

Medical Prior Authorization | Arkansas Blue Cross and Blue Shield Employees

January 1, 2026

- Craniofacial Anomaly Services - Sclera Contact Lens, Hearing Aid Molds, Wearable Bone Conduction Hearing Aid, Surgically Implanted Hearing Aid, or Cochlear Implants
- Hospital Services in Connection with Dental Treatment/Oral Surgery
- Neurological Rehabilitation Facility Services
- Out-of-Network Services
- Prosthodontic Services
- Skilled Nursing Facility and Swing Beds

High-tech Radiology			
CPT Code	Description	Effective Date	End Prior Approval Date
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	1/1/2024	
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	1/1/2024	
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLO	1/1/2024	
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	1/1/2024	
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	1/1/2024	
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE	1/1/2024	
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	1/1/2024	
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	1/1/2024	
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FO	1/1/2024	
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	1/1/2024	
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	1/1/2024	
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLO	1/1/2024	
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INC	1/1/2024	
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INC	1/1/2024	

High-tech Radiology

CPT Code	Description	Effective Date	End Prior Approval Date
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WIT	1/1/2024	
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WIT	1/1/2024	
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WIT	1/1/2024	
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	1/1/2024	
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	1/1/2024	
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FO	1/1/2024	
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	1/1/2024	
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	1/1/2024	
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FO	1/1/2024	
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	1/1/2024	
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	1/1/2024	
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);	1/1/2024	
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELE	1/1/2024	
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN	1/1/2024	
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	1/1/2024	
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	1/1/2024	
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CO	1/1/2024	
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITH CONTRAST MATERIAL, INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	1/1/2024	
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	1/1/2024	
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	1/1/2024	



High-tech Radiology

CPT Code	Description	Effective Date	End Prior Approval Date
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF	1/1/2024	
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR	1/1/2024	
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	1/1/2024	
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	1/1/2024	
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW	1/1/2024	
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	1/1/2024	
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	1/1/2024	
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOW	1/1/2024	
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	1/1/2024	
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	1/1/2024	
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED	1/1/2024	
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CE	1/1/2024	
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CE	1/1/2024	
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, TH	1/1/2024	
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, TH	1/1/2024	
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU	1/1/2024	
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LU	1/1/2024	
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	1/1/2024	
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	1/1/2024	
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WI	1/1/2024	
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WIT	1/1/2024	



High-tech Radiology

CPT Code	Description	Effective Date	End Prior Approval Date
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), I	1/1/2024	
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	1/1/2024	
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	1/1/2024	
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CO	1/1/2024	
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATE	1/1/2024	
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIA	1/1/2024	
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATE	1/1/2024	
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATER	1/1/2024	
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	1/1/2024	
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	1/1/2024	
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO	1/1/2024	
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATER	1/1/2024	
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	1/1/2024	
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	1/1/2024	
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN J	1/1/2024	
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	1/1/2024	
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	1/1/2024	
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY;	1/1/2024	
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTR	1/1/2024	
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	1/1/2024	
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	1/1/2024	



High-tech Radiology

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73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLO	1/1/2024	
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATER	1/1/2024	
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	1/1/2024	
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	1/1/2024	
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JO	1/1/2024	
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	1/1/2024	
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	1/1/2024	
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY;	1/1/2024	
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTR	1/1/2024	
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	1/1/2024	
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	1/1/2024	
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY C	1/1/2024	
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MA	1/1/2024	
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S),	1/1/2024	
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	1/1/2024	
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	1/1/2024	
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN	1/1/2024	
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MAT	1/1/2024	
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERI	1/1/2024	
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MAT	1/1/2024	
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATE	1/1/2024	



High-tech Radiology			
CPT Code	Description	Effective Date	End Prior Approval Date
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE PO	1/1/2024	
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE PO	1/1/2024	
74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POS	1/1/2024	
74712	MRI FETAL SNGL/1ST GESTATION	1/1/2024	
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT	1/1/2024	
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT	1/1/2024	
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT	1/1/2024	
75580	NONINVASIVE ESTIMATE OF CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM AUGMENTATIVE SOFTWARE ANALYSIS OF THE DATA SET FROM A CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY, WITH INTERPRETATION AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2024	
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT	1/1/2024	
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATI	1/1/2024	
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF	1/1/2024	
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF	1/1/2024	
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS	1/1/2024	
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFE	1/1/2024	
76390	MAGNETIC RESONANCE SPECTROSCOPY	1/1/2024	
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	1/1/2024	
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	1/1/2024	
77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER AIDED DETECTION (CAD REAL TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	1/1/2024	



