Medical Prior Authorization | Level Funded

January 1, 2027

- Inpatient Admission Facility Charges ONLY (Ancillary charges do NOT require PA)
- Hospital Stay > 48 hours for vaginal delivery or > 96 hours for c-section delivery
- Neonate: If neonate remains hospitalized beyond date of Mother's discharge or requires admission for non-routine nursery care
- Inpatient Mental Health Admission
- Acute Inpatient Rehabilitation Admission
- Neurologic Rehabilitation Facility Admission
- Long Term Acute Care (LTAC) Admission
- Residential Treatment Admission
- Skilled Nursing Facility Admission
- All transplant services and transplant-related services
  - Cornea transplants do not require a prior authorization
- Potentially unproven services (including experimental/investigational and/or linked services)
- Out-Of-Network Services

Abdominoplasty			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	06-01-2023	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	06-01-2023	
15877	Suction assisted lipectomy; trunk	06-01-2023	

Acute Inpatient Rehabiliation Admission			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
		06-01-2023	

Air Ambulance			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	06-01-2023	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	06-01-2023	
A0435	Fixed wing air mileage, per statute mile	06-01-2023	
A0436	Rotary wing air mileage, per statute mile	06-01-2023	

Air Ambulance			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	06-01-2023	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	06-01-2023	
All transplant services and transplant-related services			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
		06-01-2023	
Artificial Heart, Total			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	06-01-2023	
Auditory Brainstem Implant			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	06-01-2023	
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	06-01-2023	
S2235	Implantation of auditory brain stem implant	06-01-2023	
Autologous Chondrocyte Implantation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
27412	Autologous chondrocyte implantation, knee	06-01-2023	
J7330	Autologous cultured chondrocytes, implant	06-01-2023	
Bariatric Surgery			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	06-01-2023	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	06-01-2023	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	06-01-2023	

Bariatric Surgery			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	06-01-2023	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	06-01-2023	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	06-01-2023	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	06-01-2023	
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)	06-01-2023	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	06-01-2023	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	06-01-2023	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	06-01-2023	
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	06-01-2023	
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	06-01-2023	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	06-01-2023	
Blepharoplasty/Blepharoptosis			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
15820	Blepharoplasty, lower eyelid;	06-01-2023	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	06-01-2023	
15822	Blepharoplasty, upper eyelid;	06-01-2023	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	06-01-2023	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	06-01-2023	

Blepharoplasty/Blepharoptosis			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	06-01-2023	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	06-01-2023	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	06-01-2023	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	06-01-2023	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	06-01-2023	
67908	Repair of blepharoptosis; conjunctivo tarso Muller's muscle levator resection (eg, Fasanella Servat type)	06-01-2023	
Bone Growth Stimulators			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	06-01-2023	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	06-01-2023	
E0747	Osteogenesis stimulator, electrical, non invasive, other than spinal applications	06-01-2023	
E0748	Osteogenesis stimulator, electrical, non invasive, spinal applications	06-01-2023	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	06-01-2023	
Bone Marrow or Stem Cell Transplantation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	06-01-2023	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	06-01-2023	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	06-01-2023	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	06-01-2023	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	06-01-2023	

Bone Marrow or Stem Cell Transplantation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	06-01-2023	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	06-01-2023	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	06-01-2023	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	06-01-2023	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	06-01-2023	
38230	Bone marrow harvesting for transplantation; allogeneic	06-01-2023	
38232	Bone marrow harvesting for transplantation; autologous	06-01-2023	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	06-01-2023	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	06-01-2023	
38242	Allogeneic lymphocyte infusions	06-01-2023	
38243	Hematopoietic progenitor cell (HPC); HPC boost	06-01-2023	
S2140	Cord blood harvesting for transplantation, allogeneic	06-01-2023	
S2142	Cord blood-derived stem-cell transplantation, allogeneic	06-01-2023	
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition	06-01-2023	

Breast Reconstruction			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L8600	Implantable breast prosthesis, silicone or equal	06-01-2023	
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	06-01-2023	

Breast Reconstruction			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/ or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	06-01-2023	
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	06-01-2023	
Cervical Decompression With or Without Fusion			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	06-01-2023	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	06-01-2023	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	06-01-2023	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	06-01-2023	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	06-01-2023	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	06-01-2023	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	06-01-2023	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	06-01-2023	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	06-01-2023	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	06-01-2023	

Cervical Decompression With or Without Fusion			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	06-01-2023	
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, each additional interspace (List separately in addition to code for primary procedure)	06-01-2023	
22634	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; each additional interspace (List separately in addition to code for primary procedure)	06-01-2023	
22830	Exploration of spinal fusion	06-01-2023	
22840	Posterior non-segmental instrumentation (e.g., 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)	06-01-2023	
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	06-01-2023	
22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	06-01-2023	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	06-01-2023	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	06-01-2023	
22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	06-01-2023	

