Medical Prior Authorization | Arkansas State Employees / Public School Employees

January 1, 2026

- Inpatient Admissions Facility Charges ONLY (Ancillary charges do NOT require PA)
- Hospital Stay > 48hrs 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
- Acute Inpatient Rehabilitation Admission (Ancillary charges do NOT require PA)
- Long Term Acute Care (LTAC)
- Skilled Nursing Facility
- All transplant services and transplant-related services
  - Cornea transplants do not require a prior authorization

ACUPUNCTURE			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97811	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH A	12-12-2018	12-31-2025
97813	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 1	12-12-2018	12-31-2025
97814	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDI	12-12-2018	12-31-2025
ADDITIONAL OXYGEN RELATED SUPPLIES AND EQUIPMENT			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	12-12-2018	
Advance Care Planning			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVA	12-12-2018	
Ancillary charges do NOT require PA			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
AUDITORY OSSEOINTEGRATED DEVICE,			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	12-12-2018	

AUDITORY OSSEOINTEGRATED DEVICE,			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ ACTUATOR, REPLACEMENT ONLY, EACH	12-12-2018	
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	12-12-2018	
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ ACTUATOR, REPLACEMENT ONLY, EACH	12-12-2018	
AUDITORY SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING	09-25-2023	
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN	09-25-2023	
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOU	09-25-2023	
69716	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	09-25-2023	
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IM	09-25-2023	
69719	REVISION OR REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	09-25-2023	
69726	REMOVAL, OSSEOINTEGRATED IMPLANT, SKULL; WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	09-25-2023	
69727	REMOVAL, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	09-25-2023	

AUDITORY SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
69728	REMOVAL, ENTIRE OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE THE MASTOID AND INVOLVING A BONY DEFECT GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	09-25-2023	
69729	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE OF THE MASTOID AND RESULTING IN REMOVAL OF GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	09-25-2023	
69730	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR, OUTSIDE THE MASTOID AND INVOLVING A BONY DEFECT GREATER THAN OR EQUAL TO 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX	09-25-2023	
Automatic External Defibrilator			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	12-12-2018	
Bariatric Surgery			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP	12-12-2018	
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYP	12-12-2018	
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTI	12-12-2018	

Bariatric Surgery			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR	12-12-2018	
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJ	12-12-2018	
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJU	12-12-2018	
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	12-12-2018	
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPL	12-12-2018	
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUS	12-12-2018	
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GAS	12-12-2018	
43842	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	12-12-2018	
43843	GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBES	12-12-2018	
43845	GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESER	12-12-2018	
43846	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	12-12-2018	
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY;	12-12-2018	
43848	REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, O	12-12-2018	
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANT	12-12-2018	
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPE	12-12-2018	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	12-12-2018	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	12-12-2018	

Bariatric Surgery			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	12-12-2018	
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULS	12-12-2018	
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GEN	12-12-2018	
797	Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity	12-12-2018	
S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE	12-12-2018	

Behavioral Health Integration Care Management			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS: INITIAL ASSESSMENT OR FOLLOW UP MONITORING, INCLUDING THE USE OF APPLICABLE VALIDATED RATING SCALES; BEHAVIORAL HEALTH CARE PLANNING IN RELATION TO BEHAVIORAL/PSYCHIATRIC HEALTH PROBLEMS, INCLUDING REVISION FOR PATIENTS WHO ARE NOT PROGRESSING OR WHOSE STATUS CHANGES; FACILITATING AND COORDINATING TREATMENT SUCH AS PSYCHOTHERAPY, PHARMACOTHERAPY, COUNSELING AND/OR PSYCHIATRIC CONSULTATION; AND CONTINUITY OF CARE WITH A DESIGNATED MEMBER OF THE CARE TEAM.	12-12-2018	

BREAST MAMMOGRAPHY			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATER	12-12-2018	01-04-2019
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATER	12-12-2018	01-04-2019
Breast Reconstrution			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CO	12-12-2018	
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CO	12-12-2018	
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CO	12-12-2018	
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	12-12-2018	
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	12-12-2018	
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	12-12-2018	
19350	NIPPLE/AREOLA RECONSTRUCTION	12-12-2018	
19355	CORRECTION OF INVERTED NIPPLES	12-12-2018	
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INC	12-12-2018	
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC I	12-12-2018	
19364	BREAST RECONSTRUCTION WITH FREE FLAP	12-12-2018	
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	12-12-2018	
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	12-12-2018	
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	12-12-2018	
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FL	12-12-2018	
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	12-12-2018	
19380	REVISION OF RECONSTRUCTED BREAST	01-01-2026	

