

Medical Prior Authorization | Level Funded

January 1, 2026

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

| Abdominoplasty | | | |
|-----------------------|--|-----------------------|--------------------------------|
| CPT Code | Description | Effective Date | End Prior Approval Date |
| 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy | 06-01-2023 | |
| 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 15877 | Suction assisted lipectomy; trunk | 06-01-2023 | |
| Air Ambulance | | | |
| CPT Code | Description | Effective Date | End Prior Approval Date |
| A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) | 06-01-2023 | |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) | 06-01-2023 | |
| A0435 | Fixed wing air mileage, per statute mile | 06-01-2023 | |
| A0436 | Rotary wing air mileage, per statute mile | 06-01-2023 | |
| S9960 | Ambulance service, conventional air services, nonemergency transport, one way (fixed wing) | 06-01-2023 | |
| S9961 | Ambulance service, conventional air service, nonemergency transport, one way (rotary wing) | 06-01-2023 | |

Artificial Heart, Total

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 33927 | Implantation of a total replacement heart system (artificial heart) with recipient cardectomy | 06-01-2023 | |

Auditory Brainstem Implant

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 61860 | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical | 06-01-2023 | |
| 92640 | Diagnostic analysis with programming of auditory brainstem implant, per hour | 06-01-2023 | |
| S2235 | Implantation of auditory brain stem implant | 06-01-2023 | |

Autologous Chondrocyte Implantation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 27412 | Autologous chondrocyte implantation, knee | 06-01-2023 | |
| J7330 | Autologous cultured chondrocytes, implant | 06-01-2023 | |

Bariatric Surgery

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) | 06-01-2023 | |
| 43645 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption | 06-01-2023 | |
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) | 06-01-2023 | |
| 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only | 06-01-2023 | |
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) | 06-01-2023 | |
| 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty | 06-01-2023 | |
| 43843 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty | 06-01-2023 | |
| 43845 | Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch) | 06-01-2023 | |



Bariatric Surgery

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy | 06-01-2023 | |
| 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption | 06-01-2023 | |
| 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure) | 06-01-2023 | |
| 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy | 06-01-2023 | |
| 43865 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy | 06-01-2023 | |
| 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | 06-01-2023 | |

Biofeedback

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 90901 | Biofeedback training by any modality | 06-01-2023 | |
| 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient | 06-01-2023 | |
| 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) | 06-01-2023 | |

Blepharoplasty/Blepharoptosis

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 15820 | Blepharoplasty, lower eyelid; | 06-01-2023 | |
| 15821 | Blepharoplasty, lower eyelid; with extensive herniated fat pad | 06-01-2023 | |
| 15822 | Blepharoplasty, upper eyelid; | 06-01-2023 | |
| 15823 | Blepharoplasty, upper eyelid; with excessive skin weighting down lid | 06-01-2023 | |



Blepharoplasty/Blepharoptosis

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) | 06-01-2023 | |
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia) | 06-01-2023 | |
| 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia) | 06-01-2023 | |
| 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach | 06-01-2023 | |
| 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach | 06-01-2023 | |
| 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) | 06-01-2023 | |
| 67908 | Repair of blepharoptosis; conjunctivo tarso Muller's muscle levator resection (eg, Fasanella Servat type) | 06-01-2023 | |

Bone Growth Stimulators

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 20974 | Electrical stimulation to aid bone healing; noninvasive (nonoperative) | 06-01-2023 | |
| 20979 | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) | 06-01-2023 | |
| E0747 | Osteogenesis stimulator, electrical, non invasive, other than spinal applications | 06-01-2023 | |
| E0748 | Osteogenesis stimulator, electrical, non invasive, spinal applications | 06-01-2023 | |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, noninvasive | 06-01-2023 | |

Bone Marrow or Stem Cell Transplantation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 38204 | Management of recipient hematopoietic progenitor cell donor search and cell acquisition | 06-01-2023 | |
| 38205 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic | 06-01-2023 | |
| 38208 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor | 06-01-2023 | |
| 38209 | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor | 06-01-2023 | |



