familial variant	Effective 1.1.23 Prior Authorization requirements are waived when billed with any of the following diagnosis codes: Z15.01, Z15.02, Z31.5, Z80.3, Z80.41, Z85.3, Z85.43, Z85.44
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	
81221	known familial variants	
81222	duplication/deletion variants	
81223	full gene sequence	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoaguLABility) gene analysis, 20210G>A variant	
81241	F5(Coagulation Factor V) (eg; hereditary hypercoagulability) gene analysis, 20120G>A variant	
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	
81245	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha 20.5, Constant Spring)	
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	
81274	characterization of alleles (eg, expanded size)	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant (s) (eg, codon 61, codon 146)	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Effective 1/1/2021
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles; characterization of alleles (eg, expanded size)	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles; full gene sequence	
81287	MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GLIOBLASTOMA MULTIFORME) PROMOTER METHYLATION ANALYSIS	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles: known familial variant(s)	
81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoaguLABility) gene analysis, common variants (eg, 677T, 1298C)	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81294	MLH1(mutl homolog 1, Colon cancer, nonpolyposis type 2) eg; hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis, full sequence analysis or known familial variants or duplication/deletion variants	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	
81303	known familial variant	
81304	duplication/deletion variants	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	
81324	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) gene analysis, targeted sequence analysis (eg, exons 3-8)	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	
81328	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy) gene analysis, targeted sequence analysis (eg, exons 3-8)	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Effective 1/1/2021
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Effective 1/1/2021
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	Effective 1/1/2021
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Effective 1/1/2021
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	Effective 1/1/2021
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Effective 1/1/2021
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Effective 1/1/2021
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Effective 1/1/2021
81354	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of structural and copy number variants, optical genome mapping (OGM)	Effective 5/1/2026
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Effective 1/1/2021
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)	Effective 1/1/2021
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	
81400	Molecular pathology procedure, Level 1	
81401	Molecular pathology procedure level 2	
81402	Molecular pathology procedure level 3	
81403	Molecular pathology procedure, Level 4	
81404	Molecular pathology procedure, Level 5	
81405	Molecular pathology procedure, Level 6	
81406	Molecular pathology procedure, Level 7	
81407	Molecular pathology procedure, Level 8	
81408	Molecular pathology procedure, Level 9	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	
81411	Duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	
81414	Duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81416	sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	
81417	re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	Effective 1/1/2021
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81426	sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	
81427	re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	
81431	duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	Effective 1/1/2023
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	Effective 1/1/2023
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Effective 1/1/2023
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	Effective 9/1/2020
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	Effective 1/1/2023
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Effective 1/1/2024 (added on 5/1/24 list
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Effective 1/1/2024 (added on 5/1/24 list
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Effective 1/1/2024 (added on 5/1/24 list

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	Effective 1/1/2024 (added on 5/1/24 list
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	Effective 1/1/2024 (added on 5/1/24 list
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	Effective 1/1/2024 (added on 5/1/24 list
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81471	duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81479	Unlisted molecular pathology procedure	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and prealbumin), utilizing serum, algorithm reported as a risk score	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	Effective 1/1/2024 (added on 5/1/24 list
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	Effective 1/1/2021
81524	Oncology (central nervous system tumor), DNA methylation analysis of at least 10,000 methylation sites, utilizing DNA extracted from formalin-fixed tumor tissue, algorithm(s) reported as probability of matching a reference tumor family and class, and MGMT (O-6-methylguanine-DNA methyltransferase) promoter methylation status, if performed	Effective 5/1/2026
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Effective 1/1/2021

