



Health Net Health Plan of Oregon, Inc., "Health Net"

# Commercial Prior Authorization Requirements List

All services are subject to benefit plan coverage, member eligibility, and medical necessity for any plan benefit to be a covered service, regardless of whether prior authorization is required. When submitting a request, please attach pertinent medical records, treatment plans, and test results to support the medical appropriateness of the request. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

This prior authorization list contains services that require prior authorization and is not intended to be a comprehensive list of covered services. The member's plan contract or Evidence of Coverage (EOC) provides a complete list of covered services. Plan contracts and EOCs are available to members on the member portal at [Health Net Oregon](#) or in hard copy upon request. Providers may obtain a copy of a member's plan contract or EOC by requesting it from the Health Net Provider Services Center at 1-888-802-7001.

***New CMS billing codes (CPT & HCPC) may require prior authorization: call 1-888-802-7001.***

Unless noted differently, all services listed below require prior authorization from Health Net. Providers can refer to the member's Health Net identification (ID) card to confirm product type.

- Vision Services are handled by [EyeMed](#)
- High Tech Imaging Services, Orthopedic and Spine surgeries are handled by [Evolent](#)
- Radiology Services are handled by [Evolent](#) (formerly NCH)
- Behavioral Health Services are now managed by [Health Net and Wellcare by Health Net](#)
- Chiropractic Services are handled by [ASHLink](#)
- Physician Administered Drugs [Commercial Prior Authorization for Physician Administered Drugs List](#)

## Health Net of Oregon Procedure Code Table of Contents

### Health Net of Oregon Prior-Auth Requirements (pg. 3)

[Applied Behavioral Analysis](#)  
[Balloon Sinuplasty](#)  
[Bariatric Procedure](#)  
[Behavioral Health and Substance Use](#)  
[Blepharoplasty](#)  
[Breast Reduction and Augmentation](#)  
[Capsule Endoscopy](#)  
[Cardiac Procedures](#)  
[Clinical Trials](#)  
[Cochlear Implants](#)  
[Dermatology](#)  
[Diagnostic Imaging and Procedures](#)  
[Durable Medical Equipment \(DME\)](#)  
[DME - BIPAP](#)  
[DME - Bone Growth Stimulators](#)  
[DME - Custom-made items](#)  
[DME - Hospital Bed/Mattresses](#)  
[DME - Power Wheelchairs](#)  
[DME - Scooters](#)  
[Excision, Excessive Skin](#)  
[Experimental/Investigational](#)  
[Fallout Shoulder/Hip/Knee](#)  
[Gender Reassignment Services](#)  
[Genetic Testing](#)  
[Home Health and Hospice](#)  
[Infertility](#)  
[Inpatient Skilled Nursing Facility](#)  
[Liposuction](#)  
[Maternity](#)  
[Medical Supply](#)  
[Neuro and Spinal Cord Stimulators](#)  
[Neuro Surgery](#)  
[Neuro Therapy](#)  
[Neuropsych Testing](#)  
[Occupational, Physical and Speech Therapy](#)  
[Orthognathic Procedures](#)  
[Orthotics](#)  
[Pain Management](#)  
[Penile Implant](#)  
[Proprietary Laboratory Analyses \(PLA\) Codes](#)  
[Prosthetics](#)  
[Radiation treatment](#)  
[Rhinoplasty](#)  
[Septoplasty](#)  
[Specialized Radiation Therapy](#)

## Health Net of Oregon Procedure Code Table of Contents

### Health Net of Oregon Prior-Auth Requirements (cont. on pg. 80)

[Spinal Surgery](#)  
[Surgical Procedures](#)  
[Total Joint Replacements](#)  
[Transcranial Magnetic Stimulation \(TMS\)](#)  
[Transplant](#)  
[Treatment of Varicose Veins](#)  
[Uvulopalatopharyngoplasty \(UPPP\)](#)  
[Vermilionectomy](#)  
[Vestibuloplasty](#)  
[Wound care: Skin substitutes and biologicals](#)

## Evolent (formerly NIA & NCH) Procedure Code Table of Contents

### Evolent Prior-Auth Codes in Scope (pg. 91)

[Complex Imaging, High-Tech Radiology](#)  
[Musculoskeletal](#)  
[Oncology/Urology](#)

Codes	Description	Conditional PA Requirement (if applicable)
<b>Applied Behavioral Analysis</b>		
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	
H0031	Mental health assessment, by nonphysician	
H0032	Mental health service plan development by nonphysician	
H2014	Skills training and development, per 15 minutes	
H2019	Therapeutic behavioral services, per 15 minutes	
S5111	Home care training, family; per session	
<b>Balloon Sinuplasty</b>		
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	
<b>Bariatric Procedure</b>		
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	
43659	Unlisted laparoscopy procedure, stomach	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	

Codes	Description	Conditional PA Requirement (if applicable)
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	
<b>Behavioral Health and Substance Use</b>		
C7900	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, 15-29 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	
C7901	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, 30-60 minutes, provided remotely by hospital staff who are licensed to provided mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service	
C7902	Service for diagnosis, evaluation, or treatment of a mental health or substance use disorder, each additional 15 minutes, provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service (list separately in addition to code for primary service)	
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:	Prior-auth is required only if billed under the following diagnosis codes: F1110-F1199
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month. (These services include 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, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	
90870	Electroconvulsive therapy (includes necessary monitoring)	
90899	Unlisted psychiatric service or procedure	
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	
S0201	Partial hospitalization services, less than 24 hours, per diem	
S9480	Intensive outpatient psychiatric services, per diem	
S9485	Crisis intervention mental health services, per diem	

Codes	Description	Conditional PA Requirement (if applicable)
<b>Blepharoplasty</b>		
15820	Blepharoplasty, lower eyelid;	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	
15822	Blepharoplasty, upper eyelid;	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	
<b>Breast Reduction and Augmentation</b>		
19300	Mastectomy for gynecomastia	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19300	Mastectomy for gynecomastia	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
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19300	Mastectomy for gynecomastia	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19316	Mastopexy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
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19316	Mastopexy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853

Codes	Description	Conditional PA Requirement (if applicable)
19316	Mastopexy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19316	Mastopexy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19316	Mastopexy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19318	Breast reduction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19318	Breast reduction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
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19318	Breast reduction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19318	Breast reduction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19319	User Defined (description not available)	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19319	User Defined (description not available)	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19319	User Defined (description not available)	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19319	User Defined (description not available)	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19319	User Defined (description not available)	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19319	User Defined (description not available)	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19319	User Defined (description not available)	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19325	Breast augmentation with implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19325	Breast augmentation with implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19325	Breast augmentation with implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19325	Breast augmentation with implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19325	Breast augmentation with implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853



Codes	Description	Conditional PA Requirement (if applicable)
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19342	Insertion or replacement of breast implant on separate day from mastectomy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19342	Insertion or replacement of breast implant on separate day from mastectomy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19342	Insertion or replacement of breast implant on separate day from mastectomy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19342	Insertion or replacement of breast implant on separate day from mastectomy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19342	Insertion or replacement of breast implant on separate day from mastectomy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19342	Insertion or replacement of breast implant on separate day from mastectomy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19342	Insertion or replacement of breast implant on separate day from mastectomy	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19350	Nipple/areola reconstruction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, F641, Z853, Z87890
19350	Nipple/areola reconstruction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, F641, Z853, Z87890
19350	Nipple/areola reconstruction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, F641, Z853, Z87890
19350	Nipple/areola reconstruction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, F641, Z853, Z87890
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19350	Nipple/areola reconstruction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, F641, Z853, Z87890
19350	Nipple/areola reconstruction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, F641, Z853, Z87890
19350	Nipple/areola reconstruction	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, F641, Z853, Z87890
19355	Correction of inverted nipples	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19355	Correction of inverted nipples	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853





Codes	Description	Conditional PA Requirement (if applicable)
19396	Preparation of moulage for custom breast implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19396	Preparation of moulage for custom breast implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19396	Preparation of moulage for custom breast implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19396	Preparation of moulage for custom breast implant	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19499	Unlisted procedure, breast	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19499	Unlisted procedure, breast	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19499	Unlisted procedure, breast	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19499	Unlisted procedure, breast	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
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19499	Unlisted procedure, breast	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
19499	Unlisted procedure, breast	No prior-auth required if billed under the following diagnosis: C50111, C7981, D0500, D0510, D0580, D0590, Z853
<b>Capsule Endoscopy</b>		
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	
<b>Cardiac Procedures</b>		
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	
<b>Clinical Trials</b>		
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	
S9988	Services provided as part of a Phase I clinical trial	
S9990	Services provided as part of a Phase II clinical trial	
S9991	Services provided as part of a Phase III clinical trial	
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	
S9996	Meals for clinical trial participant and one caregiver/companion	
<b>Cochlear Implants</b>		
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	
69930	Cochlear device implantation, with or without mastoidectomy	
L8614	Cochlear device, includes all internal and external components	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	
L8627	Cochlear implant, external speech processor, component, replacement	
L8628	Cochlear implant, external controller component, replacement	
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	

Codes	Description	Conditional PA Requirement (if applicable)
<b>Dermatology</b>		
17360	Chemical exfoliation for acne (eg, acne paste, acid)	
17380	Electrolysis epilation, each 30 minutes	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	
15781	Dermabrasion; segmental, face	
15782	Dermabrasion; regional, other than face	
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	
15786	Abrasion; single lesion (eg, keratosis, scar)	
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	
15788	Chemical peel, facial; epidermal	
15789	Chemical peel, facial; dermal	
15792	Chemical peel, nonfacial; epidermal	
15793	Chemical peel, nonfacial; dermal	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	
11900	Injection, intralesional; up to and including 7 lesions	
11901	Injection, intralesional; more than 7 lesions	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	
11970	Replacement of tissue expander with permanent implant	
11971	Removal of tissue expander without insertion of implant	
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	
<b>Diagnostic Imaging and Procedures</b>		
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	
C9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	
0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site	
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	
A9800	Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi	
<b>Durable Medical Equipment (DME)</b>		
A2026	Restrata MiniMatrix, 5 mg	
A2027	MatriDerm, per sq cm	
A2028	MicroMatrix Flex, per mg	
A2029	MiroTract Wound Matrix sheet, per cc	

Codes	Description	Conditional PA Requirement (if applicable)
A2030	MIRO3D FIBERS PER MILLIGRAM	
A2031	MIRODRY WOUND MATRIX PER SQUARE CENTIMETER	
A2032	MYRIAD MATRIX PER SQUARE CENTIMETER	
A2033	MYRIAD MORCELLS 4 MILLIGRAMS	
A2034	FOUNDATION DRS SOLO PER SQUARE CENTIMETER	
A2035	CORPLEX P OR THERACOR P OR ALLACOR P PER MG	
A4593	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, controller	
A4594	Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each	
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month	
A9291	Prescription digital cognitive and/or behavioral therapy, FDA-cleared, per course of treatment	
C1735	CATHETER INTRAVASCULAR FOR RENAL DNV RADIOFREQ	
C1736	CATHETER INTRAVASCULA FOR RENAL DENERVATION U/S	
C1737	JOINT FUSION AND FIXN DEVICE SACROILIAC AND PELVIS	
C8000	Support device, extravascular, for arteriovenous fistula (implantable)	
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	
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)	
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	
E0677	Nonpneumatic sequential compression garment, trunk	
E0678	Nonpneumatic sequential compression garment, full leg	
E0679	Nonpneumatic sequential compression garment, half leg	
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	
E0681	Nonpneumatic compression controller without calibrated gradient pressure	
E0682	Nonpneumatic sequential compression garment, full arm	
E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump	
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	
E0715	Intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises	
E0721	Transcutaneous electrical nerve stimulator for nerves in the auricular region	
E0732	Cranial electrotherapy stimulation (CES) system, any type	
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	
E0735	Noninvasive vagus nerve stimulator	
E0736	Transcutaneous tibial nerve stimulator	
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	
E1032	W/C ACC M SWAWY RET/REM MTG HW JS/OTH DRV CTRL	
E1033	W/C ACC MAN SWAWY RET/REM MTG HW HEADREST CUSH	
E1034	W/C ACC MAN SWAWY RET/REM MTG HW TRNK/HIP SUP	
E1301	Whirlpool tub, walk-in, portable	
E1803	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE	
E1804	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE	