Bone Marrow or Stem Cell Transplantation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 38210 | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion | 06-01-2023 | |
| 38211 | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion | 06-01-2023 | |
| 38212 | Transplant preparation of hematopoietic progenitor cells; red blood cell removal | 06-01-2023 | |
| 38213 | Transplant preparation of hematopoietic progenitor cells; platelet depletion | 06-01-2023 | |
| 38214 | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion | 06-01-2023 | |
| 38215 | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer | 06-01-2023 | |
| 38230 | Bone marrow harvesting for transplantation; allogeneic | 06-01-2023 | |
| 38232 | Bone marrow harvesting for transplantation; autologous | 06-01-2023 | |
| 38240 | Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor | 06-01-2023 | |
| 38241 | Hematopoietic progenitor cell (HPC); autologous transplantation | 06-01-2023 | |
| 38242 | Allogeneic lymphocyte infusions | 06-01-2023 | |
| 38243 | Hematopoietic progenitor cell (HPC); HPC boost | 06-01-2023 | |
| S2140 | Cord blood harvesting for transplantation, allogeneic | 06-01-2023 | |
| S2142 | Cord blood-derived stem-cell transplantation, allogeneic | 06-01-2023 | |
| S2150 | Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition | 06-01-2023 | |

Breast Reconstruction

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



Breast Reconstruction

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| S2067 | Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral | 06-01-2023 | |
| S2068 | Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral | 06-01-2023 | |

Cervical Decompression With or Without Fusion

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 22210 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical | 06-01-2023 | |
| 22220 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical | 06-01-2023 | |
| 22548 | Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process | 06-01-2023 | |
| 22551 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2 | 06-01-2023 | |
| 22552 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) | 06-01-2023 | |
| 22554 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 | 06-01-2023 | |
| 22585 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22590 | Arthrodesis, posterior technique, craniocervical (occiput-C2) | 06-01-2023 | |
| 22595 | Arthrodesis, posterior technique, atlas-axis (C1-C2) | 06-01-2023 | |
| 22600 | Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment | 06-01-2023 | |



Cervical Decompression With or Without Fusion

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 22614 | Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22632 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22634 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22830 | Exploration of spinal fusion | 06-01-2023 | |
| 22840 | Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22842 | Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22843 | Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22844 | Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |



Cervical Decompression With or Without Fusion

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 22853 | Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22854 | Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22859 | Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63001 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; cervical | 06-01-2023 | |
| 63015 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; cervical | 06-01-2023 | |
| 63020 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical | 06-01-2023 | |
| 63035 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63040 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical | 06-01-2023 | |



Cervical Decompression With or Without Fusion

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 63043 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63045 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; cervical | 06-01-2023 | |
| 63050 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments | 06-01-2023 | |
| 63051 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [e.g., wire, suture, mini-plates], when performed) | 06-01-2023 | |
| 63075 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace | 06-01-2023 | |
| 63076 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63081 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment | 06-01-2023 | |
| 63082 | Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63185 | Laminectomy with rhizotomy; 1 or 2 segments | 06-01-2023 | |
| 63190 | Laminectomy with rhizotomy; more than 2 segments | 06-01-2023 | |
| 63191 | Laminectomy with section of spinal accessory nerve | 06-01-2023 | |

Cervical Disc Arthroplasty

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



Cervical Disc Arthroplasty

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 22856 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical | 06-01-2023 | |
| 22858 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical | 06-01-2023 | |

Cochlear Implant

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 69930 | Cochlear device implantation, with or without mastoidectomy | 06-01-2023 | |
| L8614 | Cochlear device, includes all internal and external components | 06-01-2023 | |
| L8619 | Cochlear implant, external speech processor and controller, integrated system, replacement | 06-01-2023 | |

Commode with Seat Lift (Electric)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| E0170 | Commode chair with integrated seat lift mechanism, electric, any type | 06-01-2023 | |

Continuous Glucose Monitor

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| A4238 | Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | 06-01-2023 | |
| A4239 | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service | 06-01-2023 | |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests | 06-01-2023 | |



Continuous Glucose Monitor

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM), one unit = 1 day supply | 06-01-2023 | |
| A9277 | Transmitter; external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) | 06-01-2023 | |
| A9278 | Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM) | 06-01-2023 | |
| E2102 | Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver | 06-01-2023 | |

Continuous Passive Motion Device In the Home Setting

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| E0935 | Continuous passive motion exercise device for use on knee only | 06-01-2023 | |
| E0936 | Continuous passive motion exercise device for use other than knee | 06-01-2023 | |

Craniofacial Surgery and Services

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 15240 | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less | 06-01-2023 | |
| 15275 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area | 06-01-2023 | |
| 21089 | Unlisted maxillofacial prosthetic procedure | 06-01-2023 | |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) | 06-01-2023 | |
| 21215 | Graft, bone; mandible (includes obtaining graft) | 06-01-2023 | |
| 21249 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete | 06-01-2023 | |
| 41830 | Alveolectomy, including curettage of osteitis or sequestrectomy | 06-01-2023 | |