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Effective 9/1/2020
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	Effective 1/1/2021
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	Effective 1/1/2025
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	
88237	Cytogenetic Studies	
88271	Cytogenetic Studies	
88275	Cytogenetic Studies	
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
0018U	Oncology (thyroid) microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as positive or negative result for moderate to high risk of malignancy. (ThyGenx formerly Mirinform Thyroid)	
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	Effective 7/1/2024
0022U	Targeted genomic sequence analysis panele, non-small cell lung neoplasia, DNA & RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants associated	
0023U	Oncology (Acute myelogenous leukemia) DNA, genotyping of internal tandem duplication	
0026U	Oncology (thyroid) DNA & mRNA of 112 genes, next hyphengeneration sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as categorical result (Positive, high probability of malignancy or negative, low probability of malignancy	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	
0037U	FoundationOne Proprietary Lab Analyses	Effective 8/1/21
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome next-generation sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	
0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis	
0172u	myChoice® CDx test from Myriad Genetics	Not Covered until 10/1/25 with prior authorization
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	
0208U	Oncology (medullary thyroid carcinoma), mRNA, gene expression analysis of 108 genes, utilizing fine needle aspirate, algorithm reported as positive or negative for medullary thyroid carcinoma	Effective 1/1/2021
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	Effective 1/1/2021

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
0242U	Targeted Genomic Sequence Analysis Panel, Solid Organ Neoplasm, Cell-Free Circulating Dna Analysis Of 55-74 Genes, Interrogation For Sequence Variants, Gene Copy Number Amplifications, And Gene Rearrangements	Effective 4/1/2021
0244U	Oncology (Solid Organ), Dna, Comprehensive Genomic Profiling, 257 Genes, Interrogation For Single-Nucleotide Variants, Insertions/Deletions, Copy Number Alterations, Gene Rearrangements, Tumor-Mutational Burden And Microsatellite Instability, Utilizing Formalin-Fixed Paraffin-Embedded Tumor Tissue	Effective 4/1/2021
0245U	Oncology (Thyroid), Mutation Analysis Of 10 Genes And 37 Rna Fusions And Expression Of 4 Mrna Markers Using Next-Generation Sequencing, Fine Needle Aspirate, Report Includes Associated Risk Of Malignancy Expressed As A Percentage	Effective 4/1/2021
0250U	Oncology (Solid Organ Neoplasm), Targeted Genomic Sequence Dna Analysis Of 505 Genes, Interrogation For Somatic Alterations (Snvs [Single Nucleotide Variant], Small Insertions And Deletions, One Amplification, And Four Translocations), Microsatellite Instability And Tumor-Mutation Burden	Effective 9/1/21
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Effective 7/1/2022
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Effective 10/1/2022
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	Effective 10/1/2022
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	Effective 10/1/2023
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations	Effective 7/1/2024
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (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	Effective 7/1/2024
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	Effective 10/1/2024

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	Effective 10/1/2024
0631U	Oncology (solid tumor), DNA, sequence analysis of 15 genes including BRCA1 and BRCA2 for identification of clonal hematopoiesis, blood, reported as tumor-derived or nontumor-derived	Effective 10/1/2026
0634U	Oncology (breast cancer), cell-free DNA (cfDNA), evaluation of 11 ESR1 variants (E380Q, S463P, L536R, Y537C, Y537N, Y537S, D538G, V422del, L536H, L536P, Y537D) using droplet digital PCR (ddPCR), plasma, reported as positive or negative	Effective 10/1/2026
0635U	Autoimmune (atopic dermatitis), mRNA, next-generation sequencing (NGS), gene expression profiling of 487 genes, noninvasive skin-surface scraping, algorithm reported as likelihood of response to therapy	Effective 10/1/2026
0636U	Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgG	Effective 10/1/2026
0637U	Babesia (Babesiosis), antibody detection of 20 recombinant protein groups, by immunoassay, IgM	Effective 10/1/2026
0638U	Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgG	Effective 10/1/2026
0639U	Bartonella (Bartonellosis), antibody detection of 32 recombinant protein groups, by immunoassay, IgM	Effective 10/1/2026
0640U	Oncology (leptomeningeal metastases), tumor cell selection, identification, detection and enumeration based on differential CD318(CDCP1), SUSD2, CD340(erbB2/HER2), HGFR/cMET, FOLR1, EGFR, N cadherin, MUC1, EpCAM, and TROP2 antibody biomarkers, cerebrospinal fluid, reported as detection and quantification of tumor cells	Effective 10/1/2026
0641U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), using formalin-fixed paraffin-embedded (FFPE) tissue and blood samples, initial (baseline) assessment	Effective 10/1/2026
0642U	Oncology (minimal residual disease [MRD]), tumor DNA, next-generation sequencing (NGS), whole blood, comparison to previously performed analyses, reported as trend in circulating tumor DNA (ctDNA) level	Effective 10/1/2026
0643U	Oncology (genitourinary cancer), cell-free circulating tumor DNA (ctDNA), 200 genes, next-generation sequencing (NGS), interrogation for single-nucleotide variants (SNVs), insertions/deletions, gene rearrangements, copy number alterations, and tumor mutation burden, using urine, identify and report mutations with clinical actionability	Effective 10/1/2026
0644U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, blood or bone marrow, personalized assay design and baseline quantification	Effective 10/1/2026
0645U	Oncology (leukemia), minimal residual disease (MRD) detection for rearrangements, based on digital PCR, blood or bone marrow, reported as not detected or detected with estimated abundance	Effective 10/1/2026
0646U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA, whole blood, and formalin-fixed paraffin-embedded (FFPE) tumor tissue DNA, baseline assessment	Effective 10/1/2026