High-tech Radiology

CPT Code	Description	Effective Date	End Prior Approval Date
77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER AIDED DETECTION (CAD REAL TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	1/1/2024	
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIA	1/1/2024	
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	1/1/2024	
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATI	1/1/2024	
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATI	1/1/2024	
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTIT	1/1/2024	
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTIT	1/1/2024	
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVAL	1/1/2024	
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	1/1/2024	
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FI	1/1/2024	
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WI	1/1/2024	
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT	1/1/2024	
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL	1/1/2024	
78481	CARDIAC BLOOD POOL IMAGING (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUD	1/1/2024	
78483	CARDIAC BLOOD POOL IMAGING (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE ST	1/1/2024	
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SIN	1/1/2024	
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MUL	1/1/2024	
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MO	1/1/2024	
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATIO	1/1/2024	



High-tech Radiology

CPT Code	Description	Effective Date	End Prior Approval Date
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATIO	1/1/2024	
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, H	1/1/2024	
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	1/1/2024	
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	1/1/2024	
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED	1/1/2024	
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED	1/1/2024	
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED	1/1/2024	
78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	1/1/2024	
78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	1/1/2024	
78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS (EXERCISE OR PHARMACOLOGIC), WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	1/1/2024	
78432	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER (EG, MYOCARDIAL VIABILITY);	1/1/2024	



High-tech Radiology			
CPT Code	Description	Effective Date	End Prior Approval Date
78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER (EG, MYOCARDIAL VIABILITY); WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY TRANSMISSION SCAN	1/1/2024	
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	1/1/2024	
76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	1/1/2024	
Repetitive Transcranial Magnetic Stimulation Treatment (rTMS)			
CPT Code	Description	Effective Date	End Prior Approval Date
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATME	1/1/2024	
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATME	1/1/2024	
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATME	1/1/2024	
Prosthetic Devices Surgically Implanted Osseointegrated Hearing Aid			
CPT Code	Description	Effective Date	End Prior Approval Date
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	1/1/2024	
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	1/1/2024	
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	1/1/2024	
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	1/1/2024	
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	1/1/2024	



HOME HEALTH Visits/Svcs, Excluding DME, Oxygen

CPT Code	Description	Effective Date	End Prior Approval Date
99153	MOD SED SAME PHYS/QHP EA	1/1/2022	
99155	MOD SED OTH PHYS/QHP <5 YRS	1/1/2022	
99156	MOD SED OTH PHYS/QHP 5/>YRS	1/1/2022	
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	1/1/2022	
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	1/1/2022	
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	1/1/2022	
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	1/1/2022	
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	1/1/2022	
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	1/1/2022	
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	1/1/2022	
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	1/1/2022	
99351	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	1/1/2022	
99352	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	1/1/2022	
99353	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	1/1/2022	
99495	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEM	1/1/2022	
99496	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEM	1/1/2022	
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVA	1/1/2022	
99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEA	1/1/2022	
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	1/1/2022	
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	1/1/2022	
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN TH	1/1/2022	
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	1/1/2022	
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYST	1/1/2022	
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	1/1/2022	



HOME HEALTH Visits/Svcs, Excluding DME, Oxygen

CPT Code	Description	Effective Date	End Prior Approval Date
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAIN	1/1/2022	
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL	1/1/2022	
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	1/1/2022	
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	1/1/2022	
99512	HOME VISIT FOR HEMODIALYSIS	1/1/2022	
99539	UNLISTED HOME VISIT SERVICE OR PROCEDURE (CONSIDER USING 99600)	1/1/2022	
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	1/1/2022	
G0128	DIRECT (FACE TO FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED NURSE PROVIDED IN A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY, EACH 10 MINUTES BEYOND THE FIRST 5 MINUTES	1/1/2022	
G0154	DIRECT SKILLED NURSING SERVICES OF A LICENSED NURSE (LPN OR RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	1/1/2022	
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	1/1/2022	
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	1/1/2022	
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE THAT ESSENTIAL NON SKILLED CARE ACHIEVES ITS PURPOSE IN THE HOME HEALTH OR HOSPICE SETTING)	1/1/2022	
G0163	SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING)	1/1/2022	