Cervical Decompression With or Without Fusion			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
22854	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., 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)	06-01-2023	
22859	Insertion of intervertebral biomechanical device(s) (e.g., 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)	06-01-2023	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; cervical	06-01-2023	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical	06-01-2023	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	06-01-2023	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	06-01-2023	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	06-01-2023	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	06-01-2023	

Cervical Decompression With or Without Fusion			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; cervical	06-01-2023	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments	06-01-2023	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [e.g., wire, suture, mini-plates], when performed)	06-01-2023	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	06-01-2023	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	06-01-2023	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	06-01-2023	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	06-01-2023	
63185	Laminectomy with rhizotomy; 1 or 2 segments	06-01-2023	
63191	Laminectomy with section of spinal accessory nerve	06-01-2023	

Cervical Disc Arthroplasty			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	06-01-2023	
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	06-01-2023	

Cervical Disc Arthroplasty			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	06-01-2023	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	06-01-2023	
Cochlear Implant			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
69930	Cochlear device implantation, with or without mastoidectomy	06-01-2023	
L8614	Cochlear device, includes all internal and external components	06-01-2023	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	06-01-2023	
Commode with Seat Lift (Electric)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0170	Commode chair with integrated seat lift mechanism, electric, any type	06-01-2023	
Continuous Glucose Monitor			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A4238	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	06-01-2023	
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service	06-01-2023	
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests	06-01-2023	
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply	06-01-2023	
A9277	Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	06-01-2023	

Continuous Glucose Monitor			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)	06-01-2023	
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	06-01-2023	
Continuous Passive Motion Device In the Home Setting			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0935	Continuous passive motion exercise device for use on knee only	06-01-2023	
E0936	Continuous passive motion exercise device for use other than knee	06-01-2023	
Craniofacial Surgery and Services			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	06-01-2023	
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	06-01-2023	
21089	Unlisted maxillofacial prosthetic procedure	06-01-2023	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	06-01-2023	
21215	Graft, bone; mandible (includes obtaining graft)	06-01-2023	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	06-01-2023	
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	06-01-2023	
DME			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	06-01-2023	
A4575	Topical hyperbaric oxygen chamber, disposable	06-01-2023	
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime	06-01-2023	
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each	06-01-2023	

DME			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	06-01-2023	
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	06-01-2023	
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	06-01-2023	
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	06-01-2023	
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	06-01-2023	
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	06-01-2023	
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	06-01-2023	
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	06-01-2023	
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s)	06-01-2023	
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each	06-01-2023	
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	06-01-2023	

DME			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	06-01-2023	
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	06-01-2023	
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	06-01-2023	
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	06-01-2023	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	06-01-2023	
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	06-01-2023	
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	06-01-2023	
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	06-01-2023	
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	06-01-2023	
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	06-01-2023	
E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	06-01-2023	
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	06-01-2023	
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	06-01-2023	

DME			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	06-01-2023	
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	06-01-2023	
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	06-01-2023	
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	06-01-2023	
E0736	Transcutaneous tibial nerve stimulator	06-01-2023	
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	06-01-2023	
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	06-01-2023	
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	06-01-2023	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	06-01-2023	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	06-01-2023	
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	06-01-2023	
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	06-01-2023	
E1392	Portable oxygen concentrator, rental	06-01-2023	
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	06-01-2023	
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	06-01-2023	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	06-01-2023	
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	06-01-2023	

DME			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	06-01-2023	
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	06-01-2023	
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	06-01-2023	
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	06-01-2023	
V2623	Prosthetic eye, plastic, custom	06-01-2023	
Electric Tumor Treatment Field (TTF)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	06-01-2023	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	06-01-2023	
Enteral Nutrition			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	

Enteral Nutrition			
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	
Epidural Nerve Injections and Diagnostic Nerve Root Blocks			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	06-01-2023	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	06-01-2023	

Epidural Nerve Injections and Diagnostic Nerve Root Blocks			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	06-01-2023	
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	06-01-2023	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	06-01-2023	
62321	Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	06-01-2023	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	06-01-2023	
62323	Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	06-01-2023	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	06-01-2023	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	06-01-2023	

Epidural Nerve Injections and Diagnostic Nerve Root Blocks			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	06-01-2023	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	06-01-2023	
64479	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	06-01-2023	
64480	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	06-01-2023	
64483	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	06-01-2023	
64484	Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	06-01-2023	
Extended Hours Home Care (Skilled Nursing Services)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	06-01-2023	
T1002	RN services, up to 15 minutes	06-01-2023	
T1003	LPN/LVN services, up to 15 minutes	06-01-2023	
External Infusion Pumps			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
B9002	Enteral nutrition infusion pump, any type	06-01-2023	
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	06-01-2023	

External Infusion Pumps			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	06-01-2023	
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	06-01-2023	
E0791	Parenteral infusion pump, stationary, single, or multichannel	06-01-2023	
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	06-01-2023	
External Insulin Pumps			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	06-01-2023	
E0784	External ambulatory infusion pump, insulin	06-01-2023	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	06-01-2023	
E0788	Ambulatory infusion pump, specific device drug combination, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	01-01-2027	
Facet Injections			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	06-01-2023	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	06-01-2023	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	06-01-2023	