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
0647U	Oncology (molecular residual disease), whole genome sequence analysis, cell-free DNA (cfDNA), whole blood, assessment utilizing patient-specific tumor information, reported as negative or percent circulating tumor DNA (ctDNA)	Effective 10/1/2026
0648U	Oncology (solid tumor), targeted genomic sequencing analysis, to detect deletions, insertions, and substitutions in 42 genes, copy number amplifications in 10 genes, and fusions and splice variants in 18 driver genes from DNA and RNA extracted from formalin-fixed paraffin-embedded (FFPE) tissue	Effective 10/1/2026
0649U	Neurology (Alzheimer disease), DNA, targeted next-generation sequencing (NGS) of AD-1 and AD-2 target regions, whole blood, prognostic algorithmic analysis, reported as categorization of cognitive status	Effective 10/1/2026
0650U	Drug metabolism (adverse drug reactions and drug response), genotyping of 9 genes (ie, CYP2D6, CYP2C19, G6PD, SLCO1B1, HLA-B*58:01, NAT2, CYP2C9, VKORC1, ABCG2), reported as metabolizer status and transporter function	Effective 10/1/2026
0651U	Oncology (hereditary cancer), genomic DNA, 55 hereditary cancer pre-dispositioned genes, next-generation sequencing (NGS) and digital multiplex ligation-dependent probe amplification for variants, small indels (<40 base pairs), using saliva, whole blood or nail clipping, interpretive clinical report with variant classification	Effective 10/1/2026
0652U	Drug metabolism (adverse drug reactions), DNA analysis of 13 genes by targeted genotyping, using saliva or buccal swab, reported as diplotype and metabolizer status	Effective 10/1/2026
0653U	Nephrology (inherited kidney disorders), DNA, analysis of approximately 700 genes associated with inherited kidney diseases by exome sequencing, using whole blood, saliva, or nail clipping, reported as an interpretive clinical report classifying pathogenic and likely pathogenic variants	Effective 10/1/2026
0654U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by western blot analysis, using cultured skin fibroblasts, diagnostic qualitative result	Effective 10/1/2026
0655U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by spectrophotometric kinetic assay, using cultured skin fibroblasts, diagnostic quantitative result	Effective 10/1/2026
0656U	Inborn error of metabolism (primary mitochondrial disease), mitochondrial analysis of 1 enzyme complex by radioactive activity assay, using cultured skin fibroblasts, diagnostic quantitative result	Effective 10/1/2026
0657U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of comparator nuclear and mitochondrial DNA by next-generation sequencing (NGS), using blood or buccal sample, relevant variants reported with proband results	Effective 10/1/2026
0658U	Rare diseases (constitutional/heritable disorders), rapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	Effective 10/1/2026