HOME HEALTH Visits/Svcs, Excluding DME, Oxygen

CPT Code	Description	Effective Date	End Prior Approval Date
G0164	SKILLED SERVICES OF A LICENSED NURSE (LPN OR RN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	1/1/2022	
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	1/1/2022	
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	1/1/2022	
G0493	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING)	1/1/2022	
G0494	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES (THE CHANGE IN THE PATIENT'S CONDITION REQUIRES SKILLED NURSING PERSONNEL TO IDENTIFY AND EVALUATE THE PATIENT'S NEED FOR POSSIBLE MODIFICATION OF TREATMENT IN THE HOME HEALTH OR HOSPICE SETTING)	1/1/2022	
G0495	SKILLED SERVICES OF A REGISTERED NURSE (RN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	1/1/2022	
G0496	SKILLED SERVICES OF A LICENSED PRACTICAL NURSE (LPN), IN THE TRAINING AND/OR EDUCATION OF A PATIENT OR FAMILY MEMBER, IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	1/1/2022	
S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	1/1/2022	
S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	1/1/2022	
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	1/1/2022	
S5151	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	1/1/2022	



HOME HEALTH Visits/Svcs, Excluding DME, Oxygen			
CPT Code	Description	Effective Date	End Prior Approval Date
S5523	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	1/1/2022	
S9097	HOME VISIT FOR WOUND CARE	1/1/2022	
S9098	HOME VISIT, PHOTOTHERAPY SERVICES (E.G., BILI LITE), INCLUDING EQUIPMENT RENTAL, NURSING SERVICES, BLOOD DRAW, SUPPLIES, AND OTHER SERVICES, PER DIEM	1/1/2022	
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR	1/1/2022	
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500 99602 CAN BE USED)	1/1/2022	
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	1/1/2022	
S9125	RESPIRE CARE, IN THE HOME, PER DIEM	1/1/2022	
T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	1/1/2022	
T1031	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	1/1/2022	
Hospice Care			
CPT Code	Description	Effective Date	End Prior Approval Date
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	1/1/2022	
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE ELECTION	1/1/2022	
Q5001	HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	1/1/2022	



Hospice Care			
CPT Code	Description	Effective Date	End Prior Approval Date
Q5002	HOSPICE OR HOME HEALTH CARE PROVIDED IN ASSISTED LIVING FACILITY	1/1/2022	
Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON SKILLED NURSING FACILITY (NF)	1/1/2022	
Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	1/1/2022	
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	1/1/2022	
Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	1/1/2022	
Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	1/1/2022	
Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	1/1/2022	
Q5009	HOSPICE OR HOME HEALTH CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	1/1/2022	
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	1/1/2022	
S9126	HOSPICE CARE, IN THE HOME, PER DIEM	1/1/2022	
Breast Reduction (not related to cancer)			
CPT Code	Description	Effective Date	End Prior Approval Date
19318	REDUCTION MAMMAPLASTY	1/1/2024	
Gender Reassignment for Gender Dysphoria			
CPT Code	Description	Effective Date	End Prior Approval Date
17380	ELECTROLYSIS EPILATION, EACH 30 MINUTES		12/31/2025
19303	MASTECTOMY, SIMPLE, COMPLETE	1/1/2024	12/31/2025
19350	NIPPLE/AREOLA RECONSTRUCTION	1/1/2024	12/31/2025
54125	AMPUTATION OF PENIS; COMPLETE	1/1/2024	12/31/2025
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULA	1/1/2024	12/31/2025
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	1/1/2024	12/31/2025
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	1/1/2024	12/31/2025
55180	SCROTOPLASTY; COMPLICATED	1/1/2024	12/31/2025
55970	INTERSEX SURGERY; MALE TO FEMALE	1/1/2024	12/31/2025
55980	INTERSEX SURGERY; FEMALE TO MALE	1/1/2024	12/31/2025
56625	VULVECTOMY SIMPLE; COMPLETE	1/1/2024	12/31/2025
56800	PLASTIC REPAIR OF INTROITUS	1/1/2024	12/31/2025
56805	CLITOROPLASTY FOR INTERSEX STATE	1/1/2024	12/31/2025