DME

| CPT Code | Description | Effective Date | End Prior Approval Date |
|-----------------|--|-----------------------|--------------------------------|
| A4563 | Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each | 06-01-2023 | |
| A4575 | Topical hyperbaric oxygen chamber, disposable | 06-01-2023 | |
| A4593 | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime | 06-01-2023 | |
| A4594 | Neuromodulation stimulator system, adjunct to rehabilitation therapy regime, mouthpiece, each | 06-01-2023 | |
| A5500 | For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe | 06-01-2023 | |
| A5501 | For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe | 06-01-2023 | |
| A5503 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe | 06-01-2023 | |
| A5504 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe | 06-01-2023 | |
| A5505 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe | 06-01-2023 | |
| A5506 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe | 06-01-2023 | |
| A5507 | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | 06-01-2023 | |
| A5508 | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | 06-01-2023 | |
| A5510 | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe | 06-01-2023 | |
| A5512 | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each | 06-01-2023 | |



DME

| CPT Code | Description | Effective Date | End Prior Approval Date |
|-----------------|--|-----------------------|--------------------------------|
| A5513 | For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | 06-01-2023 | |
| A5514 | For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each | 06-01-2023 | |
| E0152 | Walker, battery powered, wheeled, folding, adjustable or fixed height | 06-01-2023 | |
| E0424 | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | 06-01-2023 | |
| E0425 | Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | 06-01-2023 | |
| E0430 | Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing | 06-01-2023 | |
| E0431 | Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing | 06-01-2023 | |
| E0433 | Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge | 06-01-2023 | |
| E0434 | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing | 06-01-2023 | |
| E0435 | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor | 06-01-2023 | |
| E0439 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing | 06-01-2023 | |



DME

| CPT Code | Description | Effective Date | End Prior Approval Date |
|-----------------|---|-----------------------|--------------------------------|
| E0440 | Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing | 06-01-2023 | |
| E0441 | Stationary oxygen contents, gaseous, 1 month's supply = 1 unit | 06-01-2023 | |
| E0442 | Stationary oxygen contents, liquid, 1 month's supply = 1 unit | 06-01-2023 | |
| E0443 | Portable oxygen contents, gaseous, 1 month's supply = 1 unit | 06-01-2023 | |
| E0444 | Portable oxygen contents, liquid, 1 month's supply = 1 unit | 06-01-2023 | |
| E0447 | Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM) | 06-01-2023 | |
| E0468 | Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions | 06-01-2023 | |
| E0736 | Transcutaneous tibial nerve stimulator | 06-01-2023 | |
| E0738 | Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories | 06-01-2023 | |
| E0739 | Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors | 06-01-2023 | |
| E0782 | Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.) | 06-01-2023 | |
| E0783 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) | 06-01-2023 | |
| E0786 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) | 06-01-2023 | |
| E1390 | Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate | 06-01-2023 | |
| E1391 | Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each | 06-01-2023 | |
| E1392 | Portable oxygen concentrator, rental | 06-01-2023 | |
| E2103 | Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver | 06-01-2023 | |



DME

| CPT Code | Description | Effective Date | End Prior Approval Date |
|-----------------|--|-----------------------|--------------------------------|
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | 06-01-2023 | |
| E2298 | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type | 06-01-2023 | |
| E2502 | Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time | 06-01-2023 | |
| E2504 | Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time | 06-01-2023 | |
| E2506 | Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time | 06-01-2023 | |
| E2508 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | 06-01-2023 | |
| E2510 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | 06-01-2023 | |
| V2623 | Prosthetic eye, plastic, custom | 06-01-2023 | |

Electric Tumor Treatment Field (TTF)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|-----------------|---|-----------------------|--------------------------------|
| A4555 | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only | 06-01-2023 | |
| E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type | 06-01-2023 | |

Enteral Nutrition

| CPT Code | Description | Effective Date | End Prior Approval Date |
|-----------------|--|-----------------------|--------------------------------|
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |



Enteral Nutrition

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |
| B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |
| B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |
| B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |
| B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |
| B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |
| B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | 06-01-2023 | |