CPT, HCPCS or Revenue Code	LAB Description	Comments/ Limitations
All genetic testing codes require review and preauthorization.		
0659U	Rare diseases (constitutional/heritable disorders), ultrarapid whole genome sequence analysis of nuclear and mitochondrial DNA by next-generation sequencing (NGS) for single-nucleotide variants (SNVs), insertions/deletions, copy number variants, uniparental disomy, and repeat expansions, using blood or buccal sample, identification and categorization of genetic variants	Effective 10/1/2026
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	
S3841	Genetic testing for retinoblastoma	
S3842	Genetic testing for von Hippel-Lindau disease	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	
S3845	Genetic testing for alpha-thalassemia	
S3846	Genetic testing for hemoglobin E beta-thalassemia	
S3849	Genetic testing for Niemann-Pick Disease	
S3850	Genetic testing for sickle cell anemia	
S3853	Genetic testing for myotonic muscular dystrophy	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	

HCPCS Code	DME Description	Comments/ Limitations
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6529	Gradient compression garment, bra, for nighttime use, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6548	Accessory to custom gradient compression garment, silicone band, any size	Effective 7/1/26
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each	Effective 1/1/24 (Added on 5/1/24 list)

HCPCS Code	DME Description	Comments/ Limitations
A6565	Gradient compression gauntlet, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6567	Gradient compression garment, neck/head, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6569	Gradient compression garment, torso/shoulder, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6571	Gradient compression garment, genital region, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6573	Gradient compression garment, toe caps, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6574	Gradient compression arm sleeve and glove combination, custom, each	Effective 1/1/24 (Added on 5/1/24 list)
A6576	Gradient compression arm sleeve, custom, medium weight, each	Effective 1/1/24 (Added on 5/1/24 list)
A6577	Gradient compression arm sleeve, custom, heavy weight, each	Effective 1/1/24 (Added on 5/1/24 list)
A6579	Gradient compression glove, custom, medium weight, each	Effective 1/1/24 (Added on 5/1/24 list)
A6580	Gradient compression glove, custom, heavy weight, each	Effective 1/1/24 (Added on 5/1/24 list)
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	Effective 10/1/24
A8005	Powered, cable driven grip assist glove, hand, finger, includes microprocessor, pressure sensors, all components and accessories, custom fitted	Effective 7/1/26
A8006	Powered, cable driven grip assist glove, hand, finger, includes pressure sensors, glove replacement only	Effective 7/1/26
A9276	Senseonics Eversense E3 Sensor Kit	Effective 1/1/25. Reviewed by Medical Specialty pharmacy.
B4105	Digestive enzyme cartridge	Effective 9/1/2022
C1767	Generator, neurostimulator (implantable), non-rechargeable	Effective 1/1/25
C1778	Lead, neurostimulator (implantable)	Effective 1/1/25

HCPCS Code	DME Description	Comments/ Limitations
C1787	Patient programmer, neurostimulator	Effective 1/1/25
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Effective 1/1/25
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system.	Effective 1/1/25
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Effective 1/1/25
C1831	Custom cage for spine	Effective 1/1/2022
C1832	Autograft suspension, including cell processing and application, and all system components	Effective 9/1/2022
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Effective 9/1/2022
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Effective 1/1/25
C1897	Lead, neurostimulator test kit (implantable)	Effective 1/1/25
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed	Effective 9/1/2022
E0194	Air fluidized bed	
E0277	Powered -pressure reducing air mattress	Effective 9/1/2020
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	
E0467	Home ventilator, multi-function respiratory device	Effective 8/1/24
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	Effective 4/1/24 (added on 5/1/24 list)
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	Effective 10/1/24
E0482	Cough stimulating device, alternating positive and negative airway pressure E0482.	Effective 8/1/24
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	
E0486	Oral device used to reduce upper airway	Effective 9/1/2020
E0630	Patient Lift - Hydraulic	Effective 9/1/2020
E0638	Standing frame/table system one position	Effective 9/1/2020
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	