Breast Reconstrution			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	12-12-2018	
CARDIOVASCULAR			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETA	12-12-2018	
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, W	12-12-2018	
93040	RHYTHM ECG, 1-3 LEADS; WITH INTERPRETATION AND REPORT	12-12-2018	
93041	RHYTHM ECG, 1-3 LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	12-12-2018	
93042	RHYTHM ECG, 1-3 LEADS; INTERPRETATION AND REPORT ONLY	12-12-2018	
93792	PATIENT/CAREGIVER TRAINING FOR INITIATION OF HOME INTERNATIONAL NORMALIZED RATIO (INR) MONITORING UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FACE TO FACE, INCLUDING USE AND CARE OF THE INR MONITOR, OBTAINING BLOOD SAMPLE, INSTRUCTIONS FOR REPORTING HOME INR TEST RESULTS, AND DOCUMENTATION OF PATIENT'S/CAREGIVER'S ABILITY TO PERFORM TESTING AND REPORT RESULTS	12-12-2018	
CARDIOVASCULAR SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)	12-12-2018	
36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	12-12-2018	
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	12-12-2018	
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	12-12-2018	

CARDIOVASCULAR SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	12-12-2018	
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	12-12-2018	
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE	12-12-2018	
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTIO	12-12-2018	
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	12-12-2018	
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM	12-12-2018	
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOU	12-12-2018	
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND	12-12-2018	
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	12-12-2018	
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; MORE THAN 20 INCISION	12-12-2018	
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNC	12-12-2018	
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), 1 LEG	12-12-2018	
CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTION	12-12-2018	12-31-2018
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTION	12-12-2018	12-31-2018
96110	DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SURVEY, SPEECH AN	12-12-2018	

CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
96111	DEVELOPMENTAL TESTING, (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL	12-12-2018	12-31-2018
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONIN	12-12-2018	
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BAT	12-12-2018	12-31-2018
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BAT	12-12-2018	12-31-2018
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINIST	12-12-2018	12-31-2018
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCE	12-12-2018	
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION INVENTORY, ATTEN	12-12-2018	
COMPLEX CHRONIC CARE COORDINATION SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99489	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, WITH THE FOLLOWING REQUIRED	12-12-2018	
99490	CHRONIC CARE MANAGEMENT SERVICES, AT LEAST 20 MINUTES OF CLINICAL STAF	12-12-2018	
DIAGNOSTIC/SCREENING PROCESSES OR RESULTS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
37760	LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLU	12-12-2018	
DIGESTIVE SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, 1-STAG	12-12-2018	
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, 1 OF 2	12-12-2018	

DIGESTIVE SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION	12-12-2018	
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	12-12-2018	
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	12-12-2018	
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	12-12-2018	
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	12-12-2018	
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	12-12-2018	
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONST	12-12-2018	
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONST	12-12-2018	
DOMICILIARY, REST HOME (ASSISTED LIVING FACILITY), OR HOME CARE PLAN OVERSIGHT SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	
ENTERAL AND PARENTHAL PUMPS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	12-12-2018	
B9998	NOC FOR ENTERAL SUPPLIES	12-12-2018	
ENTERAL FORMULAE AND ENTERAL MEDICAL SUPPLIES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	12-12-2018	

ENTERAL FORMULAE AND ENTERAL MEDICAL SUPPLIES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	12-12-2018	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	12-12-2018	
B4081	NASOGASTRIC TUBING WITH STYLET	12-12-2018	
B4082	NASOGASTRIC TUBING WITHOUT STYLET	12-12-2018	
B4083	STOMACH TUBE LEVINE TYPE	12-12-2018	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	12-12-2018	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW PROFILE, ANY MATERIAL, ANY TYPE, EACH	12-12-2018	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	12-12-2018	
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	12-12-2018	
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G., CLEAR LIQUIDS), 500 ML = 1 UNIT	12-12-2018	
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G., FIBER)	12-12-2018	
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	12-12-2018	
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	12-12-2018	