Codes	Description	Conditional PA Requirement (if applicable)
E1807	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE	
E1808	DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE	
E1813	DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE	
E1814	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE	
E1822	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE	
E1823	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE	
E1826	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE	
E1827	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE	
E1828	DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE	
E1829	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE	
E1832	STATIC PROGRESSIVE STRETCH FINGER DVC EXTENSION	
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	
E3000	Speech volume modulation system, any type, including all components and accessories	
G0530	Adult day center, 8-hour unit, for use in CMMI model	
G0552	SUPPLY DGTL MENTAL HEALTH TX DVC PER CRS OF TX	
L0720	CTL SO ANTERIOR POSTERIOR LAT CNTRL PREFAB ITEM	
L1006	Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid lateral frame, extends from axilla to trochanter, includes all accessory pads, straps and interface, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	
L1630	Hip orthosis (HO), abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	
L1653	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	
L1681	Hip orthosis (HO), bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	
L1933	AFO RGD ANT TIB SECT TTL CO FIB/=MATL PREFAB OTS	
L1952	AFO SPIRAL PLASTIC/OTH MATL PREFAB OFF THE SHELF	
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system	
L5827	ENDOSKEL KN SHIN SGL AX ELMCH SW AND ST PHS CNTRL	
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	
L6028	PRTL HND FNGR FLEX/NONFLEX I/F ENDOSKEL SYS MOLD	
L6029	UPPER EXT ADD TEST SCKT/INTERFACE PRTL HND FNGR	
L6031	REPLACEMENT SCKT/INTERFACE PRTL HND FNGR MOLDED	
L6032	ADD UPR EXT PROS PART HND F UL MATL TI CO FIB/=	
L6033	ADDITION UPPER EXT PROS PARTIAL HND ACRYLIC MATL	
L6700	UPPER EXT ADD EXTRNL PWR FTR MYOELEC CTRL MOD	
L7406	ADDITION TO UPPER EXTREMITY USER ADJ MECHANICAL	
L8720	External lower extremity sensory prosthetic, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	
Q4305	American Amnion AC Tri-Layer, per sq cm	
Q4306	American Amnion AC, per sq cm	
Q4307	American Amnion, per sq cm	
Q4308	Sanopellis, per sq cm	
Q4309	VIA Matrix, per sq cm	
Q4310	Procenta, per 100 mg	
Q4336	Artacent C, per sq cm	
Q4337	Artacent Trident, per sq cm	
Q4338	Artacent Velos, per sq cm	
Q4339	Artacent Vericlen, per sq cm	

Codes	Description	Conditional PA Requirement (if applicable)
Q4340	SimpliGraft, per sq cm	
Q4341	SimpliMax, per sq cm	
Q4342	TheraMend, per sq cm	
Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm	
Q4344	Tri-Membrane Wrap, per sq cm	
Q4345	Matrix HD Allograft Dermis, per sq cm	
Q4346	SHELTER DM MATRIX PER SQ CM	
Q4347	RAMPART DL MATRIX PER SQ CM	
Q4348	SENTRY SL MATRIX PER SQ CM	
Q4349	MANTLE DL MATRIX PER SQ CM	
Q4350	PALISADE DM MATRIX PER SQ CM	
Q4351	ENCLOSE TL MATRIX PER SQ CM	
Q4352	OVERLAY SL MATRIX PER SQ CM	
Q4353	XCEED TL MATRIX PER SQ CM	
Q4354	PALINGEN DUAL LAYER MEMBRANE PER SQ.CENTIMETER	
Q4355	ABIOMEND XPLUS MEM ANDABMD XPLUS HYDROMEM PER SQ CM	
Q4356	ABIOMEND MEMBRANE AND ABIOMEND HYDROMEM PER SQ CM	
Q4357	XWRAP PLUS PER SQUARE CENTIMETER	
Q4358	XWRAP DUAL PER SQUARE CENTIMETER	
Q4359	CHORIPLY PER SQUARE CENTIMETER	
Q4360	AMCHOPLAST FD PER SQUARE CENTIMETER	
Q4361	EPIXPRESS PER SQUARE CENTIMETER	
Q4362	CYGNUS DISK PER SQUARE CENTIMETER	
Q4363	AMNIO BURGEON MEMBRANE AND HYDROMEM PER SQ CM	
Q4364	AMNIO BURGEON XPLUS MEM ANDXPLUS HYDROMEM PER SQ CM	
Q4365	AMNIO BURGEON DUAL LAYER MEMBRANE PER SQ CM	
Q4366	DUAL LAYER AMNIO BURGEON X MEMBRANE PER SQ CM	
Q4367	AMNIOCORE SL PER SQUARE CENTIMETER	
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	
<b>DME - BIPAP</b>		
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling	
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	
99504	Home visit for mechanical ventilation care	
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	
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	
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)	
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	
<b>DME - Bone Growth Stimulators</b>		
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	
20975	Electrical stimulation to aid bone healing; invasive (operative)	
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	
E0749	Osteogenesis stimulator, electrical, surgically implanted	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	
<b>DME - Custom-made items</b>		
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	

Codes	Description	Conditional PA Requirement (if applicable)
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	
E1399	Durable medical equipment, miscellaneous	
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	
K0900	Customized durable medical equipment, other than wheelchair	
K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	
L8609	Artificial cornea	
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q4251	Vim, per sq cm	
Q4252	Vendaje, per sq cm	
Q4253	Zenith Amniotic Membrane, per sq cm	
S1002	Customized item (list in addition to code for basic item)	
S1091	Stent, noncoronary, temporary, with delivery system (Propel)	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	
S8425	Gradient pressure aid (glove), custom made, medium weight	
S8426	Gradient pressure aid (glove), custom made, heavy weight	
<b>DME - Hospital Bed/Mattresses</b>		
E0193	Powered air flotation bed (low air loss therapy)	
E0194	Air fluidized bed	
E0250	Hospital bed, fixed height, with any type side rails, with mattress	
E0251	Hospital bed, fixed height, with any type side rails, without mattress	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	
E0272	Mattress, foam rubber	
E0277	Powered pressure-reducing air mattress	
E0290	Hospital bed, fixed height, without side rails, with mattress	
E0291	Hospital bed, fixed height, without side rails, without mattress	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	
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	
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	
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	
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	



Codes	Description	Conditional PA Requirement (if applicable)
<b>DME - Power Wheelchairs</b>		
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	
E1239	Power wheelchair, pediatric size, not otherwise specified	
K0010	Standard-weight frame motorized/power wheelchair	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
K0012	Lightweight portable motorized/power wheelchair	
K0013	Custom motorized/power wheelchair base	
K0014	Other motorized/power wheelchair base	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	



Codes	Description	Conditional PA Requirement (if applicable)
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0898	Power wheelchair, not otherwise classified	
<b>DME - Scooters</b>		
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	

Codes	Description	Conditional PA Requirement (if applicable)
K0812	Power operated vehicle, not otherwise classified	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	
<b>Excision, Excessive Skin</b>		
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	
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)	
15876	Suction assisted lipectomy; head and neck	
<b>Experimental/Investigational</b>		
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	
<b>Fallout, Shoulder/Hip/Knee</b>		
24363	REPLACE ELBOW JOINT	
24366	RECONSTRUCT HEAD OF RADIUS w/implant	
C1062	Intravertebral body fracture augmentation with implant (e.g., metal, polymer)	
24370	REVISE RECONST ELBOW JOINT	
24371	REVISE RECONST ELBOW JOINT	
25332	ARTHROPLASTY WRIST; W/WO INTERPOSITION-W/WO FIXA	
25441	ARTHROPLSTY REPLACE DISTAL RADIUS	
25442	ARTHROPLASTY DISTAL ULNA	
25443	ARTHROPLASTY SCAPHOID (NAVICULAR)	
25444	RECONSTRUCT WRIST JOINT	
<b>Gender Reassignment Services</b>		
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890

Codes	Description	Conditional PA Requirement (if applicable)
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15600	Delay of flap or sectioning of flap (division and inset); at trunk	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15600	Delay of flap or sectioning of flap (division and inset); at trunk	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15757	Free skin flap with microvascular anastomosis	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15757	Free skin flap with microvascular anastomosis	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15758	Free fascial flap with microvascular anastomosis	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15758	Free fascial flap with microvascular anastomosis	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15776	Punch graft for hair transplant; more than 15 punch grafts	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15776	Punch graft for hair transplant; more than 15 punch grafts	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15824	Rhytidectomy; forehead	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15824	Rhytidectomy; forehead	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890

Codes	Description	Conditional PA Requirement (if applicable)
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15826	Rhytidectomy; glabellar frown lines	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15826	Rhytidectomy; glabellar frown lines	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15828	Rhytidectomy; cheek, chin, and neck	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15828	Rhytidectomy; cheek, chin, and neck	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
19303	Mastectomy, simple, complete	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
19303	Mastectomy, simple, complete	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
21270	Malar augmentation, prosthetic material	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
21270	Malar augmentation, prosthetic material	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
31599	Unlisted procedure, larynx	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
31599	Unlisted procedure, larynx	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
31899	Unlisted procedure, trachea, bronchi	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
31899	Unlisted procedure, trachea, bronchi	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890

Codes	Description	Conditional PA Requirement (if applicable)
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53430	Urethroplasty, reconstruction of female urethra	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53430	Urethroplasty, reconstruction of female urethra	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54125	Amputation of penis; complete	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54125	Amputation of penis; complete	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890

Codes	Description	Conditional PA Requirement (if applicable)
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54660	Insertion of testicular prosthesis (separate procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54660	Insertion of testicular prosthesis (separate procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54690	Laparoscopy, surgical; orchiectomy	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
54690	Laparoscopy, surgical; orchiectomy	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
55175	Scrotoplasty; simple	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890

Codes	Description	Conditional PA Requirement (if applicable)
55175	Scrotoplasty; simple	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
55180	Scrotoplasty; complicated	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
55180	Scrotoplasty; complicated	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
55970	Intersex surgery; male to female	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
55970	Intersex surgery; male to female	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
55980	Intersex surgery; female to male	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
55980	Intersex surgery; female to male	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
56625	Vulvectomy simple; complete	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
56625	Vulvectomy simple; complete	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
56800	Plastic repair of introitus	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
56800	Plastic repair of introitus	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
56805	Clitoroplasty for intersex state	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
56805	Clitoroplasty for intersex state	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57106	Vaginectomy, partial removal of vaginal wall;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57106	Vaginectomy, partial removal of vaginal wall;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57110	Vaginectomy, complete removal of vaginal wall;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57110	Vaginectomy, complete removal of vaginal wall;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890