HCPCS Code	DME Description	Comments/ Limitations
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest	Effective 5/1/2026
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	Effective 5/1/2026
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	Effective 10/1/24
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	
E0760	osteogenesis stimulator, low intensity ultrasound, non-invasive	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	
E0765	Fda approved nerve stimulator, for treatment of nausea and vomiting	Effective 5/1/2026
E0766	electrical stimulation device for cancer treatment	Effective 5/19/2020
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	Effective 10/1/24
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	
E0986	Manual wheelchair accessory, power assist system	Effective 9/1/2020
E1002	Wheelchair accessory, power seating system	Effective 9/1/2020
E1007	Wheelchair accessory, power seating system	Effective 9/1/2020
E1220	Wheelchair, special size or construction	Effective 9/1/2020
E1230	Power operated vehicle (three or four wheel non highway) specify brand name and model number	
E1232	Wheelchair, pediatric size, tilt in space, folding	Effective 9/1/2020

HCPCS Code	DME Description	Comments/ Limitations
E1234	Wheelchair, pediatric size,	Effective 9/1/2020
E1235	Wheelchair, pediatric size	Effective 9/1/2020
E1236	Wheelchair pediatric size	Effective 9/1/2020
E2311	Power wheelchair accessory	Effective 9/1/2020
E2368	Power wheelchair component, motor, replacement only	
E2369	Power wheelchair component, gearbox, replacement only	
E2370	Power wheelchair component, motor and gearbox combination, replacement only	
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	
E2513	Accessory for speech generating device, electromyographic sensor	Effective 10/1/24
E2609	Custom fabricated wheelchair seat cushion	Effective 9/1/2020
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	Effective 10/1/24
K0005	Ultra Lightweight wheelchair	
K0006	Heavy-duty wheelchair	
K0009	Other manual wheelchair/base	Effective 9/1/2020
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	

HCPCS Code	DME Description	Comments/ Limitations
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds	
K0802	Power operated vehicle, group 1 heavy duty, patient weight capacity 451 to 600 pounds	
K0806	Powered operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	K0807: Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	
K0808	K0808: Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	
K0812	Power operated vehicle, not otherwise classified	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat and back, patient weight capacity 301 to 450 pounds	

HCPCS Code	DME Description	Comments/ Limitations
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra very heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	

HCPCS Code	DME Description	Comments/ Limitations
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	

HCPCS Code	DME Description	Comments/ Limitations
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0898	Power wheelchair, not otherwise classified	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	

HCPCS Code	DME Description	Comments/ Limitations
L0456	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0457	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	
L0458	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0460	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0462	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	

HCPCS Code	DME Description	Comments/ Limitations
L0464	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0480	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	

HCPCS Code	DME Description	Comments/ Limitations
L0488	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	
L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0635	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel (s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	
L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	
L0637	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	

HCPCS Code	DME Description	Comments/ Limitations
L0638	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
L0639	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	
L0648	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0650	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0651	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	
L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type)	

HCPCS Code	DME Description	Comments/ Limitations
L0710	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral-control, molded to patient model, with interface material (Minerva type)	
L0720	Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Effective 4/1/25
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	
L1007	Scoliosis orthosis, sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated	Effective 1/1/2026
L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	
L1300	Other scoliosis procedure, body jacket molded to patient model	
L1310	Other scoliosis procedure, postoperative body jacket	
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	
L1681	Hip orthosis (HO), bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Effective 1/1/24
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	
L1686	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	
L1700	Legg-perthes orthosis, (Toronto type), custom-fabricated	
L1710	Legg-perthes orthosis, (Newington type), custom fabricated	
L1720	Legg-perthes orthosis, trilateral, (Tachdijan type), custom-fabricated	
L1730	Legg-perthes orthosis, (Scottish Rite type), custom-fabricated	
L1755	Legg-perthes orthosis, (Patten bottom type), custom-fabricated	

HCPCS Code	DME Description	Comments/ Limitations
L1834	Knee orthosis, without knee joint, rigid, custom-fabricated	
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	
L1843	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L1845	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	
L1852	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom-fabricated (SK)	
L1920	Ankle foot orthosis, single upright with static or adjustable stop (Phelps or Perlstein type), custom-fabricated	
L1930	prefabricated - Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	
L1932	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	
L1940	Ankle foot orthosis, plastic or other material, custom-fabricated	
L1945	Ankle foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom-fabricated	