ENTERAL FORMULAE AND ENTERAL MEDICAL SUPPLIES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	12-12-2018	
Evaluation and Management			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99483	ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE IMPAIRMENT, REQUIRING AN INDEPENDENT HISTORIAN, IN THE OFFICE OR OTHER OUTPATIENT, HOME OR DOMICILIARY OR REST HOME, WITH ALL OF THE FOLLOWING REQUIRED ELEMENTS: COGNITION FOCUSED EVALUATION INCLUDING A PERTINENT HISTORY AND EXAMINATION; MEDICAL DECISION MAKING OF MODERATE OR HIGH COMPLEXITY; FUNCTIONAL ASSESSMENT (EG, BASIC AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING), INCLUDING DECISION MAKING CAPACITY; USE OF STANDARDIZED INSTRUMENTS FOR STAGING OF DEMENTIA (EG, FUNCTIONAL ASSESSMENT STAGING TEST [FAST], CLINICAL DEMENTIA RATING [CDR]); MEDICATION RECONCILIATION AND REVIEW FOR HIGH RISK MEDICATIONS; EVALUATION FOR NEUROPSYCHIATRIC AND BEHAVIORAL SYMPTOMS, INCLUDING DEPRESSION, INCLUDING USE OF STANDARDIZED SCREENING INSTRUMENT(S); EVALUATION OF SAFETY (EG, HOME), INCLUDING MOTOR VEHICLE OPERATION; IDENTIFICATION OF CAREGIVER(S), CAREGIVER KNOWLEDGE, CAREGIVER NEEDS, SOCIAL SUPPORTS, AND THE WILLINGNESS OF CAREGIVER TO TAKE	12-12-2018	

Evaluation and Management			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99493	SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 60 MINUTES IN A SUBSEQUENT MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH THE FOLLOWING REQUIRED ELEMENTS: TRACKING PATIENT FOLLOW UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION; PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT; ONGOING COLLABORATION WITH AND COORDINATION OF THE PATIENT'S MENTAL HEALTH CARE WITH THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL AND ANY OTHER TREATING MENTAL HEALTH PROVIDERS; ADDITIONAL REVIEW OF PROGRESS AND RECOMMENDATIONS FOR CHANGES IN TREATMENT, AS INDICATED, INCLUDING MEDICATIONS, BASED ON RECOMMENDATIONS PROVIDED BY THE PSYCHIATRIC CONSULTANT; PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INTERVIEWING, AND OTHER FOCUSED TR	12-12-2018	
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	12-12-2018	

EYE AND OCULAR ADNEXA			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	12-12-2018	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	12-12-2018	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	12-12-2018	

EYE AND OCULAR ADNEXA			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	12-12-2018	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	12-12-2018	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	12-12-2018	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	12-12-2018	
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	12-12-2018	
GENETIC COUSELING			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTION	12-12-2018	12-31-2018
HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW,	12-12-2018	12-31-2019
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIV	12-12-2018	12-31-2019
96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP	12-12-2018	12-31-2019
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMIL	12-12-2018	12-31-2019
96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMIL	12-12-2018	12-31-2019
96160	PATIENT-FOCUSED HLTH RISK ASSMT	12-12-2018	
96161	CAREGIVER HEALTH RISK ASSMT	12-12-2018	

Health Behavior Assessment and Intervention			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE ON ONE) PATIENT CONTACT; INITIAL 15 MINUTES	12-12-2018	12-31-2025
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING, AND SEQUENCING TASKS), DIRECT (ONE ON ONE) PATIENT CONTACT; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12-12-2018	12-31-2025
HEMIC AND LYMPHATIC SYSTEMS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND	12-12-2018	
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTA	12-12-2018	
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF P	12-12-2018	
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF P	12-12-2018	
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CEL	12-12-2018	
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL D	12-12-2018	