Epidural Nerve Injections and Diagnostic Nerve Root Blocks

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 62280 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid | 06-01-2023 | |
| 62281 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic | 06-01-2023 | |
| 62282 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) | 06-01-2023 | |
| 62292 | Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar | 06-01-2023 | |
| 62320 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | 06-01-2023 | |
| 62321 | Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | 06-01-2023 | |
| 62322 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | 06-01-2023 | |
| 62323 | Injection(s) of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | 06-01-2023 | |
| 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance | 06-01-2023 | |



Epidural Nerve Injections and Diagnostic Nerve Root Blocks

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 62325 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | 06-01-2023 | |
| 62326 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | 06-01-2023 | |
| 62327 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | 06-01-2023 | |
| 64479 | Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level | 06-01-2023 | |
| 64480 | Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 64483 | Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level | 06-01-2023 | |
| 64484 | Injection(s), anesthetic agent(s) and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure) | 06-01-2023 | |

Extended Hours Home Care (Skilled Nursing Services)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| T1000 | Private duty/independent nursing service(s), licensed, up to 15 minutes | 06-01-2023 | |
| T1002 | RN services, up to 15 minutes | 06-01-2023 | |
| T1003 | LPN/LVN services, up to 15 minutes | 06-01-2023 | |



External Infusion Pumps

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| B9002 | Enteral nutrition infusion pump, any type | 06-01-2023 | |
| E0779 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater | 06-01-2023 | |
| E0780 | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours | 06-01-2023 | |
| E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient | 06-01-2023 | |
| E0791 | Parenteral infusion pump, stationary, single, or multichannel | 06-01-2023 | |
| K0455 | Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) | 06-01-2023 | |

External Insulin Pumps

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| A9274 | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories | 06-01-2023 | |
| E0784 | External ambulatory infusion pump, insulin | 06-01-2023 | |
| E0787 | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing | 06-01-2023 | |

Facet Injections

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | 06-01-2023 | |
| 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | 06-01-2023 | |



Facet Injections

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | 06-01-2023 | |
| 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 64612 | Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm) | 06-01-2023 | |
| 64615 | Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine) | 06-01-2023 | |

Facility-based sleep studies

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 95805 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness | 06-01-2023 | |
| 95807 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist | 06-01-2023 | |
| 95808 | Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist | 06-01-2023 | |
| 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist | 06-01-2023 | |
| 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist | 06-01-2023 | |



Gastric Pacemaker

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 43647 | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum | 06-01-2023 | |
| 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open | 06-01-2023 | |

Gender Affirming Treatment

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



Genetic Testing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 81162 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements) | 06-01-2023 | |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 06-01-2023 | |
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 06-01-2023 | |
| 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | 06-01-2023 | |
| 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | 06-01-2023 | |
| 81201 | APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence | 06-01-2023 | |
| 81202 | APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants | 06-01-2023 | |
| 81203 | APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants | 06-01-2023 | |
| 81212 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants | 06-01-2023 | |
| 81215 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | 06-01-2023 | |
| 81216 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | 06-01-2023 | |
| 81217 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | 06-01-2023 | |



Genetic Testing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 81228 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis | 06-01-2023 | |
| 81229 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis | 06-01-2023 | |
| 81241 | F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant | 06-01-2023 | |
| 81245 | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15) | 06-01-2023 | |
| 81246 | FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836) | 06-01-2023 | |
| 81261 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction) | 06-01-2023 | |
| 81262 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot) | 06-01-2023 | |
| 81263 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis | 06-01-2023 | |
| 81264 | IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s) | 06-01-2023 | |
| 81270 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant | 06-01-2023 | |
| 81272 | KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18) | 06-01-2023 | |
| 81275 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13) | 06-01-2023 | |



Genetic Testing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 81276 | KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146) | 06-01-2023 | |
| 81277 | Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities | 06-01-2023 | |
| 81278 | IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative | 06-01-2023 | |
| 81279 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13) | 06-01-2023 | |
| 81287 | MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis | 06-01-2023 | |
| 81288 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis | 06-01-2023 | |
| 81292 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 06-01-2023 | |
| 81293 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | 06-01-2023 | |
| 81294 | MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | 06-01-2023 | |
| 81295 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 06-01-2023 | |
| 81296 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | 06-01-2023 | |
| 81297 | MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | 06-01-2023 | |
| 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 06-01-2023 | |
| 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | 06-01-2023 | |