Facet Injections			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	06-01-2023	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	06-01-2023	
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) (List separately in addition to code for primary procedure)	06-01-2023	
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	06-01-2023	
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	06-01-2023	
Facility-based sleep studies			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	06-01-2023	
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	06-01-2023	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	06-01-2023	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	06-01-2023	
95811	Polysomnography; 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	06-01-2023	

Gastric Pacemaker			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	06-01-2023	
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	06-01-2023	
Gender Affirming Treatment			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
17380	Electrolysis epilation, each 30 minutes	06-01-2023	12-31-2025
19303	Mastectomy, simple, complete	06-01-2023	12-31-2025
19350	Nipple/areola reconstruction	06-01-2023	12-31-2025
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	06-01-2023	12-31-2025
53430	Urethroplasty, reconstruction of female urethra	06-01-2023	12-31-2025
54125	Amputation of penis; complete	06-01-2023	12-31-2025
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	06-01-2023	12-31-2025
54660	Insertion of testicular prosthesis (separate procedure)	06-01-2023	12-31-2025
54690	Laparoscopy, surgical; orchiectomy	06-01-2023	12-31-2025
55180	Scrotoplasty; complicated	06-01-2023	12-31-2025
55970	Intersex surgery; male to female	06-01-2023	12-31-2025
55980	Intersex surgery; female to male	06-01-2023	12-31-2025
56625	Vulvectomy simple; complete	06-01-2023	12-31-2025
56800	Plastic repair of introitus	06-01-2023	12-31-2025
56805	Clitoroplasty for intersex state	06-01-2023	12-31-2025
57110	Vaginectomy, complete removal of vaginal wall;	06-01-2023	12-31-2025
57291	Construction of artificial vagina; without graft	06-01-2023	12-31-2025
57292	Construction of artificial vagina; with graft	06-01-2023	12-31-2025
57335	Vaginoplasty for intersex state	06-01-2023	12-31-2025
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	06-01-2023	12-31-2025
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	06-01-2023	12-31-2025
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	06-01-2023	12-31-2025
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	06-01-2023	12-31-2025
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	06-01-2023	12-31-2025

Genetic Testing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0686U	Oncology (prostate), mRNA, next generation sequencing (NGS) gene expression profiling of 22 genes, formalin fixed paraffin embedded (FFPE) tissue, algorithm reported as risk score	01-01-2027	
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)	06-01-2023	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	06-01-2023	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	06-01-2023	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	06-01-2023	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	06-01-2023	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	06-01-2023	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants	06-01-2023	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	06-01-2023	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	06-01-2023	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	06-01-2023	
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	06-01-2023	

Genetic Testing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	06-01-2023	
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	06-01-2023	
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	06-01-2023	
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	06-01-2023	
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	06-01-2023	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	06-01-2023	
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)	06-01-2023	
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)	06-01-2023	
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	06-01-2023	
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	06-01-2023	
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	06-01-2023	
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)	06-01-2023	

Genetic Testing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	06-01-2023	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	06-01-2023	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	06-01-2023	
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	06-01-2023	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	06-01-2023	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	06-01-2023	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	06-01-2023	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	06-01-2023	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	06-01-2023	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	06-01-2023	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	06-01-2023	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	06-01-2023	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	06-01-2023	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	06-01-2023	

Genetic Testing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	06-01-2023	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	06-01-2023	
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	06-01-2023	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	06-01-2023	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	06-01-2023	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	06-01-2023	
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)	06-01-2023	
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	06-01-2023	
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)	06-01-2023	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	06-01-2023	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	06-01-2023	
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	06-01-2023	
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	06-01-2023	

Genetic Testing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	06-01-2023	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	06-01-2023	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	06-01-2023	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	06-01-2023	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	06-01-2023	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	06-01-2023	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	06-01-2023	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	06-01-2023	
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)	06-01-2023	
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)	06-01-2023	
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	06-01-2023	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	06-01-2023	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	06-01-2023	

Genetic Testing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	06-01-2023	
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	06-01-2023	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	06-01-2023	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	06-01-2023	
GeneticTesting			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	06-01-2023	
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider	06-01-2023	
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin	06-01-2023	
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result (“Positive, high probability of malignancy” or “Negative, low probability of malignancy”)	06-01-2023	
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	06-01-2023	
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	06-01-2023	

GeneticTesting			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	06-01-2023	
0058U	Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative	06-01-2023	
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	06-01-2023	
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	06-01-2023	
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	06-01-2023	
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	06-01-2023	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	06-01-2023	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	06-01-2023	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid	06-01-2023	
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	06-01-2023	
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	06-01-2023	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	06-01-2023	
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid	06-01-2023	

GeneticTesting			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	06-01-2023	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	06-01-2023	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	06-01-2023	
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)	06-01-2023	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	06-01-2023	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	06-01-2023	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	06-01-2023	
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	06-01-2023	
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	06-01-2023	
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	06-01-2023	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	06-01-2023	
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	06-01-2023	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	06-01-2023	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	06-01-2023	
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)	06-01-2023	