HEMIC AND LYMPHATIC SYSTEMS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEP	12-12-2018	
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLU	12-12-2018	
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENT	12-12-2018	
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	12-12-2018	
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	12-12-2018	
38240	HEMATOPOIETIC PROGENITOR CELL (HPC); ALLOGENEIC TRANSPLANTATION PER DO	12-12-2018	
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	12-12-2018	
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	12-12-2018	
38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	12-12-2018	
Home Health			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	12-12-2018	
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PAC	12-12-2018	
90785	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PR	12-12-2018	
HOME HEALTH SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	12-31-2022
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	

HOME HEALTH SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH R	12-12-2018	
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	12-12-2018	
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	12-12-2018	
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	12-12-2018	
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	12-12-2018	
99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEA	12-12-2018	
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	12-12-2018	
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	12-12-2018	
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN TH	12-12-2018	
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	12-12-2018	
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYST	12-12-2018	
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	12-12-2018	
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL	12-12-2018	
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	12-12-2018	
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	12-12-2018	
99512	HOME VISIT FOR HEMODIALYSIS	12-12-2018	
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	01-15-2019	

HOME VISIT IM INJECTION			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAIN	12-12-2018	

Implantable Breast prosthesis			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	12-12-2018	
L8680	Implantable neurostimulator electrode, each	12-12-2018	
Implantable Neurostimulator Pulse generator			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	12-12-2018	
Implantable Neurostimulators and Components			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON RECHARGEABLE, INCLUDES EXTENSION	12-12-2018	
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	12-12-2018	
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON RECHARGEABLE, INCLUDES EXTENSION	12-12-2018	
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	12-12-2018	
INJECTION CODES FOR EPO			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Q5001	HOSPICE OR HOME HEALTH CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	12-12-2018	
Q5002	HOSPICE OR HOME HEALTH CARE PROVIDED IN ASSISTED LIVING FACILITY	12-12-2018	
Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON SKILLED NURSING FACILITY (NF)	12-12-2018	
Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	12-12-2018	

INJECTION CODES FOR EPO			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	12-12-2018	
Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	12-12-2018	
Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	12-12-2018	
Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	12-12-2018	
Q5009	HOSPICE OR HOME HEALTH CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	12-12-2018	
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	12-12-2018	
INTEGUMENTARY SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI	12-12-2018	
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENI	12-12-2018	
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	12-12-2018	
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATE	12-12-2018	
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	12-12-2018	
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	12-12-2018	
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FO	12-12-2018	
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	12-12-2018	
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	12-12-2018	
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, N	12-12-2018	
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	12-12-2018	

INTEGUMENTARY SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOF	12-12-2018	
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTI	12-12-2018	
15781	DERMABRASION; SEGMENTAL, FACE	12-12-2018	
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	12-12-2018	
15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)	12-12-2018	
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	12-12-2018	
15787	ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS (LIST SEPARATELY IN ADDITI	12-12-2018	
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	12-12-2018	
15789	CHEMICAL PEEL, FACIAL; DERMAL	12-12-2018	
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	12-12-2018	
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	12-12-2018	
15820	Blepharoplasty, lower eyelid;	12-12-2018	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	12-12-2018	
15822	Blepharoplasty, upper eyelid;	12-12-2018	
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	12-12-2018	
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TEC	12-12-2018	
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TEC	12-12-2018	
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TEC	12-12-2018	
19300	Mastectomy for gynecomastia		
19316	MASTOPEXY	12-12-2018	
19318	REDUCTION MAMMAPLASTY	12-12-2018	
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC IMPLANT	12-12-2018	
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	12-12-2018	

INTEGUMENTARY SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTO	12-12-2018	
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY	12-12-2018	
MALE GENITAL SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	12-12-2018	
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	12-12-2018	
54405	INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING	12-12-2018	
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	12-12-2018	
MEDICAL AND SURGICAL SUPPLIES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE, NON IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	12-12-2018	12-31-2023
A4239	SUPPLY ALLOWANCE FOR NON ADJUNCTIVE, NON IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	12-12-2018	12-31-2023
E2102	ADJUNCTIVE, NON IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	12-12-2018	12-31-2023
E2103	NON ADJUNCTIVE, NON IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	12-12-2018	12-31-2023