Genetic Testing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | 06-01-2023 | |
| 81301 | Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed | 06-01-2023 | |
| 81305 | MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant | 06-01-2023 | |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6) | 06-01-2023 | |
| 81307 | PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence | 06-01-2023 | |
| 81309 | PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20) | 06-01-2023 | |
| 81310 | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants | 06-01-2023 | |
| 81311 | NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61) | 06-01-2023 | |
| 81313 | PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer) | 06-01-2023 | |
| 81314 | PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18) | 06-01-2023 | |
| 81315 | PML/RARAlpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative | 06-01-2023 | |
| 81316 | PML/RARAlpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative | 06-01-2023 | |
| 81317 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis | 06-01-2023 | |



Genetic Testing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 81318 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants | 06-01-2023 | |
| 81319 | PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants | 06-01-2023 | |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F) | 06-01-2023 | |
| 81321 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis | 06-01-2023 | |
| 81323 | PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant | 06-01-2023 | |
| 81338 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R) | 06-01-2023 | |
| 81339 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10 | 06-01-2023 | |
| 81340 | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction) | 06-01-2023 | |
| 81341 | TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot) | 06-01-2023 | |
| 81342 | TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s) | 06-01-2023 | |
| 81345 | TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region) | 06-01-2023 | |
| 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L) | 06-01-2023 | |
| 81348 | SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L) | 06-01-2023 | |



| Genetic Testing | | | |
|-----------------|--|----------------|-------------------------|
| CPT Code | Description | Effective Date | End Prior Approval Date |
| 81349 | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis | 06-01-2023 | |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence | 06-01-2023 | |
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology) | 06-01-2023 | |
| Genetic Testing | | | |
| CPT Code | Description | Effective Date | End Prior Approval Date |
| 0005U | Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score | 06-01-2023 | |
| 0022U | Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence or absence of variants and associated therapy(ies) to consider | 06-01-2023 | |
| 0023U | Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.l836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin | 06-01-2023 | |
| 0026U | Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy") | 06-01-2023 | |
| 0034U | TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism) gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5) | 06-01-2023 | |
| 0037U | Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | 06-01-2023 | |
| 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative | 06-01-2023 | |



| Genetic Testing | | | |
|-----------------|--|----------------|-------------------------|
| CPT Code | Description | Effective Date | End Prior Approval Date |
| 0058U | Oncology (Merkel cell carcinoma), detection of antibodies to the Merkel cell polyoma virus oncoprotein (small T antigen), serum, quantitative | 06-01-2023 | |
| 0071U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 0072U | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 0129U | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53) | 06-01-2023 | |
| 0156U | Copy number (eg, intellectual disability, dysmorphology), sequence analysis | 06-01-2023 | |
| 0268U | Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid | 06-01-2023 | |
| 0269U | Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 22 genes, blood, buccal swab, or amniotic fluid | 06-01-2023 | |
| 0271U | Hematology (congenital neutropenia), genomic sequence analysis of 24 genes, blood, buccal swab, or amniotic fluid | 06-01-2023 | |
| 0273U | Hematology (genetic hyperfibrinolysis, delayed bleeding), analysis of 9 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2 by next-generation sequencing, and PLAU by array comparative genomic hybridization), blood, buccal swab, or amniotic fluid | 06-01-2023 | |
| 0274U | Hematology (genetic platelet disorders), genomic sequence analysis of 62 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid | 06-01-2023 | |
| 0276U | Hematology (inherited thrombocytopenia), genomic sequence analysis of 42 genes, blood, buccal swab, or amniotic fluid | 06-01-2023 | |
| 0277U | Hematology (genetic platelet function disorder), genomic sequence analysis of 40 genes and duplication/deletion of PLAU, blood, buccal swab, or amniotic fluid | 06-01-2023 | |
| 81168 | CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed | 06-01-2023 | |



| Genetic Testing | | | |
|-----------------|---|----------------|-------------------------|
| CPT Code | Description | Effective Date | End Prior Approval Date |
| 81170 | ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain | 06-01-2023 | |
| 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence | 06-01-2023 | |
| 81176 | ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12) | 06-01-2023 | |
| 81191 | NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis | 06-01-2023 | |
| 81192 | NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis | 06-01-2023 | |
| 81193 | NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis | 06-01-2023 | |
| 81194 | NTRK (neurotrophic receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis | 06-01-2023 | |
| 81206 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative | 06-01-2023 | |
| 81207 | BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative | 06-01-2023 | |
| 81210 | BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s) | 06-01-2023 | |
| 81218 | CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence | 06-01-2023 | |
| 81219 | CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9 | 06-01-2023 | |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F) | 06-01-2023 | |
| 81235 | EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q) | 06-01-2023 | |
| 81237 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646) | 06-01-2023 | |