Codes	Description	Conditional PA Requirement (if applicable)
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57291	Construction of artificial vagina; without graft	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57291	Construction of artificial vagina; without graft	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57292	Construction of artificial vagina; with graft	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57292	Construction of artificial vagina; with graft	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57335	Vaginoplasty for intersex state	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57335	Vaginoplasty for intersex state	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58260	Vaginal hysterectomy, for uterus 250 g or less;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58260	Vaginal hysterectomy, for uterus 250 g or less;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890



Codes	Description	Conditional PA Requirement (if applicable)
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58285	Vaginal hysterectomy, radical (Schauta type operation)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58285	Vaginal hysterectomy, radical (Schauta type operation)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890

Codes	Description	Conditional PA Requirement (if applicable)
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58999	Unlisted procedure, female genital system (nonobstetrical)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
58999	Unlisted procedure, female genital system (nonobstetrical)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890

Codes	Description	Conditional PA Requirement (if applicable)
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92524	Behavioral and qualitative analysis of voice and resonance	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92524	Behavioral and qualitative analysis of voice and resonance	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92526	Treatment of swallowing dysfunction and/or oral function for feeding	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
V5364	Dysphagia screening	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
V5364	Dysphagia screening	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
<b>Genetic Testing</b>		
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	

Codes	Description	Conditional PA Requirement (if applicable)
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	
81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	

Codes	Description	Conditional PA Requirement (if applicable)
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	
81194	NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis; common variants (eg, E285A, Y231X)	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis; common variants (eg, R183P, G278S, E422X)	
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis; 2281delGins7 variant	
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis; common variants in exon 9	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis; common variants (eg, *2, *3, *4, *8, *17)	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis; common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis; common variants (eg, *2, *3, *5, *6)	

Codes	Description	Conditional PA Requirement (if applicable)
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	
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	
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	

Codes	Description	Conditional PA Requirement (if applicable)
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	
81290	MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	



Codes	Description	Conditional PA Requirement (if applicable)
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	



Codes	Description	Conditional PA Requirement (if applicable)
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	
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	
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	
81333	TGFB1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	
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	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	

Codes	Description	Conditional PA Requirement (if applicable)
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)	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)	
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)	
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)	
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)	
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)	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1	

Codes	Description	Conditional PA Requirement (if applicable)
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease); genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	
81414	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	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	
81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2	
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	
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, and TP53	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	

Codes	Description	Conditional PA Requirement (if applicable)
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBDS, TERT, and TINF2	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	

Codes	Description	Conditional PA Requirement (if applicable)
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81479	Unlisted molecular pathology procedure	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	
81495	User Defined (description not available)	
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	
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	
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis	
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported	
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	
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	
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	
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	
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	
81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	

Codes	Description	Conditional PA Requirement (if applicable)
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	
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)	
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	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])	
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	
81599	Unlisted multianalyte assay with algorithmic analysis	
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	
86813	HLA typing; A, B, or C, multiple antigens	
86816	HLA typing; DR/DQ, single antigen	
86817	HLA typing; DR/DQ, multiple antigens	
86821	HLA typing; lymphocyte culture, mixed (MLC)	
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	
86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique	
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique	

Codes	Description	Conditional PA Requirement (if applicable)
87478	Infectious agent detection by nucleic acid (DNA or RNA); <i>Borrelia miyamotoi</i> , amplified probe technique	
87484	Infectious agent detection by nucleic acid (DNA or RNA); <i>Ehrlichia chaffeensis</i> , amplified probe technique	
87593	Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each	
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	
88230	Tissue culture for non-neoplastic disorders; lymphocyte	
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy	
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	
88240	Cryopreservation, freezing and storage of cells, each cell line	
88241	Thawing and expansion of frozen cells, each aliquot	
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding	
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding	
88264	Chromosome analysis; analyze 20-25 cells	
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	
88271	Molecular cytogenetics; DNA probe, each (eg, FISH)	
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)	
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)	
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells	
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells	
88280	Chromosome analysis; additional karyotypes, each study	
88283	Chromosome analysis; additional specialized banding technique (eg, NOR, C-banding)	
88285	Chromosome analysis; additional cells counted, each study	
88289	Chromosome analysis; additional high resolution study	
88291	Cytogenetics and molecular cytogenetics, interpretation and report	
88299	Unlisted cytogenetic study	
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	
88369	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	
89240	Unlisted miscellaneous pathology test	
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	
0008U	<i>Helicobacter pylori</i> detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next-generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	



Codes	Description	Conditional PA Requirement (if applicable)
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified	
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)	
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin	
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	
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	
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens, utilizing formalin-fixed paraffin-embedded tumor tissue, report of clinically significant mutation(s)	
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal DNA in maternal blood	
0067U	Oncology (breast), immunohistochemistry, protein expression profiling of 4 biomarkers (matrix metalloproteinase-1 [MMP-1], carcinoembryonic antigen-related cell adhesion molecule 6 [CEACAM6], hyaluronoglucosaminidase [HYAL1], highly expressed in cancer protein [HEC1]), formalin-fixed paraffin-embedded precancerous breast tissue, algorithm reported as carcinoma risk score	
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	
0070U	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)	
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)	
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)	



Codes	Description	Conditional PA Requirement (if applicable)
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)	
0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	
0084U	Red blood cell antigen typing, DNA, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rRNA FISH, 6 or more organism targets, reported as positive or negative with phenotypic minimum inhibitory concentration (MIC)-based antimicrobial susceptibility	
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])	
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	
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	
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	
0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	

Codes	Description	Conditional PA Requirement (if applicable)
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	
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)	
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	
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-embedded tissue, algorithm quantifying tumor genomic instability score	
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	
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	
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)	
0180U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis Sanger/chain termination/conventional sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene, including subtyping, 7 exons	
0181U	Red cell antigen (Colton blood group) genotyping (CO), gene analysis, AQP1 (aquaporin 1 [Colton blood group]) exon 1	
0182U	Red cell antigen (Cromer blood group) genotyping (CROM), gene analysis, CD55 (CD55 molecule [Cromer blood group]) exons 1-10	
0183U	Red cell antigen (Diego blood group) genotyping (DI), gene analysis, SLC4A1 (solute carrier family 4 member 1 [Diego blood group]) exon 19	

Codes	Description	Conditional PA Requirement (if applicable)
0184U	Red cell antigen (Dombrock blood group) genotyping (DO), gene analysis, ART4 (ADP-ribosyltransferase 4 [Dombrock blood group]) exon 2	
0185U	Red cell antigen (H blood group) genotyping (FUT1), gene analysis, FUT1 (fucosyltransferase 1 [H blood group]) exon 4	
0186U	Red cell antigen (H blood group) genotyping (FUT2), gene analysis, FUT2 (fucosyltransferase 2) exon 2	
0187U	Red cell antigen (Duffy blood group) genotyping (FY), gene analysis, ACKR1 (atypical chemokine receptor 1 [Duffy blood group]) exons 1-2	
0188U	Red cell antigen (Gerbich blood group) genotyping (GE), gene analysis, GYPC (glycophorin C [Gerbich blood group]) exons 1-4	
0189U	Red cell antigen (MNS blood group) genotyping (GYPA), gene analysis, GYPA (glycophorin A [MNS blood group]) introns 1, 5, exon 2	
0190U	Red cell antigen (MNS blood group) genotyping (GYPB), gene analysis, GYPB (glycophorin B [MNS blood group]) introns 1, 5, pseudoexon 3	
0191U	Red cell antigen (Indian blood group) genotyping (IN), gene analysis, CD44 (CD44 molecule [Indian blood group]) exons 2, 3, 6	
0192U	Red cell antigen (Kidd blood group) genotyping (JK), gene analysis, SLC14A1 (solute carrier family 14 member 1 [Kidd blood group]) gene promoter, exon 9	
0193U	Red cell antigen (JR blood group) genotyping (JR), gene analysis, ABCG2 (ATP binding cassette subfamily G member 2 [Junior blood group]) exons 2-26	
0194U	Red cell antigen (Kell blood group) genotyping (KEL), gene analysis, KEL (Kell metallo-endopeptidase [Kell blood group]) exon 8	
0195U	KLF1 (Krueppel-like factor 1), targeted sequencing (ie, exon 13)	
0196U	Red cell antigen (Lutheran blood group) genotyping (LU), gene analysis, BCAM (basal cell adhesion molecule [Lutheran blood group]) exon 3	
0197U	Red cell antigen (Landsteiner-Wiener blood group) genotyping (LW), gene analysis, ICAM4 (intercellular adhesion molecule 4 [Landsteiner-Wiener blood group]) exon 1	
0198U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis Sanger/chain termination/conventional sequencing, RHD (Rh blood group D antigen) exons 1-10 and RHCE (Rh blood group CcEe antigens) exon 5	
0199U	Red cell antigen (Scianna blood group) genotyping (SC), gene analysis, ERMAP (erythroblast membrane associated protein [Scianna blood group]) exons 4, 12	
0200U	Red cell antigen (Kx blood group) genotyping (XK), gene analysis, XK (X-linked Kx blood group) exons 1-3	
0201U	Red cell antigen (Yt blood group) genotyping (YT), gene analysis, ACHE (acetylcholinesterase [Cartwright blood group]) exon 2	
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15 target and 2 reference genes), whole blood, reported as a continuous risk score and classification of inflammatory bowel disease aggressiveness	
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements	
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy number alterations, tumor mutational burden, and microsatellite instability, with therapy association	
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)	
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband	
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)	

Codes	Description	Conditional PA Requirement (if applicable)
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants	
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or saliva, identification and characterization of genetic variants	
0221U	Red cell antigen (ABO blood group) genotyping (ABO), gene analysis, next-generation sequencing, ABO (ABO, alpha 1-3-N-acetylgalactosaminyltransferase and alpha 1-3-galactosyltransferase) gene	
0222U	Red cell antigen (RH blood group) genotyping (RHD and RHCE), gene analysis, next-generation sequencing, RH proximal promoter, exons 1-10, portions of introns 2-3	
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) gene expansions, mobile element insertions, and variants in non-uniquely mappable regions	
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expansions, mobile element insertions, and variants in non-uniquely mappable regions	
0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	
0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	
0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications, deletions, and mobile element insertions	
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	
0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions	
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	
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	
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	
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	
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	

Codes	Description	Conditional PA Requirement (if applicable)
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis of 505 genes, interrogation for somatic alterations (SNVs [single nucleotide variant], small insertions and deletions, one amplification, and four translocations), microsatellite instability and tumor-mutation burden	
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma	
0252U	Fetal aneuploidy short tandem-repeat comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy	
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)	
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using embryonic DNA genomic sequence analysis for aneuploidy, and a mitochondrial DNA score in euploid embryos, results reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploidy, per embryo tested	
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likelihood of response to psoriasis biologics	
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algorithm reported as gene pathway activity score	
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, saliva, buccal swabs or cell lines, identification of single nucleotide and copy number variants	
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fixed paraffin-embedded (FFPE) tissue or fresh frozen tissue, reported as presence or absence of splicing or expression changes	
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping and whole genome sequencing	
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid	
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid	
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 60 genes and duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid, comprehensive	
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAUI by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid	
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid	
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAUI, blood, buccal swab, or amniotic fluid	
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	
0282U	Red blood cell antigen typing, DNA, genotyping of 12 blood group system genes to predict 44 red blood cell antigen phenotypes	
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score	
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic prediction of cancer recurrence, reported as a categorical risk result (low, intermediate, high)	