MEDICAL NUTRITION THERAPY			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	12-12-2018	
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MI	12-12-2018	
97810	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIA	12-12-2018	12-31-2025
MEDICAL RADIATION PHYSICS, DOSIMETRY,			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAM	12-12-2018	
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATIO	12-12-2018	
MUSCULOSKELETAL SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	12-12-2018	
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	09-09-2021	
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT	12-12-2018	
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	12-12-2018	
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, C	12-12-2018	
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	12-12-2018	12-31-2025

NERVOUS SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	12-12-2018	
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADD	12-12-2018	
NEUROLOGY AND NEUROMUSCULAR PROCEDURES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EX	12-12-2018	12-31-2019
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR	12-12-2018	12-31-2019
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT	12-12-2018	12-31-2019
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUAT	12-12-2018	12-31-2019
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXT	12-12-2018	12-31-2025
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WI	12-12-2018	12-31-2025
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST FOR MYASTHENIA GRAVIS	12-12-2018	
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUV	12-12-2018	12-31-2025
OTHER SERVICES AND PROCEDURES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	12-12-2018	
PANNICULECTOMY/ABDOMINOPLASTY			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY);	12-12-2018	
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY),	12-12-2018	

PHYSICAL MEDICINE AND REHABILITATION			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97002	PHYSICAL THERAPY RE-EVALUATION	12-12-2018	12-31-2025
97003	OCCUPATIONAL THERAPY EVALUATION	12-12-2018	11-01-2019
97004	OCCUPATIONAL THERAPY RE-EVALUATION	12-12-2018	01-01-2019
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	12-12-2018	12-31-2025
97012	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL	12-12-2018	12-31-2025
97014	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (	12-12-2018	12-31-2025
97016	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	12-12-2018	12-31-2025
97018	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; PARAFFIN BATH	12-12-2018	12-31-2025
97022	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL	12-12-2018	12-31-2025
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (EG, MICROWAVE	12-12-2018	12-31-2025
97026	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; INFRARED	12-12-2018	12-31-2025
97028	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRAVIOLET	12-12-2018	12-31-2025
97032	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (	12-12-2018	12-31-2025
97033	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 M	12-12-2018	12-31-2025
97034	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, EACH 15	12-12-2018	12-31-2025
97035	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINU	12-12-2018	12-31-2025
97036	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, EACH 15 MI	12-12-2018	12-31-2025
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	12-12-2018	12-31-2025
97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC E	12-12-2018	12-31-2025

PHYSICAL MEDICINE AND REHABILITATION			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97112	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	12-12-2018	12-31-2025
97113	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERA	12-12-2018	12-31-2025
97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	12-12-2018	12-31-2025
97124	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCL	12-12-2018	12-31-2025
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	12-12-2018	12-31-2025
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMP	12-12-2018	12-31-2025
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	12-12-2018	12-31-2025
97161	PT EVAL LOW COMPLEX 20 MIN	12-12-2018	12-31-2025
97162	PT EVAL MOD COMPLEX 30 MIN	12-12-2018	12-31-2025
97163	PT EVAL HIGH COMPLEX 45 MIN	12-12-2018	12-31-2025
97164	PT RE-EVAL EST PLAN CARE	12-12-2018	12-31-2025
97165	OT EVAL LOW COMPLEX 30 MIN	12-12-2018	12-31-2025
97166	OT EVAL MOD COMPLEX 45 MIN	12-12-2018	12-31-2025
97167	OT EVAL HIGH COMPLEX 60 MIN	12-12-2018	12-31-2025
97168	OT RE-EVAL EST PLAN CARE	12-12-2018	12-31-2025
97169	ATHLETIC TRN EVAL LOW CMPLX	12-12-2018	12-31-2025
97170	ATHLETIC TRN EVAL MOD CMPLX	12-12-2018	12-31-2025
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DY	12-12-2018	12-31-2025
97531	KINETIC ACTIVITIES 1 AREA; EA ADD 15 MIN	12-12-2018	12-31-2025
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM	12-12-2018	12-31-2025
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMO	12-12-2018	12-31-2025
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (AD	12-12-2018	12-31-2025
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, M	12-12-2018	12-31-2025