GeneticTesting

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 81240 | F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant | 06-01-2023 | |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant | 06-01-2023 | |
| 81357 | U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P) | 06-01-2023 | |
| 81360 | ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs) | 06-01-2023 | |
| 81405 | Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) | 06-01-2023 | |
| 81406 | Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) | 06-01-2023 | |
| 81407 | Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) | 06-01-2023 | |
| 81408 | Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) | 06-01-2023 | |
| 81413 | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A | 06-01-2023 | |
| 81414 | Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1 | 06-01-2023 | |
| 81432 | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary prostate cancer), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants | 06-01-2023 | |



| Genetic Testing | | | |
|-----------------|---|----------------|-------------------------|
| CPT Code | Description | Effective Date | End Prior Approval Date |
| 81435 | Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants | 06-01-2023 | |
| 81439 | Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN) | 06-01-2023 | |
| 81450 | Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis | 06-01-2023 | |
| 81479 | Unlisted molecular pathology procedure | 06-01-2023 | |
| 81519 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score | 06-01-2023 | |
| 81520 | Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score | 06-01-2023 | |
| 81521 | Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis | 06-01-2023 | |
| 81522 | Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score | 06-01-2023 | |
| 81528 | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result | 06-01-2023 | |
| 81546 | Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious) | 06-01-2023 | |



Genetic Testing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 81551 | Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy | 06-01-2023 | |
| 81552 | Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis | 06-01-2023 | |
| 81595 | Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subtraction of peripheral blood, algorithm reported as a rejection risk score | 06-01-2023 | |
| S3870 | Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability | 06-01-2023 | |

Heart Transplantation (Adult & Pediatric)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 33940 | Donor cardiectomy (including cold preservation) | 06-01-2023 | |
| 33945 | Heart transplant, with or without recipient cardiectomy | 06-01-2023 | |

Heart/Lung Transplantation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 33935 | Heart-lung transplant with recipient cardiectomy-pneumonectomy | 06-01-2023 | |

High Frequency Chest Wall Compression Devices

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| A7025 | High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each | 06-01-2023 | |
| E0483 | High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each | 06-01-2023 | |



Home Health Aide

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 99509 | Home visit for assistance with activities of daily living and personal care | 06-01-2023 | |
| G0156 | Services of home health/hospice aide in home health or hospice settings, each 15 minutes | 06-01-2023 | |
| S9122 | Home health aide or certified nurse assistant, providing care in the home; per hour | 06-01-2023 | |

Home Health Care (Skilled Nursing Visits)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 99500 | Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring | 06-01-2023 | |
| 99501 | Home visit for postnatal assessment and follow-up care | 06-01-2023 | |
| 99502 | Home visit for newborn care and assessment | 06-01-2023 | |
| 99506 | Home visit for intramuscular injections | 06-01-2023 | |
| 99507 | Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral) | 06-01-2023 | |
| G0299 | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes | 06-01-2023 | |
| G0300 | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes | 06-01-2023 | |
| G0493 | Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) | 06-01-2023 | |
| G0494 | Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) | 06-01-2023 | |
| G0495 | Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes | 06-01-2023 | |
| G0496 | Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes | 06-01-2023 | |



Home Health Care (Skilled Nursing Visits)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| S9123 | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) | 06-01-2023 | |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour | 06-01-2023 | |
| T1030 | Nursing care, in the home, by registered nurse, per diem | 06-01-2023 | |
| T1031 | Nursing care, in the home, by licensed practical nurse, per diem | 06-01-2023 | |

Hospital and Anesthesia Services related to Dental

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 00170 | Anesthesia for intraoral procedures, including biopsy; not otherwise specified | 06-01-2023 | |

Hospital Beds (Semi-Electric or Total Electric)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| E0260 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS | 06-01-2023 | |
| E0261 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | 06-01-2023 | |
| E0265 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS | 06-01-2023 | |
| E0266 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | 06-01-2023 | |
| E0294 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS | 06-01-2023 | |
| E0295 | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS | 06-01-2023 | |
| E0296 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS | 06-01-2023 | |
| E0297 | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS | 06-01-2023 | |
| E0300 | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure | 06-01-2023 | |



Hospital Beds (Semi-Electric or Total Electric)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| E0301 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | 06-01-2023 | |
| E0302 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS | 06-01-2023 | |
| E0303 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | 06-01-2023 | |
| E0304 | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | 06-01-2023 | |
| E0329 | HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS | 06-01-2023 | |