GeneticTesting			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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)	06-01-2023	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	06-01-2023	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	06-01-2023	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	06-01-2023	
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)	06-01-2023	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)	06-01-2023	
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons)	06-01-2023	
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	06-01-2023	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	06-01-2023	
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	06-01-2023	
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	06-01-2023	

GeneticTesting			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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	06-01-2023	
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	06-01-2023	
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)	06-01-2023	
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	06-01-2023	
81479	Unlisted molecular pathology procedure	06-01-2023	
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	06-01-2023	
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	06-01-2023	
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	06-01-2023	
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	06-01-2023	

GeneticTesting			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	06-01-2023	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	06-01-2023	
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	06-01-2023	
Heart Transplantation (Adult & Pediatric)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
33940	Donor cardiectomy (including cold preservation)	06-01-2023	
33945	Heart transplant, with or without recipient cardiectomy	06-01-2023	
Heart/Lung Transplantation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	06-01-2023	
High Frequency Chest Wall Compression Devices			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	06-01-2023	

High Frequency Chest Wall Compression Devices			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	06-01-2023	
Home Health Aide			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99509	Home visit for assistance with activities of daily living and personal care	06-01-2023	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	06-01-2023	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	06-01-2023	
Home Health Care (Skilled Nursing Visits)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	06-01-2023	
99501	Home visit for postnatal assessment and follow-up care	06-01-2023	
99502	Home visit for newborn care and assessment	06-01-2023	
99506	Home visit for intramuscular injections	06-01-2023	
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	06-01-2023	
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	06-01-2023	
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	06-01-2023	
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)	06-01-2023	
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)	06-01-2023	

Home Health Care (Skilled Nursing Visits)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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	06-01-2023	
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	06-01-2023	
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)	06-01-2023	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	06-01-2023	
T1030	Nursing care, in the home, by registered nurse, per diem	06-01-2023	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	06-01-2023	
Hospital and Anesthesia Services related to Dental			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	06-01-2023	
Hospital Beds (Semi-Electric or Total Electric)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	06-01-2023	
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	06-01-2023	
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	06-01-2023	
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	06-01-2023	
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	06-01-2023	
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	06-01-2023	

Hospital Beds (Semi-Electric or Total Electric)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	06-01-2023	
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	06-01-2023	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	06-01-2023	
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	06-01-2023	
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	06-01-2023	
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	06-01-2023	
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	06-01-2023	
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	06-01-2023	

Hospital Stay > 48hrs for vaginal delivery or > 96 hrs for c-secti			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
		06-01-2023	

Hyperbaric Therapy			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	06-01-2023	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	06-01-2023	

Implantable Bone Conduction Hearing Aids			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L8690	Auditory osseointegrated device, includes all internal and external components	06-01-2023	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	06-01-2023	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	06-01-2023	
L8693	Auditory osseointegrated device abutment, any length, replacement only	06-01-2023	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	06-01-2023	
Implantable Infusion Pumps			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	06-01-2023	
Infertility Testing & Treatment			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive)	06-01-2023	
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score	06-01-2023	
55400	Vasovasostomy, vasovasorrhaphy	06-01-2023	
55870	Electroejaculation	06-01-2023	
58321	Artificial insemination; intra-cervical	06-01-2023	
58322	Artificial insemination; intra-uterine	06-01-2023	
58323	Sperm washing for artificial insemination	06-01-2023	
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	06-01-2023	
58970	Follicle puncture for oocyte retrieval, any method	06-01-2023	
58974	Embryo transfer, intrauterine	06-01-2023	

Infertility Testing & Treatment			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	06-01-2023	
58999	Unlisted procedure, female genital system (nonobstetrical)	06-01-2023	
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	06-01-2023	
89240	Unlisted miscellaneous pathology test	06-01-2023	
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	06-01-2023	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	06-01-2023	
89253	Assisted embryo hatching, microtechniques (any method)	06-01-2023	
89254	Oocyte identification from follicular fluid	06-01-2023	
89255	Cryopreservation; embryo(s)	06-01-2023	
89257	Cryopreservation; sperm	06-01-2023	
89258	Sperm isolation; simple prep (eg, sperm wash and swim up) for insemination or diagnosis with semen analysis	06-01-2023	
89259	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	06-01-2023	
89260	Sperm identification from testis tissue, fresh or cryopreserved	06-01-2023	
89261	Insemination of oocytes	06-01-2023	
89264	Extended culture of oocyte(s)/embryo(s), 4 7 days	06-01-2023	
89268	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	06-01-2023	
89272	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	06-01-2023	
89280	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre implantation genetic diagnosis); less than or equal to 5 embryos	06-01-2023	
89281	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre implantation genetic diagnosis); greater than 5 embryos	06-01-2023	
89290	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)	06-01-2023	
89291	Semen analysis; motility and count (not including Huhner test)	06-01-2023	
89300	Semen analysis; volume, count, motility, and differential	06-01-2023	
89310	Semen analysis; sperm presence and motility of sperm, if performed	06-01-2023	
89320	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	06-01-2023	