PHYSICAL MEDICINE AND REHABILITATION			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MIN	12-12-2018	
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/ WITHOUT SUCTION, SHARP SE	12-12-2018	
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/ WITHOUT SUCTION, SHARP SE	12-12-2018	
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT	12-12-2018	
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTI	12-12-2018	
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTI	12-12-2018	
97607	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECT	12-12-2018	
97608	NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECT	12-12-2018	
97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL	12-12-2018	
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIO	12-12-2018	12-31-2025
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE	12-12-2018	12-31-2025
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING	12-12-2018	12-31-2025
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	12-12-2018	12-31-2025
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MIN	12-12-2018	12-31-2025
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	12-12-2018	12-31-2025
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVI	12-12-2018	

POWER OPERATED VEHICLE			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	12-12-2018	
Power Wheelchair			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	12-12-2018	
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/ SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	

Power Wheelchair			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	12-12-2018	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	

Power Wheelchair			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	

Power Wheelchair			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	12-12-2018	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	

Power Wheelchair			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	12-12-2018	
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/ SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	12-12-2018	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	12-12-2018	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	12-12-2018	

Power Wheelchair			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	12-12-2018	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	12-12-2018	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	12-12-2018	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	12-12-2018	
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	12-12-2018	
POWER WHEELCHAIR ACCESSORIES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	12-12-2018	
PRIVATE PAYER CODES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	12-12-2018	
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	12-12-2018	
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	12-12-2018	

PRIVATE PAYER CODES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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	12-12-2018	
S2140	CORD BLOOD HARVESTING FOR TRANSPLANTATION, ALLOGENEIC	12-12-2018	
S2142	CORD BLOOD DERIVED STEM CELL TRANSPLANTATION, ALLOGENEIC	12-12-2018	
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 POST TRANSPLANT CARE IN THE GLOBAL DEFINITION	12-12-2018	
S3601	EMERGENCY STAT LABORATORY CHARGE FOR PATIENT WHO IS HOMEBOUND OR RESIDING IN A NURSING FACILITY	12-12-2018	
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE LABORATORY TESTS SPECIFIED BY THE STATE FOR INCLUSION IN THIS PANEL (E.G., GALACTOSE; HEMOGLOBIN, ELECTROPHORESIS; HYDROXYPROGESTERONE, 17 D; PHENYLALANINE (PKU); AND THYROXINE, TOTAL)	12-12-2018	
S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	12-12-2018	
S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	12-12-2018	

PRIVATE PAYER CODES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S5522	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	12-12-2018	
S5523	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	12-12-2018	
S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	12-12-2018	
S9092	Canolith repositioning, per visit	12-12-2018	
S9097	HOME VISIT FOR WOUND CARE	12-12-2018	
S9098	HOME VISIT, PHOTOTHERAPY SERVICES (E.G., BILI LITE), INCLUDING EQUIPMENT RENTAL, NURSING SERVICES, BLOOD DRAW, SUPPLIES, AND OTHER SERVICES, PER DIEM	12-12-2018	
S9110	TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECESSARY EQUIPMENT; COMPUTER SYSTEM, CONNECTIONS, AND SOFTWARE; MAINTENANCE; PATIENT EDUCATION AND SUPPORT; PER MONTH	12-12-2018	
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)	12-12-2018	
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	12-12-2018	
S9126	HOSPICE CARE, IN THE HOME, PER DIEM	12-12-2018	
S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	12-12-2018	
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	12-12-2018	12-31-2025
S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	12-12-2018	12-31-2025
S9131	PHYSICAL THERAPY; IN THE HOME, PER DIEM	12-12-2018	12-31-2025
S9152	SPEECH THERAPY, RE EVALUATION	12-12-2018	12-31-2025

PRIVATE PAYER CODES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S9208	HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
S9209	HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM), INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES OR EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY); PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
S9212	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
S9213	HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARATELY); PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	

PRIVATE PAYER CODES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY); PER DIEM (DO NOT USE THIS CODE WITH ANY HOME INFUSION PER DIEM CODE)	12-12-2018	
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	12-12-2018	
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	12-12-2018	
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	12-12-2018	
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (ENTERAL FORMULA AND NURSING VISITS CODED SEPARATELY), PER DIEM	12-12-2018	
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	12-12-2018	
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	12-12-2018	
S9465	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT	12-12-2018	
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	12-12-2018	