HCPCS Code	DME Description	Comments/ Limitations
L1950	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom-fabricated	
L1951	Ankle foot orthosis, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom-fabricated	
L1970	Ankle foot orthosis, plastic with ankle joint, custom-fabricated	
L1971	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom-fabricated	
L1980	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom-fabricated Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom-fabricated	
L1990	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom-fabricated	
L2000	Knee ankle foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom-fabricated	
L2005	Knee ankle foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	
L2010	Knee ankle foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom-fabricated	
L2020	Knee ankle foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom-fabricated	
L2030	Knee ankle foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	
L2034	Knee ankle foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2037	Knee ankle foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	

HCPCS Code	DME Description	Comments/ Limitations
L2038	Knee ankle foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	
L2108	Ankle foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom-fabricated	
L2126	Knee ankle foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom-fabricated	
L2128	Knee ankle foot orthosis(KAFO), fracture orthosis, femoral fracture cast orthosis, custom-fabricated	
L2134	Knee ankle foot orthosis(KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	
L2136	Knee ankle foot orthosis(KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	
L2221	Addition to lower extremity orthosis, ankle system, microprocessor-controlled feature plantarflexion and/or dorsiflexion, includes power source	Effective 7/1/26
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for 'PTB' 'AFO' orthoses)	
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	
L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	

HCPCS Code	DME Description	Comments/ Limitations
L4000	Replace girdle for spinal orthosis (Cervical-thoracic-lumbar-sacral orthosis (CTLSO) or Shoulder orthosis (SO))	
L4020	Replace quadrilateral socket brim, molded to patient model	
L4631	Ankle foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	
L5010	Partial foot, molded socket, ankle height, with toe filler	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	
L5050	Ankle, Symes, molded socket, SACH foot	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	
L5100	Below knee, molded socket, shin, SACH foot	
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	
L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each	
L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each	
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	

HCPCS Code	DME Description	Comments/ Limitations
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'AK' or knee disarticulation	
L5500	Initial, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5510	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5520	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5530	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5535	Preparatory, below knee 'PTB' type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket	
L5540	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	

HCPCS Code	DME Description	Comments/ Limitations
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, SACH foot, laminated socket, molded to model	
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	
L5611	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with friction swing phase control	
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control	
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	Effective 1/1/24 (Added on 5/1/24 list)
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	
L5639	Addition to lower extremity, below knee, wood socket	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	
L5647	Addition to lower extremity, below knee suction socket	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	
L5657	Addition to lower extremity prosthesis, manual/automated adjustable air, fluid, gel or equal socket insert for limb volume management, any materials	Effective 1/1/2026
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric, or equal, with or without perforations, with or without breathable material, for use with locking mechanism	Effective 5/1/2026
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric, or equal, with or without perforations, with or without breathable material, not for use with locking mechanism	Effective 5/1/2026

HCPCS Code	DME Description	Comments/ Limitations
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only	
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only	
L5700	Replacement, socket, below knee, molded to patient model	
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	
L5705	Custom shaped protective cover, above knee	
L5706	Custom shaped protective cover, knee disarticulation	
L5707	Custom shaped protective cover, hip disarticulation	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system (with or without lamination kit)	Effective 5/1/2026

HCPCS Code	DME Description	Comments/ Limitations
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	
L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping	Effective 4/1/25
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control	
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	
L5848	Addition to endoskeletal knee-shin system, fluidstance extension, dampening feature, with or without adjustability	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	Effective 1/1/24 (Added on 5/1/24 list)

HCPCS Code	DME Description	Comments/ Limitations
L5930	Addition, endoskeletal system, high activity knee control frame	
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
L5979	All lower extremity prosthesis, multiaxial ankle, dynamic response foot, one piece system	
L5980	All lower extremity prostheses, flex foot system	
L5981	All lower extremity prostheses, flex-walk system or equal	
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	
L5992	All lower extremity prosthesis, foot shell for modular foot/non-solid ankle cushion heel (sach) replacement only	Effective 7/1/26
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	
L6028	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at metacarpal level, including flexible or non-flexible interface, molded to patient model, including palm, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692	Effective 4/1/25