Codes	Description	Conditional PA Requirement (if applicable)
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1), formalin-fixed paraffin-embedded (FFPE) tumor tissue, algorithmic interpretation reported as a recurrence risk score	
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing of at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy	
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and variant identification	
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comparative sequence analyses and expression level and chimeric transcript identification	
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural variant identification	
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequence analyses and variant identification	
0301U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR);	
0302U	Infectious agent detection by nucleic acid (DNA or RNA), Bartonella henselae and Bartonella quintana, droplet digital PCR (ddPCR); following liquid enhancement	
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient-specific panel for future comparisons to evaluate for MRD	
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to previously analyzed patient specimens to evaluate for MRD	
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]) with 3 clinical parameters (age, sex, history of cardiac intervention), plasma, algorithm reported as a risk score for obstructive CAD	
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event	
0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NT-proBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD	
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a categorical result (ie, negative, low probability of neoplasia or positive, high probability of neoplasia)	
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical result (ie, benign, intermediate, malignant)	
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a categorical risk result (ie, Class 1, Class 2A, Class 2B)	
0317U	Oncology (lung cancer), four-probe FISH (3q29, 3p22.1, 10q22.3, 10cen) assay, whole blood, predictive algorithm-generated evaluation reported as decreased or increased risk for lung cancer	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute rejection	



Codes	Description	Conditional PA Requirement (if applicable)
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular rejection	
0322U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 14 acyl carnitines and microbiome-derived metabolites, liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma, results reported as negative or positive for risk of metabolic subtypes associated with ASD	
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations	
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations	
0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low probability of responding to immune checkpoint-inhibitor therapy	
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein des-gamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result	
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, fetal sample, identification and categorization of genetic variants	
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile element insertions, uniparental disomy (UPD), inversions, aneuploidy, mitochondrial genome sequence analysis with heteroplasmy and large deletions, short tandem repeat (STR) gene expansions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent)	
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer	
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or presence of MRD, with disease-burden correlation, if appropriate	
0341U	Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid	
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as molecular evidence of no-, low-, intermediate- or high-risk of prostate cancer	
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and impacted gene-drug interactions	



Codes	Description	Conditional PA Requirement (if applicable)
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	
0354U	Human papilloma virus (HPV), high-risk types (ie, 16, 18, 31, 33, 45, 52 and 58) qualitative mRNA expression of E6/E7 by quantitative polymerase chain reaction (qPCR)	
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes	
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate	
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer	
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132 and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer	
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab	
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine	
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate	
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)	
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	

Codes	Description	Conditional PA Requirement (if applicable)
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype	
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease	
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease	
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using quantitative reverse transcription polymerase chain reaction (RT-qPCR), blood, reported as a risk score for KD	
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of CYP2D6, reported as impact of gene-drug interaction for each drug	
0393U	Neurology (eg, Parkinson disease, dementia with Lewy bodies), cerebrospinal fluid (CSF), detection of misfolded a-synuclein protein by seed amplification assay, qualitative	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	
0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or serum, quantitative	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	
0395U	Oncology (lung), multi-omics (microbial DNA by shotgun next-generation sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 DNA single-nucleotide polymorphisms (SNPs) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	
0398U	Gastroenterology (Barrett esophagus), P16, RUNX3, HPP1, and FBN1 DNA methylation analysis using PCR, formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected	
0400U	Obstetrics (expanded carrier screening), 145 genes by next-generation sequencing, fragment analysis and multiplex ligation-dependent probe amplification, DNA, reported as carrier positive or negative	
0401U	Cardiology (coronary heart disease [CHD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	

Codes	Description	Conditional PA Requirement (if applicable)
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4-carboxyphenyl] porphyrin [TCPP], CD206, CD66b, CD3, CD19), algorithm reported as likelihood of lung cancer	
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor necrosis receptor 2 (sTNFR2), and kidney injury molecule 1 (KIM-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology	
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marrow, report of clinically significant alterations	
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if performed, formalin-fixed paraffin-embedded (FFPE) tissue, reported as positive or negative for each biomarker	
0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS	
0416U	Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants	
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	

Codes	Description	Conditional PA Requirement (if applicable)
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINCO10019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1], cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	
0443U	Neurofilament light chain (NFL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LC-MS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	
0451U	Oncology (multiple myeloma), LC-MS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	
0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping	
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzyme-linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	
0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	
0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	

Codes	Description	Conditional PA Requirement (if applicable)
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	
0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using next-generation sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	
0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin-embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	
0479U	Tau, phosphorylated, pTau217	
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification	
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	
0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	
0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	

Codes	Description	Conditional PA Requirement (if applicable)
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	
0497U	Oncology (prostate), mRNA gene-expression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalin-fixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	
0498U	Oncology (colorectal), next-generation sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	
0501U	Oncology (colorectal), blood, quantitative measurement of cell-free DNA (cfDNA)	
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV	
0503U	Neurology (Alzheimer disease), beta amyloid (AB40, AB42, AB42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/np-tau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negative for amyloid plaques	
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next-generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	
0507U	Oncology (ovarian), DNA, whole-genome sequencing with 5-hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	
0508U	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 single-nucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cell-free DNA with risk for active rejection	
0509U	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single-nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor-derived cell-free DNA with risk for active rejection	
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA whole-transcriptome data, reported as probability of predicted molecular subtype	
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	
0523U	ONC SOLID TUMOR DNA QUAL NGS SNV 22GEN FFPE TISS	
0529U	HEM VTE GW SNP F2 AND F5 GENE ALYS AND LEIDEN VRNT SLV	
0530U	ONC PAN-SOL TUM CTDNA PLSM NGS 77 GEN 8 FUJN MSI	
0531U	NFCT DS AFB AND INVAS FUNGI DNA 673 ORGS NGS PLASMA	
0532U	RARE DS RAPID WHL GEN AND MITOCHDRL DNA SEQ SNV SLV	
0533U	RX METAB ADVRS RX RXN AND RSPSE GNOTYP 16 GENES	
0534U	ONC PRST8 MIRNA SNP ALYS RT-PCR 32VRNT BUCC SWAB	
0536U	RBC AG FETAL RHD PCR ALYS EXON 4 RHD GENE AND GAPDH	
0537U	ONC CLRCT CA ALYS CFDNA EPIG PTRN NGS >2500 DMR	
0538U	ONC SOLID TUM NGTS ALYS FFPE DNA ALYS 600 GENES	
0539U	ONC SOLID TUMOR CFCTDNA 152 GEN NGS INTERROG SNV	
0540U	TRNSPLJ MEDICINE QUAN DD-CFDNA NGS ALYS PLASMA	
0543U	ONC SOL TUM NGS DNA FFPE TISS 517GEN INTEROG SNV	
0544U	NEFRO TRANSPLANT MNTR 48 VRNTS DPCR CFDNA PLASMA	
0549U	ONC URTHL DNA QUAN MTHYLTD RT PCR TRNA-CYS SIM2	
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb	
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb	



Codes	Description	Conditional PA Requirement (if applicable)
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	
S3841	Genetic testing for retinoblastoma	
S3842	Genetic testing for Von Hippel-Lindau disease	
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	
S3845	Genetic testing for alpha-thalassemia	
S3846	Genetic testing for hemoglobin E beta-thalassemia	
S3849	Genetic testing for Niemann-Pick disease	
S3850	Genetic testing for sickle cell anemia	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	
S3853	Genetic testing for myotonic muscular dystrophy	
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	
81195	CYTOG GEN-WIDE ALYS HEM MAL STRUX VRNT AND CNV OGM	
81558	TRNSPLJ REJ KDN MRNA GENE XPRSN PRFLG QPCR 139	
<b>Home Health and Hospice</b>		
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system	
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	
99506	Home visit for intramuscular injections	
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	



Codes	Description	Conditional PA Requirement (if applicable)
99509	Home visit for assistance with activities of daily living and personal care	
99510	Home visit for individual, family, or marriage counseling	
99511	Home visit for fecal impaction management and enema administration	
99600	Unlisted home visit service or procedure	
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	
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	
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	
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)	
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)	
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	
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	
G0529	In-home respite care, 4-hour unit, for use in CMMI model	
G0531	Facility-based respite, 24-hour unit, for use in CMMI model	
Q5001	Hospice or home health care provided in patient's home/residence	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	
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)	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	
S9125	Respite care, in the home, per diem	
S9126	Hospice care, in the home, per diem	
S9127	Social work visit, in the home, per diem	
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)	
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)	
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)	
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)	
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	
T1021	Home health aide or certified nurse assistant, per visit	
T1022	Contracted home health agency services, all services provided under contract, per day	
T1030	Nursing care, in the home, by registered nurse, per diem	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	
<b>Infertility</b>		
A9293	Fertility cycle (contraception & conception) tracking software application, FDA cleared, per month, includes accessories (e.g., thermometer)	

Codes	Description	Conditional PA Requirement (if applicable)
<b>Inpatient Skilled Nursing Facility</b>		
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in 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	
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in 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	
<b>Liposuction</b>		
15877	Suction assisted lipectomy; trunk	
15878	Suction assisted lipectomy; upper extremity	
15879	Suction assisted lipectomy; lower extremity	
<b>Maternity</b>		
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring	
99501	Home visit for postnatal assessment and follow-up care	
99502	Home visit for newborn care and assessment	
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)	
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)	
<b>Medical Supply</b>		
A9156	Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	
A9268	Programmer for transient, orally ingested capsule	
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	
C9789	Instillation of antineoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed	
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	
A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	
V2525	Contact lens, hydrophilic, dual focus, per lens	
<b>Neuro and Spinal Cord Stimulators</b>		
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	
61880	Revision or removal of intracranial neurostimulator electrodes	

Codes	Description	Conditional PA Requirement (if applicable)
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	
C1767	Generator, neurostimulator (implantable), nonrechargeable	
C1778	Lead, neurostimulator (implantable)	
C1787	Patient programmer, neurostimulator	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	
C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	
C1897	Lead, neurostimulator test kit (implantable)	
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	
L8679	Implantable neurostimulator, pulse generator, any type	
L8680	Implantable neurostimulator electrode, each	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	
L8682	Implantable neurostimulator radiofrequency receiver	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	
S8130	Interferential current stimulator, 2 channel	
S8131	Interferential current stimulator, 4 channel	
<b>Neuro Surgery</b>		
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	

Codes	Description	Conditional PA Requirement (if applicable)
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	
<b>Neuro Therapy</b>		
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	
<b>Neuropsych Testing</b>		
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	
<b>Occupational, Physical and Speech Therapy</b>		
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Prior-auth is required only if billed under the following diagnosis codes: F641-F649, Z87890
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	
92610	Evaluation of oral and pharyngeal swallowing function	Prior-auth is required only if billed under the following diagnosis codes: Z5189