PRIVATE PAYER CODES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S9472	CARDIAC REHABILITATION PROGRAM, NON PHYSICIAN PROVIDER, PER DIEM	12-12-2018	
S9473	PULMONARY REHABILITATION PROGRAM, NON PHYSICIAN PROVIDER, PER DIEM	12-12-2018	
S9474	ENTEROSTOMAL THERAPY BY A REGISTERED NURSE CERTIFIED IN ENTEROSTOMAL THERAPY, PER DIEM	12-12-2018	
S9480	Intensive outpatient psychiatric services, per diem	12-12-2018	
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	12-12-2018	
S9484	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	12-12-2018	
S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	12-12-2018	
PROCEDURES/PROFESSIONAL SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	12-31-2025
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	12-31-2025
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	12-31-2025
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	12-12-2018	
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	12-12-2018	
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	

PROCEDURES/PROFESSIONAL SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE PHYSICAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	12-12-2018	
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE OCCUPATIONAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	12-12-2018	
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE SPEECH LANGUAGE PATHOLOGY MAINTENANCE PROGRAM, EACH 15 MINUTES	12-12-2018	
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE THAT ESSENTIAL NON SKILLED CARE ACHIEVES ITS PURPOSE IN THE HOME HEALTH OR HOSPICE SETTING)	12-12-2018	
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	12-12-2018	
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES INVOLVING REGULAR PHYSICIAN DEVELOPMENT AND/OR REVISION OF CARE PLANS, REVIEW OF SUBSEQUENT REPORTS OF PATIENT STATUS, REVIEW OF LABORATORY AND OTHER STUDIES, COMMUNICATION (INCLUDING TELEPHONE CALLS) WITH OTHER HEALTH CARE PROFESSIONALS INVOLVED IN THE PATIENT'S CARE, INTEGRATION OF NEW INFORMATION INTO THE MEDICAL TREATMENT PLAN AND/OR ADJUSTMENT OF MEDICAL THERAPY, WITHIN A CALENDAR MONTH, 30 MINUTES OR MORE	12-12-2018	

PROCEDURES/PROFESSIONAL SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MINUTES (INCLUDES MONITORING)	12-12-2018	
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE, FACE TO FACE, PER 15 MINUTES (INCLUDES MONITORING)	12-12-2018	
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)	12-12-2018	
G0295	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0329 OR FOR OTHER USES	12-12-2018	
G0299	DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G0300	DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	12-12-2018	
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE AS PART OF A THERAPY PLAN OF CARE	12-12-2018	
G0490	FACE TO FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN AN AREA WITH A SHORTAGE OF HOME HEALTH AGENCIES; (SERVICES LIMITED TO RN OR LPN ONLY)	12-12-2018	

PROCEDURES/PROFESSIONAL SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
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)	12-12-2018	
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)	12-12-2018	
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	12-12-2018	
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	12-12-2018	
G0506	COMPREHENSIVE ASSESSMENT OF AND CARE PLANNING FOR PATIENTS REQUIRING CHRONIC CARE MANAGEMENT SERVICES (LIST SEPARATELY IN ADDITION TO PRIMARY MONTHLY CARE MANAGEMENT SERVICE)	12-12-2018	

PROCEDURES/PROFESSIONAL SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
G0659	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM), EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE), PERFORMED WITHOUT METHOD OR DRUG SPECIFIC CALIBRATION, WITHOUT MATRIX MATCHED QUALITY CONTROL MATERIAL, OR WITHOUT USE OF STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARD(S) FOR EACH DRUG, DRUG METABOLITE OR DRUG CLASS PER SPECIMEN; QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, ANY NUMBER OF DRUG CLASSES	12-12-2018	
G6015	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS,VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS, BINARY, DYNAMIC MLC, PER TREATMENT SESSION	12-12-2018	12-31-2025
G6016	COMPENSATOR BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3 OR MORE HIGH RESOLUTION (MILLED OR CAST) COMPENSATOR, CONVERGENT BEAM MODULATED FIELDS, PER TREATMENT SESSION	12-12-2018	12-31-2025