Infertility Testing & Treatment			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
89321	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	06-01-2023	
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	06-01-2023	
89329	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	06-01-2023	
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	06-01-2023	
89331	Storage (per year); sperm/semen	06-01-2023	
89335	Cryopreservation, reproductive tissue, testicular	06-01-2023	
89337	Cryopreservation, mature oocyte(s)	06-01-2023	
89342	Thawing of cryopreserved; embryo(s)	06-01-2023	
89343	Thawing of cryopreserved; sperm/semen, each aliquot	06-01-2023	
89344	Storage (per year); reproductive tissue, testicular/ovarian	06-01-2023	
89346	Storage (per year); oocyte(s)	06-01-2023	
89352	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	06-01-2023	
89353	Complete cycle, gamete intrafallopian transfer (gift), case rate	06-01-2023	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	06-01-2023	
89356	Thawing of cryopreserved; oocytes, each aliquot	06-01-2023	
89398	Complete cycle, zygote intrafallopian transfer (zift), case rate	06-01-2023	
S4011	Complete in vitro fertilization cycle, not otherwise specified, case rate	06-01-2023	
S4013	Frozen in vitro fertilization cycle, case rate	06-01-2023	
S4014	Incomplete cycle, treatment cancelled prior to stimulation, case rate	06-01-2023	
S4015	Frozen embryo transfer procedure cancelled before transfer, case rate	06-01-2023	
S4016	In vitro fertilization procedure cancelled before aspiration, case rate	06-01-2023	
S4017	In vitro fertilization procedure cancelled after aspiration, case rate	06-01-2023	
S4018	Assisted oocyte fertilization, case rate	06-01-2023	
S4020	Donor egg cycle, incomplete, case rate	06-01-2023	
S4021	Donor services for in vitro fertilization (sperm or embryo), case rate	06-01-2023	

Infertility Testing & Treatment			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S4022	Procurement of donor sperm from sperm bank	06-01-2023	
S4023	Storage of previously frozen embryos	06-01-2023	
S4025	Microsurgical epididymal sperm aspiration (mesa)	06-01-2023	
S4026	Sperm procurement and cryopreservation services; initial visit	06-01-2023	
S4027	Sperm procurement and cryopreservation services; subsequent visit	06-01-2023	
S4028	Stimulated intrauterine insemination (iui), case rate	06-01-2023	
S4030	Cryopreserved embryo transfer, case rate	06-01-2023	
S4031	Monitoring and storage of cryopreserved embryos, per 30 days	06-01-2023	
S4035	Management of ovulation induction (interpretation of diagnostic tests and studies, non face to face medical management of the patient), per cycle	06-01-2023	
S4037	Cryopreserved embryo transfer, case rate	06-01-2023	
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	06-01-2023	
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non face to face medical management of the patient), per cycle	06-01-2023	
Inpatient (Hospital) Level of Care			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Use Rev Codes appropriate for service	Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review.	06-01-2023	
Inpatient Admissions - Post-Acute Services			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Use appropriate facility codes	Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review.	06-01-2023	
Inpatient Admissions Facility Charges ONLY			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
	Ancillary charges do NOT require PA	06-01-2023	

Inpatient MH Hospitalization			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
	No specific codes	06-01-2023	
Inpatient Rehabilitation Facility (Acute Rehabilitation)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Use appropriate facility codes	Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review.	06-01-2023	
Inpatient SUD			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Use appropriate facility codes	No specific codes	06-01-2023	
Intestinal Tranplantation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
44135	Intestinal allotransplantation; from cadaver donor	06-01-2023	
44136	Intestinal allotransplantation; from living donor	06-01-2023	
Islet Cell Transplant			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	06-01-2023	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	06-01-2023	
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	06-01-2023	
Kidney Transplantation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	06-01-2023	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	06-01-2023	

Left Atrial Appendage, Closure Device, Percutaneous			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	06-01-2023	
Liver Transplantation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	06-01-2023	
Long Term Acute Care (LTAC)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
		06-01-2023	
Long-Term Acute Care Hospital (LTACH)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Use appropriate facility codes	Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review.	06-01-2023	
Lumbar Disc Arthroplasty			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	06-01-2023	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	06-01-2023	
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	06-01-2023	

Lumbar Discectomy, Foraminotomy, and Laminotomy			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; single interspace, lumbar	06-01-2023	
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	06-01-2023	
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	06-01-2023	
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc)	06-01-2023	
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	06-01-2023	
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	06-01-2023	
Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	06-01-2023	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); thoracic	06-01-2023	

Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); lumbar	06-01-2023	
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	06-01-2023	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	06-01-2023	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	06-01-2023	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	06-01-2023	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	06-01-2023	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	06-01-2023	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	06-01-2023	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	06-01-2023	
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	06-01-2023	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	06-01-2023	
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	06-01-2023	
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	06-01-2023	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	06-01-2023	

Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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, lumbar;	06-01-2023	
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	06-01-2023	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	06-01-2023	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	06-01-2023	
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	06-01-2023	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	06-01-2023	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	06-01-2023	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	06-01-2023	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	06-01-2023	
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	06-01-2023	
22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	06-01-2023	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	06-01-2023	
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)	06-01-2023	
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal, or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	06-01-2023	

Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	06-01-2023	
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	06-01-2023	
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	06-01-2023	
63088	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; each additional segment (List separately in addition to code for primary procedure)	06-01-2023	
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	06-01-2023	
63091	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; each additional segment (List separately in addition to code for primary procedure)	06-01-2023	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic, single segment	06-01-2023	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); lumbar, single segment	06-01-2023	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	06-01-2023	

Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	06-01-2023	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	06-01-2023	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach Spine Surgery	06-01-2023	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	06-01-2023	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	06-01-2023	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	06-01-2023	
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment	06-01-2023	
Lumbar Laminectomy			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	06-01-2023	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; lumbar	06-01-2023	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar	06-01-2023	

Lumbar Laminectomy			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)	06-01-2023	
63190	Laminectomy with rhizotomy; more than 2 segments	06-01-2023	
63200	Laminectomy, with release of tethered spinal cord, lumbar	06-01-2023	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	06-01-2023	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	06-01-2023	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	06-01-2023	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	06-01-2023	
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	06-01-2023	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	06-01-2023	
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	06-01-2023	
Lung Transplantation (Single or Double)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
32851	Lung transplant, single; without cardiopulmonary bypass	06-01-2023	
32852	Lung transplant, single; with cardiopulmonary bypass	06-01-2023	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	06-01-2023	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	06-01-2023	
Mammoplasty, Reduction			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
19318	Breast reduction	06-01-2023	
Manual Wheelchair Bases			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	06-01-2023	

Manual Wheelchair Bases			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	06-01-2023	
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	06-01-2023	
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	06-01-2023	
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	06-01-2023	
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	06-01-2023	
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	06-01-2023	
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	06-01-2023	
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	06-01-2023	
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	06-01-2023	
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	06-01-2023	
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	06-01-2023	
K0007	EXTRA HEAVY DUTY WHEELCHAIR	06-01-2023	
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	06-01-2023	
K0009	OTHER MANUAL WHEELCHAIR/BASE	06-01-2023	
Mastectomy, Male Gynecomastia			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
19300	Mastectomy for gynecomastia	06-01-2023	
Medical Disorder Rquireng Specialized Nutrients			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S9432	Medical foods for noninborn errors of metabolism	06-01-2023	
S9435	Medical foods for inborn errors of metabolism	06-01-2023	
Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K1014	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	06-01-2023	12-31-2023

Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L1330	Thoracic orthosis, sternal and/or sternocostal compression, may include anterior and/or posterior pads, panels, with or without frame, prefabricated, includes fitting and adjustment	01-01-2027	
L1972	Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, off the shelf	01-01-2027	
L2006	Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	06-01-2023	
L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	06-01-2023	
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	06-01-2023	
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	06-01-2023	
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	06-01-2023	
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	06-01-2023	
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	06-01-2023	
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	06-01-2023	
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	06-01-2023	
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	06-01-2023	
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	06-01-2023	
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY	06-01-2023	

Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	06-01-2023	
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	06-01-2023	
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	06-01-2023	
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	06-01-2023	
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	06-01-2023	
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	06-01-2023	
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	06-01-2023	
L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	06-01-2023	
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	06-01-2023	
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	06-01-2023	
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	06-01-2023	
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	06-01-2023	
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	06-01-2023	
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	06-01-2023	

Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	06-01-2023	
Molecular Testing of Solid and Hematologic Tumors and Malignancies			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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	06-01-2023	
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status	06-01-2023	
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3- kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin embedded breast tumor tissue, reported as PIK3CA gene mutation status	06-01-2023	
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin[1]embedded tissue, algorithm quantifying tumor genomic instability score	06-01-2023	
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	06-01-2023	
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	06-01-2023	

Molecular Testing of Solid and Hematologic Tumors and Malignancies			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	06-01-2023	
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	06-01-2023	
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	06-01-2023	
MR Guided Ultrasound Ablation - Uterine Fibroids and Other Tumors			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	06-01-2023	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	06-01-2023	
Myoelectric Prosthetic and Orthotic Components for the Upper Limb			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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)	06-01-2023	
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	06-01-2023	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	06-01-2023	
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	06-01-2023	

Myoelectric Prosthetic and Orthotic Components for the Upper Limb			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	
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	06-01-2023	
L7007	Electric hand, switch or myoelectric controlled, adult	06-01-2023	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	06-01-2023	
L7009	Electric hook, switch or myoelectric controlled, adult	06-01-2023	
L7045	Electric hook, switch or myoelectric controlled, pediatric	06-01-2023	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	06-01-2023	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	06-01-2023	
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	06-01-2023	
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	06-01-2023	