Codes	Description	Conditional PA Requirement (if applicable)
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	Prior-auth is required only if billed under the following diagnosis codes: Z5189
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;	Prior-auth is required only if billed under the following diagnosis codes: Z5189
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	Prior-auth is required only if billed under the following diagnosis codes: Z5189
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	Prior-auth is required only if billed under the following diagnosis codes: Z5189
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	Prior-auth is required only if billed under the following diagnosis codes: Z5189
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	Prior-auth is required only if billed under the following diagnosis codes: Z5189
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	Prior-auth is required only if billed under the following diagnosis codes: Z5189
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	
92630	Auditory rehabilitation; prelingual hearing loss	
92633	Auditory rehabilitation; postlingual hearing loss	
92700	Unlisted otorhinolaryngological service or procedure	Prior-auth is required only if billed under the following diagnosis codes: Z5189
97010	Application of a modality to 1 or more areas; hot or cold packs	
97012	Application of a modality to 1 or more areas; traction, mechanical	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	
97016	Application of a modality to 1 or more areas; vasopneumatic devices	
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
97139	Unlisted therapeutic procedure (specify)	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	*No prior-auth required for chiropractic or medication-assisted treatment specialties
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	*No prior-auth required for chiropractic or medication-assisted treatment specialties
97150	Therapeutic procedure(s), group (2 or more individuals)	
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	*No prior-auth required for chiropractic specialty providers
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	*No prior-auth required for chiropractic specialty providers
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	*No prior-auth required for chiropractic specialty providers
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	*No prior-auth required for chiropractic specialty providers
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	*No prior-auth required for chiropractic specialty providers
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	*No prior-auth required for chiropractic specialty providers
97545	Work hardening/conditioning; initial 2 hours	*No prior-auth required for chiropractic specialty providers
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	*No prior-auth required for chiropractic specialty providers
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	*No prior-auth required for chiropractic specialty providers

Codes	Description	Conditional PA Requirement (if applicable)
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	*No prior-auth required for chiropractic specialty providers
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	*No prior-auth required for chiropractic specialty providers
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	*No prior-auth required for chiropractic specialty providers
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	*No prior-auth required for chiropractic specialty providers
97799	Unlisted physical medicine/rehabilitation service or procedure	*No prior-auth required for chiropractic specialty providers
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization or intensive outpatient treatment program, per session (45 minutes or more)	*No prior-auth required for chiropractic specialty providers
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	
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	
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	
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	*No prior-auth required for chiropractic specialty providers
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	*No prior-auth required for chiropractic specialty providers
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	*No prior-auth required for chiropractic specialty providers
G0372	Physician service required to establish and document the need for a power mobility device	*No prior-auth required for chiropractic specialty providers
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	
S8950	Complex lymphedema therapy, each 15 minutes	*No prior-auth required for chiropractic specialty providers
S9128	Speech therapy, in the home, per diem	
S9129	Occupational therapy, in the home, per diem	
S9131	Physical therapy; in the home, per diem	
S9152	Speech therapy, re-evaluation	
S9476	Vestibular rehabilitation program, nonphysician provider, per diem	*No prior-auth required for chiropractic specialty providers
V5362	Speech screening	
V5363	Language screening	
<b>Orthognathic Procedures</b>		
21010	Arthrotomy, temporomandibular joint	
21050	Condylectomy, temporomandibular joint (separate procedure)	
21060	Menisectomy, partial or complete, temporomandibular joint (separate procedure)	
21070	Coronoidectomy (separate procedure)	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	
21081	Impression and custom preparation; mandibular resection prosthesis	
21085	Impression and custom preparation; oral surgical splint	
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	
21116	Injection procedure for temporomandibular joint arthrography	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	
21121	Genioplasty; sliding osteotomy, single piece	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	

Codes	Description	Conditional PA Requirement (if applicable)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	
21125	Augmentation, mandibular body or angle; prosthetic material	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	
21198	Osteotomy, mandible, segmental;	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	
21215	Graft, bone; mandible (includes obtaining graft)	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	
21242	Arthroplasty, temporomandibular joint, with allograft	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	
29804	Arthroscopy, temporomandibular joint, surgical	
D7810	open reduction of dislocation	
D7820	closed reduction of dislocation	
D7830	manipulation under anesthesia	
D7840	condylectomy	



Codes	Description	Conditional PA Requirement (if applicable)
D7850	surgical discectomy, with/without implant	
D7852	disc repair	
D7854	synovectomy	
D7856	myotomy	
D7858	joint reconstruction	
D7860	arthrotomy	
D7865	arthroplasty	
D7870	arthrocentesis	
D7871	non-anthroscopic lysis and lavage	
D7872	arthroscopy - diagnosis, with or without biopsy	
D7873	arthroscopy: lavage and lysis of adhesions	
D7874	arthroscopy: disc repositioning and stabilization	
D7875	arthroscopy: synovectomy	
D7876	arthroscopy: discectomy	
D7877	arthroscopy: debridement	
D7880	occlusal orthodic device, by report	
D7881	occlusal orthodic device adjustment	
D7899	unspecified TMD therapy, by report	
D7940	osteoplasty - for orthognathic deformities	
D7941	osteotomy - mandibular rami	
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	
D7944	osteotomy - segmented or subapical	
D7945	osteotomy - body of mandible	
D7946	LeFort I (maxilla - total)	
D7947	LeFort I (maxilla - segmented)	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retusion) - without bone graft	
D7949	LeFort II or LeFort III - with bone graft	
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	
D7995	synthetic graft - mandible or facial bones, by report	
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	
<b>Orthotics</b>		
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	
L0130	Cervical, flexible, thermoplastic collar, molded to patient	
L0170	Cervical, collar, molded to patient model	
L0220	Thoracic, rib belt, custom fabricated	
L0452	Thoracic-lumbar-sacral orthosis (TLSO), flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	
L0480	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0482	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, one-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0484	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0486	Thoracic-lumbar-sacral orthosis (TLSO), triplanar control, two-piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0622	Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	

Codes	Description	Conditional PA Requirement (if applicable)
L0624	Sacroiliac orthosis (SO), provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	
L0629	Lumbar-sacral orthosis (LSO), flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	
L0632	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
L0634	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	
L0636	Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	
L0638	Lumbar-sacral orthosis (LSO), sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
L0640	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	
L1844	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L1846	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L1860	Knee orthosis (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	
L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	
L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	
L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	
L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	
L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	
L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	

Codes	Description	Conditional PA Requirement (if applicable)
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	
L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	
L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	
L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	
L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	
L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	
L2040	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	
L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	
L2070	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	
L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	
L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	
L3251	Foot, shoe molded to patient model, silicone shoe, each	
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3674	Shoulder orthosis (SO), abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3702	Elbow orthosis (EO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	
L3740	Elbow orthosis (EO), double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3764	Elbow-wrist-hand orthosis (EWHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3765	Elbow-wrist-hand-finger orthosis (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3766	Elbow-wrist-hand-finger orthosis (EWHFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	

Codes	Description	Conditional PA Requirement (if applicable)
L3806	Wrist-hand-finger orthosis (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	
L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	
L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3913	Hand-finger orthosis (HFO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3919	Hand orthosis (HO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3921	Hand-finger orthosis (HFO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	
L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3971	Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3973	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3978	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L4030	Replace quadrilateral socket brim, custom fitted	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	
L4045	Replace nonmolded thigh lacer, for custom fabricated orthosis only	
L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	
69300	Otoplasty, protruding ear, with or without size reduction	
<b>Pain Management</b>		
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	

Codes	Description	Conditional PA Requirement (if applicable)
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	
C1822	Generator, neurostimulator (implantable), with rechargeable battery and charging system	
<b>Penile Implant</b>		
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	
54401	Insertion of penile prosthesis; inflatable (self-contained)	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	
C1813	Prosthesis, penile, inflatable	
C2622	Prosthesis, penile, noninflatable	
<b>Proprietary Laboratory Analyses (PLA) Codes</b>		
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	
0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjogren syndrome	
<b>Prosthetics</b>		
21076	Impression and custom preparation; surgical obturator prosthesis	
21077	Impression and custom preparation; orbital prosthesis	
21079	Impression and custom preparation; interim obturator prosthesis	
21080	Impression and custom preparation; definitive obturator prosthesis	
21083	Impression and custom preparation; palatal lift prosthesis	
21084	Impression and custom preparation; speech aid prosthesis	
21086	Impression and custom preparation; auricular prosthesis	
21087	Impression and custom preparation; nasal prosthesis	
21088	Impression and custom preparation; facial prosthesis	
92352	Fitting of spectacle prosthesis for aphakia; monofocal	
92353	Fitting of spectacle prosthesis for aphakia; multifocal	
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	
92371	Repair and refitting spectacles; spectacle prosthesis for aphakia	
A2011	Supra SDRM, per sq cm	
A2012	SUPRATHEL, per sq cm	
A2013	InnovaMatrix FS, per sq cm	
A2019	Kerecis Omega3 MariGen Shield, per sq cm	
A2020	AC5 Advanced Wound System (AC5)	
A2021	NeoMatriX, per sq cm	
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	
A2023	InnovaMatrix PD, 1 mg	
A2024	Resolve Matrix, per sq cm	
A2025	Miro3D, per cu cm	
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	
A4481	Tracheostoma filter, any type, any size, each	
A4600	Sleeve for intermittent limb compression device, replacement only, each	
A4605	Tracheal suction catheter, closed system, each	

Codes	Description	Conditional PA Requirement (if applicable)
A4608	Transtracheal oxygen catheter, each	
A4623	Tracheostomy, inner cannula	
A4624	Tracheal suction catheter, any type other than closed system, each	
A4625	Tracheostomy care kit for new tracheostomy	
A4626	Tracheostomy cleaning brush, each	
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	
A4628	Oral and/or oropharyngeal suction catheter, each	
A4629	Tracheostomy care kit for established tracheostomy	
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	
A5105	Urinary suspensory with leg bag, with or without tube, each	
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	
A5113	Leg strap; latex, replacement only, per set	
A5114	Leg strap; foam or fabric, replacement only, per set	
A7501	Tracheostoma valve, including diaphragm, each	
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	
A7520	Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each	
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinyl chloride (PVC), silicone or equal, each	
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	
A7523	Tracheostomy shower protector, each	
A7524	Tracheostoma stent/stud/button, each	
A7525	Tracheostomy mask, each	
A7526	Tracheostomy tube collar/holder, each	
A7527	Tracheostomy/laryngectomy tube plug/stop, each	
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	
B4081	Nasogastric tubing with stylet	
B4082	Nasogastric tubing without stylet	
B4083	Stomach tube - Levine type	
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	
B4100	Food thickener, administered orally, per oz	
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	
B4104	Additive for enteral formula (e.g., fiber)	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	
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	
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	
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	
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	

Codes	Description	Conditional PA Requirement (if applicable)
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	
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	
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	
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	
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	
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	
B9002	Enteral nutrition infusion pump, any type	
B9998	NOC for enteral supplies	
C1780	Lens, intraocular (new technology)	
C1789	Prosthesis, breast (implantable)	
C1815	Prosthesis, urinary sphincter (implantable)	
C1889	Implantable/insertable device, not otherwise classified	
C1889	Implantable/insertable device, not otherwise classified	
C1889	Implantable/insertable device, not otherwise classified	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	
D5911	facial moulage (sectional)	
D5912	facial moulage (complete)	
D5913	nasal prosthesis	
D5914	auricular prosthesis	
D5915	orbital prosthesis	
D5916	ocular prosthesis	
D5919	facial prosthesis	
D5922	nasal septal prosthesis	
D5923	ocular prosthesis, interim	
D5924	cranial prosthesis	
D5925	facial augmentation implant prosthesis	
D5926	nasal prosthesis, replacement	
D5927	auricular prosthesis, replacement	
D5928	orbital prosthesis, replacement	
D5929	facial prosthesis, replacement	
D5931	obturator prosthesis, surgery	
D5932	obturator prosthesis, definitive	
D5933	obturator prosthesis, modification	
D5934	mandibular resection prosthesis with guide flange	
D5935	mandibular resection prosthesis without guide flange	
D5936	obturator prosthesis, interim	
D5952	speech aid prosthesis, pediatric	
D5953	speech aid prosthesis, adult	
D5954	palatal augmentation prosthesis	
D5955	palatal lift prosthesis, definitive	
D5958	palatal lift prosthesis, interim	
D5959	palatal lift prosthesis, modification	
D5960	speech aid prosthesis, modification	
D5983	radiation carrier	
D5984	radiation shield	
D5985	radiation cone locator	
D5986	fluoride gel carrier	
D5987	commissure splint	
D5999	unspecified maxillofacial prosthetic appliance, by report	