HCPCS Code	DME Description	Comments/ Limitations
L6034	Partial hand, finger, and thumb prosthesis without prosthetic digit(s)/thumb, amputation at transmetacarpal level, including flexible or non-flexible interface, molded to patient model, for use without external power and/or passive prosthetic digit/thumb, not including inserts described by l6692	Effective 1/1/26
L6035	Single prosthetic digit, mechanical, can include metacarpophalangeal (mcp), proximal interphalangeal (pip), and/or distal interphalangeal (dip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	Effective 1/1/26
L6036	Prosthetic thumb, mechanical, can include metacarpophalangeal (mcp), interphalangeal (ip) joint(s), with or without locking mechanism, can include flexion or extension assist, any material, attachment, initial issue or replacement	Effective 1/1/26
L6038	Addition to single prosthetic digit or thumb, mechanical, attachment, multiaxial and/or internal/external rotation/abduction/adduction mechanism, with or without locking feature, any material	Effective 1/1/26
L6039	Passive prosthetic digit or thumb prosthesis not including hand restoration partial hand, full or partial, custom made, any material, initial or replacement, per single passive prosthetic digit or thumb	Effective 1/1/26
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	

HCPCS Code	DME Description	Comments/ Limitations
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fairlead cable control, USMC or equal pylon, no cover, molded to patient model	

HCPCS Code	DME Description	Comments/ Limitations
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fairlead cable control, USMC or equal pylon, no cover, direct formed	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fairlead cable control, USMC or equal pylon, no cover, molded to patient model	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fairlead cable control, USMC or equal pylon, no cover, direct formed	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only	
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional emg inputs, pattern-recognition decoding intent movement	Effective 4/1/25
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	

HCPCS Code	DME Description	Comments/ Limitations
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	

HCPCS Code	DME Description	Comments/ Limitations
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6950	above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6970	interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L7007	Electric hand, switch or myoelectric controlled, adult	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	
L7009	Electric hook, switch or myoelectric controlled, adult	
L7040	Prehensile actuator, switch controlled	

HCPCS Code	DME Description	Comments/ Limitations
L7045	Electric hook, switch or myoelectric controlled, pediatric	
L7170	Electronic elbow, Hosmer or equal, switch controlled	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	
L7259	Electronic wrist rotator, any type	
L7406	Addition to upper extremity prosthesis, user adjustable, mechanical, residual limb volume management system (with or without lamination kit)	Effective 4/1/25
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	
L8040	Nasal prosthesis, provided by a non-physician	
L8041	Midfacial prosthesis, provided by a non-physician	
L8042	Orbital prosthesis, provided by a non-physician	
L8043	Upper facial prosthesis, provided by a non-physician	
L8044	Hemi-facial prosthesis, provided by a non-physician	
L8045	Auricular prosthesis, provided by a non-physician	
L8046	Partial facial prosthesis, provided by a non-physician	
L8047	Nasal septal prosthesis, provided by a non-physician	
L8609	Artificial cornea	
L8614	Cochlear device, includes all internal and external components	
L8615	Headset/headpiece for use with cochlear implant device, replacement	
L8616	Microphone for use with cochlear implant device, replacement	
L8617	Transmitting coil for use with cochlear implant device, replacement	
L8618	Transmitter cable for use with cochlear implant device, replacement	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	

HCPCS Code	DME Description	Comments/ Limitations
L8627	Cochlear implant, external speech processor, component, replacement	
L8628	Cochlear implant, external controller component, replacement	
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	
L8679	Implantable neurostimulator, pulse generator, any type	
L8680	Implantable neurostimulator electrode, each	Effective 1/1/25
L8682	Implantable neurostimulator radio frequency receiver	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Effective 1/1/25
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Effective 1/1/25
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Effective 1/1/25
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Effective 1/1/25
L8690	Auditory osseointegrated device, includes all internal and external components	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn	
L8693	Auditory osseointegrated device abutment, any length, replacement only	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	
L8720	External lower extremity sensory prosthetic device, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Effective 10/1/24
L8721	Receptor sole for use with l8720, replacement, each	Effective 10/1/24

HCPCS Code	DME Description	Comments/ Limitations
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	
V2623	Prosthetic eye, plastic, custom	
V2627	Scleral cover shell	