Neonate: If neonate remains hospitalized beyond date of Mother's discharge or requires admission for non-routine nursery care			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
		06-01-2023	
Neurologic Rehabilitation Facility			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
	no specific codes	06-01-2023	
Neuromuscular Stimulation, Functional			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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	06-01-2023	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	06-01-2023	
NICU			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Use appropriate facility codes	Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review.	06-01-2023	
Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0466	Home ventilator, any type, used with non invasive interface, (e.g., mask, chest shell)	06-01-2023	
E0467	Home ventilator, multi function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	06-01-2023	
E0470	Respiratory assist device, bi level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	06-01-2023	

Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0471	Respiratory assist device, bi level pressure capability, with back up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	06-01-2023	
E0601	Continuous positive airway pressure (cpap) device	06-01-2023	
Oral Appliances (Mandibular Advancement Devices)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
21085	Impression and custom preparation; oral surgical splint	06-01-2023	
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	06-01-2023	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	06-01-2023	
Orthotics/Prosthetics			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	06-01-2023	
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	06-01-2023	
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	06-01-2023	
Out-Of-Network Services			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
	no specific codes	06-01-2023	
Pancreas Transplantation (Pancreas Alone)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	06-01-2023	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	06-01-2023	

Pancreas Transplantation (Pancreas Alone)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	06-01-2023	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	06-01-2023	
Pancreas-Kidney (SPK, PAK) Transplantation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S2065	Simultaneous pancreas kidney transplantation	06-01-2023	
Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	06-01-2023	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	06-01-2023	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	06-01-2023	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	06-01-2023	
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	06-01-2023	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	06-01-2023	

Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	06-01-2023	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	06-01-2023	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	06-01-2023	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	06-01-2023	
Patient Lifts			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	06-01-2023	
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	06-01-2023	
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	06-01-2023	
Pediatric Gait Trainer			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	06-01-2023	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	06-01-2023	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	06-01-2023	
Pediatric Vision -Eye Prosthesis & Polishing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
V2624	Polishing/resurfacing of ocular prosthesis	06-01-2023	
V2625	Enlargement of ocular prosthesis	06-01-2023	
V2626	Reduction of ocular prosthesis	06-01-2023	

Pediatric Vision -Eye Prosthesis & Polishing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
V2627	Scleral cover shell	06-01-2023	
V2628	Fabrication and fitting of ocular conformer	06-01-2023	
V2629	Prosthetic eye, other type	06-01-2023	

Pediatric Vision Therapy			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
92065		06-01-2023	

Pharmacogenomic Testing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0070U	(Mayo CYP2D6) CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	06-01-2023	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	06-01-2023	
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)	06-01-2023	
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	06-01-2023	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	06-01-2023	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	06-01-2023	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	06-01-2023	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	06-01-2023	
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	06-01-2023	

Pharmacogenomic Testing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	06-01-2023	
81404	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence	06-01-2023	
Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, and Venous Ulcers			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	06-01-2023	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	06-01-2023	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	06-01-2023	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	06-01-2023	
Potentially unproven services (including experimental/investigational and/or linked services)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
	No specific codes	06-01-2023	
Power Wheelchairs			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/ SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	

Power Wheelchairs			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	06-01-2023	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	06-01-2023	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	

Power Wheelchairs			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	06-01-2023	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	06-01-2023	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	06-01-2023	

Power Wheelchairs			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	06-01-2023	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	06-01-2023	
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	

Power Wheelchairs			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	06-01-2023	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	06-01-2023	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	06-01-2023	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	06-01-2023	
Pressure-Relieving Bed, Advanced			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	06-01-2023	
E0194	AIR FLUIDIZED BED	06-01-2023	
Pressure-Relieving Support Surface, Advanced			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	06-01-2023	
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	06-01-2023	
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	06-01-2023	

Pressure-Relieving Support Surface, Advanced			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	06-01-2023	
Regional Sympathetic Nerve Block			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	06-01-2023	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	06-01-2023	
Residential Treatment			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
	No specific codes	06-01-2023	
Rhinoplasty			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
20912	Cartilage graft; nasal septum	06-01-2023	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	06-01-2023	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	06-01-2023	
30420	Rhinoplasty, primary; including major septal repair	06-01-2023	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	06-01-2023	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	06-01-2023	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	06-01-2023	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	06-01-2023	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	06-01-2023	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	06-01-2023	
30468	Repair of nasal valve collapse with subcutaneous/ submucosal lateral wall implant(s)	06-01-2023	

Sacroiliac Joint Fusion (Percutaneous/Minimally Invasive Techniques)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	06-01-2023	
Scooters			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL	06-01-2023	
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	06-01-2023	
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	06-01-2023	
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	06-01-2023	
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	06-01-2023	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	06-01-2023	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	06-01-2023	
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	06-01-2023	
Septoplasty			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	06-01-2023	
Skilled Nursing Facility			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
		06-01-2023	