Codes	Description	Conditional PA Requirement (if applicable)
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	
L5010	Partial foot, molded socket, ankle height, with toe filler	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	
L5050	Ankle, Symes, molded socket, SACH foot	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot (SACH)	
L5100	Below knee (BK), molded socket, shin, SACH foot	
L5105	Below knee (BK), plastic socket, joints and thigh lacer, SACH foot	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	
L5200	Above knee (AK), molded socket, single axis constant friction knee, shin, SACH foot	
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	
L5230	Above knee (AK), for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5301	Below knee (BK), molded socket, shin, SACH foot, endoskeletal system	
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	
L5321	Above knee (AK), molded socket, open end, SACH foot, endoskeletal system, single axis knee	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5500	Initial, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5505	Initial, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5510	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5520	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5530	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5535	Preparatory, below knee (BK) PTB type socket, nonalignable system, no cover, SACH foot, prefabricated, adjustable open end socket	
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5595	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	
L5600	Preparatory, hip disarticulation/hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	
L5610	Addition to lower extremity, endoskeletal system, above knee (AK), hydracandence system	
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	

Codes	Description	Conditional PA Requirement (if applicable)
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	
L5618	Addition to lower extremity, test socket, Symes	
L5620	Addition to lower extremity, test socket, below knee (BK)	
L5622	Addition to lower extremity, test socket, knee disarticulation	
L5624	Addition to lower extremity, test socket, above knee (AK)	
L5626	Addition to lower extremity, test socket, hip disarticulation	
L5628	Addition to lower extremity, test socket, hemipelvectomy	
L5629	Addition to lower extremity, below knee, acrylic socket	
L5630	Addition to lower extremity, Symes type, expandable wall socket	
L5631	Addition to lower extremity, above knee (AK) or knee disarticulation, acrylic socket	
L5632	Addition to lower extremity, Symes type, PTB brim design socket	
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	
L5636	Addition to lower extremity, Symes type, medial opening socket	
L5637	Addition to lower extremity, below knee (BK), total contact	
L5638	Addition to lower extremity, below knee (BK), leather socket	
L5639	Addition to lower extremity, below knee (BK), wood socket	
L5640	Addition to lower extremity, knee disarticulation, leather socket	
L5642	Addition to lower extremity, above knee (AK), leather socket	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
L5644	Addition to lower extremity, above knee (AK), wood socket	
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	
L5647	Addition to lower extremity, below knee (BK), suction socket	
L5648	Addition to lower extremity, above knee (AK), air, fluid, gel or equal, cushion socket	
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	
L5650	Additions to lower extremity, total contact, above knee (AK) or knee disarticulation socket	
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5661	Addition to lower extremity, socket insert, multidurometer Symes	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	
L5666	Addition to lower extremity, below knee (BK), cuff suspension	
L5668	Addition to lower extremity, below knee (BK), molded distal cushion	
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	
L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension	
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	
L5676	Additions to lower extremity, below knee (BK), knee joints, single axis, pair	
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	
L5678	Additions to lower extremity, below knee (BK), joint covers, pair	
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	
L5680	Addition to lower extremity, below knee (BK), thigh lacer, nonmolded	
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	

Codes	Description	Conditional PA Requirement (if applicable)
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	
L5684	Addition to lower extremity, below knee, fork strap	
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	
L5686	Addition to lower extremity, below knee (BK), back check (extension control)	
L5688	Addition to lower extremity, below knee (BK), waist belt, webbing	
L5690	Addition to lower extremity, below knee (BK), waist belt, padded and lined	
L5692	Addition to lower extremity, above knee (AK), pelvic control belt, light	
L5694	Addition to lower extremity, above knee (AK), pelvic control belt, padded and lined	
L5695	Addition to lower extremity, above knee (AK), pelvic control, sleeve suspension, neoprene or equal, each	
L5696	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic joint	
L5697	Addition to lower extremity, above knee (AK) or knee disarticulation, pelvic band	
L5698	Addition to lower extremity, above knee (AK) or knee disarticulation, Silesian bandage	
L5699	All lower extremity prostheses, shoulder harness	
L5700	Replacement, socket, below knee (BK), molded to patient model	
L5701	Replacement, socket, above knee (AK)/knee disarticulation, including attachment plate, molded to patient model	
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	
L5704	Custom shaped protective cover, below knee (BK)	
L5705	Custom shaped protective cover, above knee (AK)	
L5706	Custom shaped protective cover, knee disarticulation	
L5707	Custom shaped protective cover, hip disarticulation	
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	
L5785	Addition, exoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	
L5790	Addition, exoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	

Codes	Description	Conditional PA Requirement (if applicable)
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	
L5840	Addition, endoskeletal knee-shin system, four-bar linkage or multiaxial, pneumatic swing phase control	
L5845	Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	
L5850	Addition, endoskeletal system, above knee (AK) or hip disarticulation, knee extension assist	
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	
L5910	Addition, endoskeletal system, below knee (BK), alignable system	
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	
L5930	Addition, endoskeletal system, high activity knee control frame	
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	
L5950	Addition, endoskeletal system, above knee (AK), ultra-light material (titanium, carbon fiber or equal)	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	
L5964	Addition, endoskeletal system, above knee (AK), flexible protective outer surface covering system	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	
L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	
L5972	All lower extremity prostheses, foot, flexible keel	
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	
L5980	All lower extremity prostheses, flex-foot system	
L5981	All lower extremity prostheses, flex-walk system or equal	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	
L5999	Lower extremity prosthesis, not otherwise specified	
L6000	Partial hand, thumb remaining	
L6010	Partial hand, little and/or ring finger remaining	
L6020	Partial hand, no finger remaining	
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)	
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	

Codes	Description	Conditional PA Requirement (if applicable)
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	
L6380	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	
L6382	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	
L6384	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	
L6386	Immediate postsurgical or early fitting, each additional cast change and realignment	
L6388	Immediate postsurgical or early fitting, application of rigid dressing only	
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	
L6600	Upper extremity additions, polycentric hinge, pair	
L6605	Upper extremity additions, single pivot hinge, pair	
L6610	Upper extremity additions, flexible metal hinge, pair	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	
L6615	Upper extremity addition, disconnect locking wrist unit	
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	
L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	

Codes	Description	Conditional PA Requirement (if applicable)
L6625	Upper extremity addition, rotation wrist unit with cable lock	
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	
L6630	Upper extremity addition, stainless steel, any wrist	
L6632	Upper extremity addition, latex suspension sleeve, each	
L6635	Upper extremity addition, lift assist for elbow	
L6637	Upper extremity addition, nudge control elbow lock	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	
L6640	Upper extremity additions, shoulder abduction joint, pair	
L6641	Upper extremity addition, excursion amplifier, pulley type	
L6642	Upper extremity addition, excursion amplifier, lever type	
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	
L6650	Upper extremity addition, shoulder universal joint, each	
L6655	Upper extremity addition, standard control cable, extra	
L6660	Upper extremity addition, heavy-duty control cable	
L6665	Upper extremity addition, Teflon, or equal, cable lining	
L6670	Upper extremity addition, hook to hand, cable adapter	
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	
L6686	Upper extremity addition, suction socket	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	
L6691	Upper extremity addition, removable insert, each	
L6692	Upper extremity addition, silicone gel insert or equal, each	
L6693	Upper extremity addition, locking elbow, forearm counterbalance	
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	
L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	
L6703	Terminal device, passive hand/mitt, any material, any size	
L6704	Terminal device, sport/recreational/work attachment, any material, any size	
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	

Codes	Description	Conditional PA Requirement (if applicable)
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	
L6721	Terminal device, hook or hand, heavy-duty, mechanical, voluntary opening, any material, any size, lined or unlined	
L6722	Terminal device, hook or hand, heavy-duty, mechanical, voluntary closing, any material, any size, lined or unlined	
L6805	Addition to terminal device, modifier wrist unit	
L6810	Addition to terminal device, precision pinch device	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	
L6915	Hand restoration (shading and measurements included), replacement glove for above	
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
L7007	Electric hand, switch or myoelectric controlled, adult	
L7008	Electric hand, switch or myoelectric, controlled, pediatric	
L7009	Electric hook, switch or myoelectric controlled, adult	
L7040	Prehensile actuator, switch controlled	



Codes	Description	Conditional PA Requirement (if applicable)
L7045	Electric hook, switch or myoelectric controlled, pediatric	
L7170	Electronic elbow, Hosmer or equal, switch controlled	
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	
L7259	Electronic wrist rotator, any type	
L7360	Six volt battery, each	
L7362	Battery charger, six volt, each	
L7364	Twelve volt battery, each	
L7366	Battery charger, 12 volt, each	
L7367	Lithium ion battery, rechargeable, replacement	
L7368	Lithium ion battery charger, replacement only	
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light material (titanium, carbon fiber or equal)	
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	
L7499	Upper extremity prosthesis, not otherwise specified	
L7510	Repair of prosthetic device, repair or replace minor parts	
L7520	Repair prosthetic device, labor component, per 15 minutes	
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	
L7900	Male vacuum erection system	
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	
L8010	Breast prosthesis, mastectomy sleeve	
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	
L8020	Breast prosthesis, mastectomy form	
L8030	Breast prosthesis, silicone or equal, without integral adhesive	
L8031	Breast prosthesis, silicone or equal, with integral adhesive	
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	
L8039	Breast prosthesis, not otherwise specified	
L8040	Nasal prosthesis, provided by a nonphysician	
L8041	Midfacial prosthesis, provided by a nonphysician	
L8042	Orbital prosthesis, provided by a nonphysician	
L8043	Upper facial prosthesis, provided by a nonphysician	
L8044	Hemi-facial prosthesis, provided by a nonphysician	
L8045	Auricular prosthesis, provided by a nonphysician	
L8046	Partial facial prosthesis, provided by a nonphysician	
L8047	Nasal septal prosthesis, provided by a nonphysician	
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	
L8400	Prosthetic sheath, below knee, each	
L8410	Prosthetic sheath, above knee, each	
L8415	Prosthetic sheath, upper limb, each	
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee (BK) or above knee (AK), each	
L8420	Prosthetic sock, multiple ply, below knee (BK), each	
L8430	Prosthetic sock, multiple ply, above knee (AK), each	
L8435	Prosthetic sock, multiple ply, upper limb, each	
L8440	Prosthetic shrinker, below knee (BK), each	
L8460	Prosthetic shrinker, above knee (AK), each	
L8465	Prosthetic shrinker, upper limb, each	