Hyperbaric Therapy

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

Implantable Bone Conduction Hearing Aids

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| L8690 | Auditory osseointegrated device, includes all internal and external components | 06-01-2023 | |
| L8691 | Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each | 06-01-2023 | |
| L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | 06-01-2023 | |
| L8693 | Auditory osseointegrated device abutment, any length, replacement only | 06-01-2023 | |
| L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each | 06-01-2023 | |



Implantable Infusion Pumps

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| E0785 | Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement | 06-01-2023 | |

Infertility Testing & Treatment

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 0253U | Reproductive medicine (endometrial receptivity analysis), RNA gene expression profile, 238 genes by next-generation sequencing, endometrial tissue, predictive algorithm reported as endometrial window of implantation (eg, pre-receptive, receptive, post-receptive) | 06-01-2023 | |
| 0255U | Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of capacitated sperm and probability of generating a pregnancy score | 06-01-2023 | |
| 55400 | Vasovasostomy, vasovasorrhaphy | 06-01-2023 | |
| 55870 | Electroejaculation | 06-01-2023 | |
| 58321 | Artificial insemination; intra-cervical | 06-01-2023 | |
| 58322 | Artificial insemination; intra-uterine | 06-01-2023 | |
| 58323 | Sperm washing for artificial insemination | 06-01-2023 | |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography | 06-01-2023 | |
| 58970 | Follicle puncture for oocyte retrieval, any method | 06-01-2023 | |
| 58974 | Embryo transfer, intrauterine | 06-01-2023 | |
| 58976 | Gamete, zygote, or embryo intrafallopian transfer, any method | 06-01-2023 | |
| 58999 | Unlisted procedure, female genital system (nonobstetrical) | 06-01-2023 | |
| 76948 | Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation | 06-01-2023 | |
| 89240 | Unlisted miscellaneous pathology test | 06-01-2023 | |
| 89250 | Culture of oocyte(s)/embryo(s), less than 4 days; | 06-01-2023 | |
| 89251 | Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos | 06-01-2023 | |
| 89253 | Assisted embryo hatching, microtechniques (any method) | 06-01-2023 | |
| 89254 | Oocyte identification from follicular fluid | 06-01-2023 | |
| 89255 | Cryopreservation; embryo(s) | 06-01-2023 | |
| 89257 | Cryopreservation; sperm | 06-01-2023 | |
| 89258 | Sperm isolation; simple prep (eg, sperm wash and swim up) for insemination or diagnosis with semen analysis | 06-01-2023 | |



Infertility Testing & Treatment

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 89259 | Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis | 06-01-2023 | |
| 89260 | Sperm identification from testis tissue, fresh or cryopreserved | 06-01-2023 | |
| 89261 | Insemination of oocytes | 06-01-2023 | |
| 89264 | Extended culture of oocyte(s)/embryo(s), 4-7 days | 06-01-2023 | |
| 89268 | Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes | 06-01-2023 | |
| 89272 | Assisted oocyte fertilization, microtechnique; greater than 10 oocytes | 06-01-2023 | |
| 89280 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre implantation genetic diagnosis); less than or equal to 5 embryos | 06-01-2023 | |
| 89281 | Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre implantation genetic diagnosis); greater than 5 embryos | 06-01-2023 | |
| 89290 | Semen analysis; presence and/or motility of sperm including Huhner test (post coital) | 06-01-2023 | |
| 89291 | Semen analysis; motility and count (not including Huhner test) | 06-01-2023 | |
| 89300 | Semen analysis; volume, count, motility, and differential | 06-01-2023 | |
| 89310 | Semen analysis; sperm presence and motility of sperm, if performed | 06-01-2023 | |
| 89320 | Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger) | 06-01-2023 | |
| 89321 | Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated) | 06-01-2023 | |
| 89322 | Storage (per year); embryo(s) | 06-01-2023 | |
| 89329 | Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated) | 06-01-2023 | |
| 89330 | Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test | 06-01-2023 | |
| 89331 | Storage (per year); sperm/semen | 06-01-2023 | |
| 89335 | Cryopreservation, reproductive tissue, testicular | 06-01-2023 | |
| 89337 | Cryopreservation, mature oocyte(s) | 06-01-2023 | |
| 89342 | Thawing of cryopreserved; embryo(s) | 06-01-2023 | |
| 89343 | Thawing of cryopreserved; sperm/semen, each aliquot | 06-01-2023 | |
| 89344 | Storage (per year); reproductive tissue, testicular/ovarian | 06-01-2023 | |
| 89346 | Storage (per year); oocyte(s) | 06-01-2023 | |