Skilled Nursing Facility			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Use appropriate facility codes	Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review.	06-01-2023	
Sleep Apnea, Minimally Invasive Surgical Treatment			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	06-01-2023	
Spinal Cord and Nerve Root Stimulators			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	06-01-2023	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	06-01-2023	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	06-01-2023	
Spinal Cord Neurostimulation for Treatment of Intractable Pain			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63650	Percutaneous implantation of neurostimulator electrode array, epidural	06-01-2023	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	06-01-2023	
Surgical supplies			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A4649	Surgical supply; miscellaneous, is used to report miscellaneous surgical supplies that are not otherwise specifically classified	06-01-2023	
Temporomandibular Joint Dysfunction			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
21010	Arthrotomy, temporomandibular joint	06-01-2023	

Temporomandibular Joint Dysfunction			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
21050	Condylectomy, temporomandibular joint (separate procedure)	06-01-2023	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	06-01-2023	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	06-01-2023	
21116	Injection procedure for temporomandibular joint arthrography	06-01-2023	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	06-01-2023	
21242	Arthroplasty, temporomandibular joint, with allograft	06-01-2023	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	06-01-2023	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	06-01-2023	
29804	Arthroscopy, temporomandibular joint, surgical	06-01-2023	
Testing for Reproductive Carrier Screening and Prenatal Diagnosis			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	06-01-2023	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	06-01-2023	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	06-01-2023	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	06-01-2023	
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	06-01-2023	
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	06-01-2023	
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	06-01-2023	

Testing for Reproductive Carrier Screening and Prenatal Diagnosis			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81403	SensiGene 81507 Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	06-01-2023	
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	06-01-2023	
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	06-01-2023	
Therapeutic Radiopharmaceutials			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	06-01-2023	
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi	06-01-2023	
A9590	Iodine I-131, iobenguane, 1 mCi	06-01-2023	
A9600	Strontium Sr-89 chloride, therapeutic, per mCi	06-01-2023	
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi	06-01-2023	
Treatment of Urinary and Fecal Incontinence			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	06-01-2023	
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	06-01-2023	
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	06-01-2023	
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	06-01-2023	
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	06-01-2023	

Treatment of Urinary and Fecal Incontinence			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	06-01-2023	
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	06-01-2023	
Treatment of Varicose Veins/Veno+A1168us Insufficiency			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	06-01-2023	
Treatment of Varicose Veins/Venous Insufficiency			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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	06-01-2023	
36465	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)	06-01-2023	
36466	Injection of non compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	06-01-2023	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	06-01-2023	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	06-01-2023	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	06-01-2023	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	06-01-2023	

Treatment of Varicose Veins/Venous Insufficiency			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	06-01-2023	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	06-01-2023	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	06-01-2023	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	06-01-2023	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	06-01-2023	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	06-01-2023	
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	06-01-2023	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	06-01-2023	12-31-2025
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	06-01-2023	
37718	Ligation, division, and stripping, short saphenous vein	06-01-2023	

Treatment of Varicose Veins/Venous Insufficiency			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	06-01-2023	
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	06-01-2023	
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg	06-01-2023	
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	06-01-2023	
37765	Stab phlebectomy of varicose veins, 1 extremity; 10 20 stab incisions	06-01-2023	
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	06-01-2023	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	06-01-2023	
37799	Unlisted procedure, vascular surgery	06-01-2023	
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	06-01-2023	
S2202	Echosclerotherapy	06-01-2023	
Uvulopalatopharyngoplasty (UPPP)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	06-01-2023	
Vaccum Assisted Closure Device (Negative Pressure Wound Therapy Pumps)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	06-01-2023	
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	06-01-2023	

Vaccum Assisted Closure Device (Negative Pressure Wound Therapy Pumps)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	06-01-2023	
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	06-01-2023	
E2402	Negative pressure wound therapy electrical pump, stationary or portable	06-01-2023	
Vagus Nerve Stimulation			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	06-01-2023	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	06-01-2023	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	06-01-2023	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	06-01-2023	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	06-01-2023	
E0735	Non-invasive vagus nerve stimulator	06-01-2023	
Ventricular Assist Devices (VADs)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	06-01-2023	
33976	Insertion of ventricular assist device; extracorporeal, biventricular	06-01-2023	

Ventricular Assist Devices (VADs)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	06-01-2023	
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	06-01-2023	
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	06-01-2023	
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	06-01-2023	
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	06-01-2023	
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	06-01-2023	
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	06-01-2023	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	06-01-2023	
Vertebroplasty/Kyphoplasty			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	06-01-2023	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles	06-01-2023	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance: cervicothoracic	06-01-2023	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral [when specified as lumbar]	06-01-2023	

Vertebroplasty/Kyphoplasty			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body [when specified as other than sacral] (List separately in addition to code for primary procedure)	06-01-2023	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: thoracic	06-01-2023	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: lumbar	06-01-2023	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure	06-01-2023	
Whole Exome and Whole Genome Sequencing			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
81415	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	06-01-2023	
81416	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	06-01-2023	
81417	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (e.g., updated knowledge or unrelated condition/syndrome)	06-01-2023	