Codes	Description	Conditional PA Requirement (if applicable)
L8470	Prosthetic sock, single ply, fitting, below knee (BK), each	
L8480	Prosthetic sock, single ply, fitting, above knee (AK), each	
L8485	Prosthetic sock, single ply, fitting, upper limb, each	
L8499	Unlisted procedure for miscellaneous prosthetic services	
L8500	Artificial larynx, any type	
L8501	Tracheostomy speaking valve	
L8505	Artificial larynx replacement battery/accessory, any type	
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	
L8511	Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	
L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	
L8514	Tracheo-esophageal puncture dilator, replacement only, each	
L8515	Gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each	
L8600	Implantable breast prosthesis, silicone or equal	
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	
L8610	Ocular implant	
L8612	Aqueous shunt	
L8613	Ossicula implant	
L8630	Metacarpophalangeal joint implant	
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	
L8641	Metatarsal joint implant	
L8642	Hallux implant	
L8658	Interphalangeal joint spacer, silicone or equal, each	
L8659	Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	
L8670	Vascular graft material, synthetic, implant	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
L8690	Auditory osseointegrated device, includes all internal and external components	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	
L8693	Auditory osseointegrated device abutment, any length, replacement only	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	
L8699	Prosthetic implant, not otherwise specified	
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	
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	
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice	
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice	

Codes	Description	Conditional PA Requirement (if applicable)
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	
Q4225	AmnioBind or DermaBind TL, per sq cm	
Q4236	carePATCH, per sq cm	
Q4256	MLG-Complete, per sq cm	
Q4257	Relese, per sq cm	
Q4258	Enverse, per sq cm	
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	
Q4260	Signature APatch, per sq cm	
Q4261	TAG, per sq cm	
Q4262	Dual Layer Impax Membrane, per sq cm	
Q4263	SurGraft TL, per sq cm	
Q4264	Cocoon Membrane, per sq cm	
Q4265	NeoStim TL, per sq cm	
Q4266	NeoStim Membrane, per sq cm	
Q4267	NeoStim DL, per sq cm	
Q4268	SurGraft FT, per sq cm	
Q4269	SurGraft XT, per sq cm	
Q4270	Complete SL, per sq cm	
Q4271	Complete FT, per sq cm	
Q4279	Vendaje AC, per sq cm	
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	
Q4286	NuDYN SL or NuDYN SLW, per sq cm	
Q4287	DermaBind DL, per sq cm	
Q4288	DermaBind CH, per sq cm	
Q4289	RevoShield+ Amniotic Barrier, per sq cm	
Q4290	Membrane Wrap-Hydro TM, per sq cm	
Q4291	Lamellas XT, per sq cm	
Q4292	Lamellas, per sq cm	
Q4293	Acesso DL, per sq cm	
Q4294	Amnio Quad-Core, per sq cm	
Q4295	Amnio Tri-Core Amniotic, per sq cm	
Q4296	Rebound Matrix, per sq cm	
Q4297	Emerge Matrix, per sq cm	
Q4298	AmniCore Pro, per sq cm	
Q4299	AmniCore Pro+, per sq cm	
Q4300	Acesso TL, per sq cm	
Q4301	Activate Matrix, per sq cm	
Q4302	Complete ACA, per sq cm	
Q4303	Complete AA, per sq cm	
Q4304	GRAFIX PLUS, per sq cm	
S8189	Tracheostomy supply, not otherwise classified	
S8265	Haberman feeder for cleft lip/palate	
S8460	Camisole, postmastectomy	
S9434	Modified solid food supplements for inborn errors of metabolism	
S9435	Medical foods for inborn errors of metabolism	
V2623	Prosthetic eye, plastic, custom	
V2625	Enlargement of ocular prosthesis	
V2626	Reduction of ocular prosthesis	
V2627	Scleral cover shell	
V2628	Fabrication and fitting of ocular conformer	
V2629	Prosthetic eye, other type	
V2630	Anterior chamber intraocular lens	
V2631	Iris supported intraocular lens	
V2632	Posterior chamber intraocular lens	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	
<b>Radiation treatment</b>		
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	
<b>Rhinoplasty</b>		
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	
30420	Rhinoplasty, primary; including major septal repair	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	

Codes	Description	Conditional PA Requirement (if applicable)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	
<b>Septoplasty</b>		
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	
<b>Specialized Radiation Therapy</b>		
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	
G0563	SBRT TX DEL POSITRON EMISSION-BASED DELIVERY	
<b>Spinal Surgery</b>		
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	
22830	Exploration of spinal fusion	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	
22849	Reinsertion of spinal fixation device	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	

Codes	Description	Conditional PA Requirement (if applicable)
62355	Removal of previously implanted intrathecal or epidural catheter	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, single interspace	
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	
63086	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)	
63185	Laminectomy with rhizotomy; 1 or 2 segments	
63190	Laminectomy with rhizotomy; more than 2 segments	
63191	Laminectomy with section of spinal accessory nerve	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64580	Open implantation of neurostimulator electrode array; neuromuscular	
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
64585	Revision or removal of peripheral neurostimulator electrode array	
64999	Unlisted procedure, nervous system	
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	

Codes	Description	Conditional PA Requirement (if applicable)
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	
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	
<b>Surgical Procedures</b>		
64466	THORACIC FASCIAL PLANE BLOCK UNI INJECTION	
64467	THORACIC FASCIAL PLANE BLOCK UNI CONT INFUSION	
64468	THORACIC FASCIAL PLANE BLOCK BI INJECTION	
64469	THORACIC FASCIAL PLANE BLOCK BI CONT INFUSION	
64473	LOWER XTR FASCIAL PLANE BLOCK UNI INJECTION	
64474	LOWER XTR FASCIAL PLANE BLOCK UNI CONT INFUSION	
C9790	Histotripsy (i.e., nonthermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	
C9792	Blinded or nonblinded procedure for symptomatic New York Heart Association (NYHA) Class II, III, IVA heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., transesophageal echocardiography (TTE), intracardiac echocardiography (ICE), fluoroscopy), performed under general anesthesia in an approved investigational device exemption (IDE) study	
C8002	PREPARATION SKIN CELL SUSP AUTOGRAFT AUTOMATED	
C8003	IMPLANT MEDIAL KNEE EXTRAART IMPLANT SHOCK ABS	
C8005	BRONCH RGD/FLEX NON THRM TRANSBRON ABL LES PEF E	
G0564	CREATION SUBC PKT INS 365 DAY IMPLANT GLUC SNSR	
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	
15853	Removal of sutures or staples not requiring anesthesia (List separately in addition to E/M code)	
15854	Removal of sutures and staples not requiring anesthesia (List separately in addition to E/M code)	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	

Codes	Description	Conditional PA Requirement (if applicable)
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (List separately in addition to code for primary procedure)	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	



Codes	Description	Conditional PA Requirement (if applicable)
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)	
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	
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	
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	
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	
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed	
0621T	Trabeculectomy ab interno by laser	
0622T	Trabeculectomy ab interno by laser; with use of ophthalmic endoscope	
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)	
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	

Codes	Description	Conditional PA Requirement (if applicable)
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (e.g., kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	
C9089	Bupivacaine, collagen-matrix implant, 1 mg	
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	
C9782	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study	
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	
<b>Total Joint Replacements</b>		
25445	Arthroplasty with prosthetic replacement; trapezium	
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	
27702	Arthroplasty, ankle; with implant (total ankle)	
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	

Codes	Description	Conditional PA Requirement (if applicable)
29999	Unlisted procedure, arthroscopy	
<b>Transcranial Magnetic Stimulation (TMS)</b>		
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	
95939	Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs	
<b>Transplant</b>		
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	
32851	Lung transplant, single; without cardiopulmonary bypass	
32852	Lung transplant, single; with cardiopulmonary bypass	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	
33930	Donor cardiectomy-pneumonecctomy (including cold preservation)	
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	
33935	Heart-lung transplant with recipient cardiectomy-pneumonecctomy	
33940	Donor cardiectomy (including cold preservation)	
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	
33945	Heart transplant, with or without recipient cardiectomy	
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	
38230	Bone marrow harvesting for transplantation; allogeneic	
38232	Bone marrow harvesting for transplantation; autologous	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	
38242	Allogeneic lymphocyte infusions	
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	
44135	Intestinal allotransplantation; from cadaver donor	
44136	Intestinal allotransplantation; from living donor	
44137	Removal of transplanted intestinal allograft, complete	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	

Codes	Description	Conditional PA Requirement (if applicable)
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	
48554	Transplantation of pancreatic allograft	
48556	Removal of transplanted pancreatic allograft	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	
50320	Donor nephrectomy (including cold preservation); open, from living donor	
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	
50340	Recipient nephrectomy (separate procedure)	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	
50370	Removal of transplanted renal allograft	
50380	Renal autotransplantation, reimplantation of kidney	
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	
0665T	Donor hysterectomy (including cold preservation); open, from living donor	
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	
0668T	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	

Codes	Description	Conditional PA Requirement (if applicable)
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	
S2053	Transplantation of small intestine and liver allografts	
S2054	Transplantation of multivisceral organs	
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	
S2060	Lobar lung transplantation	
S2061	Donor lobectomy (lung) for transplantation, living donor	
S2065	Simultaneous pancreas kidney transplantation	
S2102	Islet cell tissue transplant from pancreas; allogeneic	
S2140	Cord blood harvesting for transplantation, allogeneic	
S2142	Cord blood-derived stem-cell transplantation, allogeneic	
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	
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: 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	
S9975	Transplant related lodging, meals and transportation, per diem	
<b>Treatment of Varicose Veins</b>		
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
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)	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	
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)	
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	
37718	Ligation, division, and stripping, short saphenous vein	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
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	
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
<b>Uvulopalatopharyngoplasty (UPPP)</b>		
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	
<b>Vermilionectomy</b>		
40500	Vermilionectomy (lip shave), with mucosal advancement	
<b>Vestibuloplasty</b>		
40840	Vestibuloplasty; anterior	
40842	Vestibuloplasty; posterior, unilateral	
40843	Vestibuloplasty; posterior, bilateral	

Codes	Description	Conditional PA Requirement (if applicable)
40844	Vestibuloplasty; entire arch	
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	
<b>Wound care: Skin substitutes and biologicals</b>		
Q4311	Acesso, per sq cm	
Q4312	Acesso AC, per sq cm	
Q4313	DermaBind FM, per sq cm	
Q4314	Reeva FT, per sq cm	
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	
Q4316	AmchoPlast, per sq cm	
Q4317	VitoGraft, per sq cm	
Q4318	E-Graft, per sq cm	
Q4319	SanoGraft, per sq cm	
Q4320	PelloGraft, per sq cm	
Q4321	RenoGraft, per sq cm	
Q4322	CaregraFT, per sq cm	
Q4323	alloPLY, per sq cm	
Q4324	AmnioTX, per sq cm	
Q4325	ACApatch, per sq cm	
Q4326	WoundPlus, per sq cm	
Q4327	DuoAmnion, per sq cm	
Q4328	MOST, per sq cm	
Q4329	Singlay, per sq cm	
Q4330	TOTAL, per sq cm	
Q4331	Axolotl Graft, per sq cm	
Q4332	Axolotl DualGraft, per sq cm	
Q4333	ArdeoGraft, per sq cm	

## Evolent Prior Authorization Codes in Scope

### Evolent Complex imaging, CT, PET, MRA, MRI, and High-Tech Radiology Procedures

Codes	Description	Conditional PA Requirement (if applicable)
70450	Computed tomography, head or brain; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70460	Computed tomography, head or brain; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70486	Computed tomography, maxillofacial area; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70487	Computed tomography, maxillofacial area; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70490	Computed tomography, soft tissue neck; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70491	Computed tomography, soft tissue neck; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
71250	Computed tomography, thorax, diagnostic; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures



Codes	Description	Conditional PA Requirement (if applicable)
72125	Computed tomography, cervical spine; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72126	Computed tomography, cervical spine; with contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72128	Computed tomography, thoracic spine; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72129	Computed tomography, thoracic spine; with contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72131	Computed tomography, lumbar spine; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72132	Computed tomography, lumbar spine; with contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72192	Computed tomography, pelvis; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72193	Computed tomography, pelvis; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73200	Computed tomography, upper extremity; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73201	Computed tomography, upper extremity; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73700	Computed tomography, lower extremity; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73701	Computed tomography, lower extremity; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures

Codes	Description	Conditional PA Requirement (if applicable)
74150	Computed tomography, abdomen; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74160	Computed tomography, abdomen; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74176	Computed tomography, abdomen and pelvis; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
76380	Computed tomography, limited or localized follow-up study	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
S8092	Electron beam computed tomography (also known as ultrafast CT, cine CT)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures

Codes	Description	Conditional PA Requirement (if applicable)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70544	Magnetic resonance angiography, head; without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70545	Magnetic resonance angiography, head; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70547	Magnetic resonance angiography, neck; without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70548	Magnetic resonance angiography, neck; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures

Codes	Description	Conditional PA Requirement (if applicable)
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures

Codes	Description	Conditional PA Requirement (if applicable)
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
76390	Magnetic resonance spectroscopy	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
0698T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); multiple organs (List separately in addition to code for primary procedure)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures

Codes	Description	Conditional PA Requirement (if applicable)
0722T	Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
0724T	Quantitative magnetic resonance cholangiopancreatography (QMRC) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
0742T	Absolute quantitation of myocardial blood flow (AQMBF), single-photon emission computed tomography (SPECT), with exercise or pharmacologic stress, and at rest, when performed (List separately in addition to code for primary procedure)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8900	Magnetic resonance angiography with contrast, abdomen	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8901	Magnetic resonance angiography without contrast, abdomen	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8903	Magnetic resonance imaging with contrast, breast; unilateral	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8906	Magnetic resonance imaging with contrast, breast; bilateral	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8912	Magnetic resonance angiography with contrast, lower extremity	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8913	Magnetic resonance angiography without contrast, lower extremity	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8918	Magnetic resonance angiography with contrast, pelvis	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8919	Magnetic resonance angiography without contrast, pelvis	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8932	Magnetic resonance angiography without contrast, spinal canal and contents	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures



Codes	Description	Conditional PA Requirement (if applicable)
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8934	Magnetic resonance angiography with contrast, upper extremity	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8935	Magnetic resonance angiography without contrast, upper extremity	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
S8037	Magnetic resonance cholangiopancreatography (MRCP)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
S8042	Magnetic resonance imaging (MRI), low-field	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78813	Positron emission tomography (PET) imaging; whole body	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures



Codes	Description	Conditional PA Requirement (if applicable)
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures

Codes	Description	Conditional PA Requirement (if applicable)
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	*Submit prior-auth to Evolent (formerly NIA) for complex imaging, CT, PET, MRA, MRI, and high tech radiology procedures

## Evolent Musculoskeletal (MSK)

Codes	Description	Conditional PA Requirement (if applicable)
27412	Autologous chondrocyte implantation, knee	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27415	Osteochondral allograft, knee, open	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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;	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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, lumbar; each additional interspace (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services

Codes	Description	Conditional PA Requirement (if applicable)
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services

Codes	Description	Conditional PA Requirement (if applicable)
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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 [eg, wire, suture, mini-plates], when performed)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, single interspace	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services



Codes	Description	Conditional PA Requirement (if applicable)
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
2L290:L1833	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)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23120	Claviculectomy; partial	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23125	Claviculectomy; total	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23405	Tenotomy, shoulder area; single tendon	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23415	Coracoacromial ligament release, with or without acromioplasty	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23430	Tenodesis of long tendon of biceps	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23460	Capsulorrhaphy, anterior, any type; with bone block	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services

Codes	Description	Conditional PA Requirement (if applicable)
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27403	Arthrotomy with meniscus repair, knee	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27424	Reconstruction of dislocating patella; with patellectomy	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27425	Lateral retinacular release, open	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27438	Arthroplasty, patella; with prosthesis	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services



Codes	Description	Conditional PA Requirement (if applicable)
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29863	Arthroscopy, hip, surgical; with synovectomy	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29873	Arthroscopy, knee, surgical; with lateral release	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services

Codes	Description	Conditional PA Requirement (if applicable)
29916	Arthroscopy, hip, surgical; with labral repair	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	*Submit prior-auth request to Evolent (formerly NIA) for MSK Services

## Evolent Oncology/Urology

Codes	Description	Conditional PA Requirement (if applicable)
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77761	Intracavitary radiation source application; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77761	Intracavitary radiation source application; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77761	Intracavitary radiation source application; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77761	Intracavitary radiation source application; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77762	Intracavitary radiation source application; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77762	Intracavitary radiation source application; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77762	Intracavitary radiation source application; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider



Codes	Description	Conditional PA Requirement (if applicable)
77789	Surface application of low dose rate radionuclide source	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77789	Surface application of low dose rate radionuclide source	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77789	Surface application of low dose rate radionuclide source	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77790	Supervision, handling, loading of radiation source	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77790	Supervision, handling, loading of radiation source	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77790	Supervision, handling, loading of radiation source	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77790	Supervision, handling, loading of radiation source	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77799	Unlisted procedure, clinical brachytherapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77799	Unlisted procedure, clinical brachytherapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77799	Unlisted procedure, clinical brachytherapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77799	Unlisted procedure, clinical brachytherapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77261	Therapeutic radiology treatment planning; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77261	Therapeutic radiology treatment planning; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77261	Therapeutic radiology treatment planning; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77261	Therapeutic radiology treatment planning; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77263	Therapeutic radiology treatment planning; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77263	Therapeutic radiology treatment planning; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77263	Therapeutic radiology treatment planning; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77263	Therapeutic radiology treatment planning; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77280	Therapeutic radiology simulation-aided field setting; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77280	Therapeutic radiology simulation-aided field setting; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77280	Therapeutic radiology simulation-aided field setting; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77280	Therapeutic radiology simulation-aided field setting; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77285	Therapeutic radiology simulation-aided field setting; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77285	Therapeutic radiology simulation-aided field setting; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77285	Therapeutic radiology simulation-aided field setting; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77285	Therapeutic radiology simulation-aided field setting; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider

Codes	Description	Conditional PA Requirement (if applicable)
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77295	3-dimensional radiotherapy plan, including dose-volume histograms	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77295	3-dimensional radiotherapy plan, including dose-volume histograms	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77295	3-dimensional radiotherapy plan, including dose-volume histograms	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77295	3-dimensional radiotherapy plan, including dose-volume histograms	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77014	Computed tomography guidance for placement of radiation therapy fields	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77014	Computed tomography guidance for placement of radiation therapy fields	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77014	Computed tomography guidance for placement of radiation therapy fields	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77014	Computed tomography guidance for placement of radiation therapy fields	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77011	Computed tomography guidance for stereotactic localization	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77011	Computed tomography guidance for stereotactic localization	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77011	Computed tomography guidance for stereotactic localization	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77011	Computed tomography guidance for stereotactic localization	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	*Submit prior-auth request to Evolent if an Oncology/Urology provider

Codes	Description	Conditional PA Requirement (if applicable)
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77520	Proton treatment delivery; simple, without compensation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77520	Proton treatment delivery; simple, without compensation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77520	Proton treatment delivery; simple, without compensation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77520	Proton treatment delivery; simple, without compensation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77522	Proton treatment delivery; simple, with compensation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77522	Proton treatment delivery; simple, with compensation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77522	Proton treatment delivery; simple, with compensation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77522	Proton treatment delivery; simple, with compensation	*Submit prior-auth request to Evolent if an Oncology/Urology provider



Codes	Description	Conditional PA Requirement (if applicable)
77523	Proton treatment delivery; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77523	Proton treatment delivery; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77523	Proton treatment delivery; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77523	Proton treatment delivery; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77525	Proton treatment delivery; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77525	Proton treatment delivery; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77525	Proton treatment delivery; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77525	Proton treatment delivery; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77321	Special teletherapy port plan, particles, hemibody, total body	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77321	Special teletherapy port plan, particles, hemibody, total body	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77321	Special teletherapy port plan, particles, hemibody, total body	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77321	Special teletherapy port plan, particles, hemibody, total body	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician	*Submit prior-auth request to Evolent if an Oncology/Urology provider



Codes	Description	Conditional PA Requirement (if applicable)
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77370	Special medical radiation physics consultation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77370	Special medical radiation physics consultation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77370	Special medical radiation physics consultation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77370	Special medical radiation physics consultation	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	*Submit prior-auth request to Evolent if an Oncology/Urology provider



Codes	Description	Conditional PA Requirement (if applicable)
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6014	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using three or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	*Submit prior-auth request to Evolent if an Oncology/Urology provider

Codes	Description	Conditional PA Requirement (if applicable)
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77402	Radiation treatment delivery, => 1 MeV; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77402	Radiation treatment delivery, => 1 MeV; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77402	Radiation treatment delivery, => 1 MeV; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77402	Radiation treatment delivery, => 1 MeV; simple	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77407	Radiation treatment delivery, => 1 MeV; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77407	Radiation treatment delivery, => 1 MeV; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77407	Radiation treatment delivery, => 1 MeV; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77407	Radiation treatment delivery, => 1 MeV; intermediate	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77412	Radiation treatment delivery, => 1 MeV; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77412	Radiation treatment delivery, => 1 MeV; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77412	Radiation treatment delivery, => 1 MeV; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77412	Radiation treatment delivery, => 1 MeV; complex	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77417	Therapeutic radiology port image(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77417	Therapeutic radiology port image(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77417	Therapeutic radiology port image(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77417	Therapeutic radiology port image(s)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77427	Radiation treatment management, 5 treatments	*Submit prior-auth request to Evolent if an Oncology/Urology provider

Codes	Description	Conditional PA Requirement (if applicable)
77427	Radiation treatment management, 5 treatments	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77427	Radiation treatment management, 5 treatments	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77427	Radiation treatment management, 5 treatments	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77499	Unlisted procedure, therapeutic radiology treatment management	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77499	Unlisted procedure, therapeutic radiology treatment management	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77499	Unlisted procedure, therapeutic radiology treatment management	*Submit prior-auth request to Evolent if an Oncology/Urology provider
77499	Unlisted procedure, therapeutic radiology treatment management	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6001	Ultrasonic guidance for placement of radiation therapy fields	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6001	Ultrasonic guidance for placement of radiation therapy fields	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6001	Ultrasonic guidance for placement of radiation therapy fields	*Submit prior-auth request to Evolent if an Oncology/Urology provider
G6001	Ultrasonic guidance for placement of radiation therapy fields	*Submit prior-auth request to Evolent if an Oncology/Urology provider
76965	Ultrasonic guidance for interstitial radioelement application	*Submit prior-auth request to Evolent if an Oncology/Urology provider
76965	Ultrasonic guidance for interstitial radioelement application	*Submit prior-auth request to Evolent if an Oncology/Urology provider
76965	Ultrasonic guidance for interstitial radioelement application	*Submit prior-auth request to Evolent if an Oncology/Urology provider
76965	Ultrasonic guidance for interstitial radioelement application	*Submit prior-auth request to Evolent if an Oncology/Urology provider