Gender Reassignment for Gender Dysphoria			
CPT Code	Description	Effective Date	End Prior Approval Date
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	1/1/2024	12/31/2025
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	1/1/2024	12/31/2025
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	1/1/2024	12/31/2025
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMO	1/1/2024	12/31/2025
58552	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR	1/1/2024	12/31/2025
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER T	1/1/2024	12/31/2025
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LE	1/1/2024	12/31/2025
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THA	1/1/2024	12/31/2025
Craniofacial Anomaly Surgery			
CPT Code	Description	Effective Date	End Prior Approval Date
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FO	1/1/2024	
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, N	1/1/2024	
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	1/1/2024	
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT	1/1/2024	
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	1/1/2024	
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, C	1/1/2024	
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	1/1/2024	
P9020	PLATELET RICH PLASMA, EACH UNIT	1/1/2024	
UNLISTED MAXILLOFACIAL PROCEDURE			
CPT Code	Description	Effective Date	End Prior Approval Date
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	1/1/2024	



All Transplants Excluding Cornea			
CPT Code	Description	Effective Date	End Prior Approval Date
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	1/1/2024	
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	1/1/2024	
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CAR	1/1/2024	
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIO	1/1/2024	
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	1/1/2024	
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	1/1/2024	
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER	1/1/2024	
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER	1/1/2024	
48160	PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF	1/1/2024	
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	1/1/2024	
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	1/1/2024	
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NE	1/1/2024	
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHR	1/1/2024	
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE F	1/1/2024	

Enteral Feeding and Supply			
CPT Code	Description	Effective Date	End Prior Approval Date
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	1/1/2024	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	1/1/2024	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	1/1/2024	
B4081	NASOGASTRIC TUBING WITH STYLET	1/1/2024	



Enteral Feeding and Supply			
CPT Code	Description	Effective Date	End Prior Approval Date
B4082	NASOGASTRIC TUBING WITHOUT STYLET	1/1/2024	
B4083	STOMACH TUBE LEVINE TYPE	1/1/2024	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	1/1/2024	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW PROFILE, ANY MATERIAL, ANY TYPE, EACH	1/1/2024	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	1/1/2024	
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	1/1/2024	
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	1/1/2024	
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	1/1/2024	
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	



Enteral Feeding and Supply

CPT Code	Description	Effective Date	End Prior Approval Date
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/ MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G., GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G., GLUTAMINE, ARGININE), FAT (E.G., MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	

Enteral Feeding and Supply

CPT Code	Description	Effective Date	End Prior Approval Date
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/ AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2024	
B9000	ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM	1/1/2024	
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	1/1/2024	
B9998	NOC FOR ENTERAL SUPPLIES	1/1/2024	
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1/1/2024	
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1/1/2024	
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1/1/2024	
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	1/1/2024	
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	1/1/2024	



Weight Loss			
CPT Code	Description	Effective Date	End Prior Approval Date
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING L	1/1/2024	12/31/2025
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP	1/1/2024	12/31/2025
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP	1/1/2024	12/31/2025
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJ	1/1/2024	12/31/2025
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJU	1/1/2024	12/31/2025
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	1/1/2024	12/31/2025
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPL	1/1/2024	12/31/2025
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	1/1/2024	12/31/2025
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GAS	1/1/2024	12/31/2025
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	1/1/2024	12/31/2025
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	1/1/2024	12/31/2025
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESER	1/1/2024	12/31/2025
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	1/1/2024	12/31/2025
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	1/1/2024	12/31/2025
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, O	1/1/2024	12/31/2025
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COM	1/1/2024	12/31/2025
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMP	1/1/2024	12/31/2025
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUT	1/1/2024	12/31/2025
S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE	1/1/2024	12/31/2025