Psychiatric Collaborative Care Management Services			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, WITH THE FOLLOWING REQUIRED ELEMENTS: OUTREACH TO AND ENGAGEMENT IN TREATMENT OF A PATIENT DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; INITIAL ASSESSMENT OF THE PATIENT, INCLUDING ADMINISTRATION OF VALIDATED RATING SCALES, WITH THE DEVELOPMENT OF AN INDIVIDUALIZED TREATMENT PLAN; REVIEW BY THE PSYCHIATRIC CONSULTANT WITH MODIFICATIONS OF THE PLAN IF RECOMMENDED; ENTERING PATIENT IN A REGISTRY AND TRACKING PATIENT FOLLOW UP AND PROGRESS USING THE REGISTRY, WITH APPROPRIATE DOCUMENTATION, AND PARTICIPATION IN WEEKLY CASELOAD CONSULTATION WITH THE PSYCHIATRIC CONSULTANT; AND PROVISION OF BRIEF INTERVENTIONS USING EVIDENCE BASED TECHNIQUES SUCH AS BEHAVIORAL ACTIVATION, MOTIVATIONAL INT	12-12-2018	
99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12-12-2018	

PSYCHIATRY			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	12-12-2018	

PSYCHIATRY			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	12-12-2018	
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	12-12-2018	
PULMONARY			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT N	12-12-2018	
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL G	12-12-2018	
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	12-12-2018	
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO	12-12-2018	
94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION, PER SES	12-12-2018	
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NUR	12-12-2018	
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NUR	12-12-2018	
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	12-12-2018	
RADIATION TREATMENT			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUID	12-12-2018	12-31-2025
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUID	12-12-2018	12-31-2025
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION T	01-02-2019	

Rehabilitation Services			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
S0201	Partial hospitalization services, less than 24 hours, per diem	12-12-2018	
RESPIRATORY SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	12-12-2018	
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/	12-12-2018	
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/	12-12-2018	
30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	12-12-2018	
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	12-12-2018	
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	12-12-2018	
SPECIAL DERMATOLOGICAL PROCEDURES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
97001	PHYSICAL THERAPY EVALUATION	12-12-2018	11-01-2019
SPECIAL OTORHINOLARYNGOLOGIC SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY P	12-12-2018	12-31-2025
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY P	12-12-2018	12-31-2025
92520	LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTI	12-12-2018	12-31-2025
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	12-12-2018	12-31-2025

SPECIAL OTORHINOLARYNGOLOGIC SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
92522	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL	12-12-2018	12-31-2025
92523	EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL	12-12-2018	12-31-2025
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	12-12-2018	12-31-2025
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	03-17-2020	12-31-2025
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	12-12-2018	
SPEECH-LANGUAGE PATHOLOGY SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
V5362	SPEECH SCREENING	12-12-2018	12-31-2025
V5363	LANGUAGE SCREENING	12-12-2018	12-31-2025
V5364	DYSPHAGIA SCREENING	12-21-2018	12-31-2025
SUPRV INTERFACILTY TRANSPORT			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99487	COMPLEX CHRONIC CARE MANAGEMENT SERVICES, WITH THE FOLLOWING REQUIRED	12-12-2018	
TEMPORARY CODES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
Q2052	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME FOR THE ADMINISTRATION OF INTRAVENOUS IMMUNE GLOBULIN (IVIG)	12-12-2018	
THERAPEUTIC, PREVENTIVE OR OTHER INTERVENTIONS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPL	12-12-2018	

THERAPEUTIC, PREVENTIVE OR OTHER INTERVENTIONS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FL	12-12-2018	
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	12-12-2018	
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	12-12-2018	
TRANSITIONAL CARE MANAGEMENT SERVICES			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99496	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEM	12-12-2018	
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVA	12-12-2018	
Transitoinal Care Management Services			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
99495	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEM	12-12-2018	
URINARY SYSTEM			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NE	12-12-2018	
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHR	12-12-2018	
WHEELCHAIRS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0010	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	12-12-2018	

WHEELCHAIRS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
K0011	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	12-12-2018	
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	12-12-2018	
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	12-12-2018	
WHEELCHAIRS;LIGHTWEIGHT AND HEAVY DUTY			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	12-12-2018	
WOUND DRESSINGS			
CPT Code	**Description**	**Effective Date**	**End Prior Approval Date**
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	12-12-2018	