Infertility Testing & Treatment

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 89352 | In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development | 06-01-2023 | |
| 89353 | Complete cycle, gamete intrafallopian transfer (gift), case rate | 06-01-2023 | |
| 89354 | Thawing of cryopreserved; reproductive tissue, testicular/ovarian | 06-01-2023 | |
| 89356 | Thawing of cryopreserved; oocytes, each aliquot | 06-01-2023 | |
| 89398 | Complete cycle, zygote intrafallopian transfer (zift), case rate | 06-01-2023 | |
| S4011 | Complete in vitro fertilization cycle, not otherwise specified, case rate | 06-01-2023 | |
| S4013 | Frozen in vitro fertilization cycle, case rate | 06-01-2023 | |
| S4014 | Incomplete cycle, treatment cancelled prior to stimulation, case rate | 06-01-2023 | |
| S4015 | Frozen embryo transfer procedure cancelled before transfer, case rate | 06-01-2023 | |
| S4016 | In vitro fertilization procedure cancelled before aspiration, case rate | 06-01-2023 | |
| S4017 | In vitro fertilization procedure cancelled after aspiration, case rate | 06-01-2023 | |
| S4018 | Assisted oocyte fertilization, case rate | 06-01-2023 | |
| S4020 | Donor egg cycle, incomplete, case rate | 06-01-2023 | |
| S4021 | Donor services for in vitro fertilization (sperm or embryo), case rate | 06-01-2023 | |
| S4022 | Procurement of donor sperm from sperm bank | 06-01-2023 | |
| S4023 | Storage of previously frozen embryos | 06-01-2023 | |
| S4025 | Microsurgical epididymal sperm aspiration (mesa) | 06-01-2023 | |
| S4026 | Sperm procurement and cryopreservation services; initial visit | 06-01-2023 | |
| S4027 | Sperm procurement and cryopreservation services; subsequent visit | 06-01-2023 | |
| S4028 | Stimulated intrauterine insemination (iui), case rate | 06-01-2023 | |
| S4030 | Cryopreserved embryo transfer, case rate | 06-01-2023 | |
| S4031 | Monitoring and storage of cryopreserved embryos, per 30 days | 06-01-2023 | |
| S4035 | Management of ovulation induction (interpretation of diagnostic tests and studies, non face to face medical management of the patient), per cycle | 06-01-2023 | |
| S4037 | Cryopreserved embryo transfer, case rate | 06-01-2023 | |



Infertility Testing & Treatment

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| S4040 | Monitoring and storage of cryopreserved embryos, per 30 days | 06-01-2023 | |
| S4042 | Management of ovulation induction (interpretation of diagnostic tests and studies, non face to face medical management of the patient), per cycle | 06-01-2023 | |

Inpatient (Hospital) Level of Care

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--|---|----------------|-------------------------|
| Use Rev Codes appropriate for service | Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review. | 06-01-2023 | |

Inpatient Admissions - Post-Acute Services

| CPT Code | Description | Effective Date | End Prior Approval Date |
|---------------------------------------|---|----------------|-------------------------|
| Use appropriate facility codes | Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review. | 06-01-2023 | |

Inpatient Rehabilitation Facility (Acute Rehabilitation)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|---------------------------------------|---|----------------|-------------------------|
| Use appropriate facility codes | Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review. | 06-01-2023 | |

Inpatient SUD

| CPT Code | Description | Effective Date | End Prior Approval Date |
|---------------------------------------|-------------------|----------------|-------------------------|
| Use appropriate facility codes | No specific codes | 06-01-2023 | |

Intestinal Transplantation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 44135 | Intestinal allotransplantation; from cadaver donor | 06-01-2023 | |
| 44136 | Intestinal allotransplantation; from living donor | 06-01-2023 | |



Islet Cell Transplant

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 0584T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous | 06-01-2023 | |
| 0585T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic | 06-01-2023 | |
| 0586T | Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open | 06-01-2023 | |

Kidney Transplantation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 50360 | Renal allotransplantation, implantation of graft; without recipient nephrectomy | 06-01-2023 | |
| 50365 | Renal allotransplantation, implantation of graft; with recipient nephrectomy | 06-01-2023 | |

Left Atrial Appendage, Closure Device, Percutaneous

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 33340 | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation | 06-01-2023 | |

Liver Transplantation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 47135 | Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age | 06-01-2023 | |

Long-Term Acute Care Hospital (LTACH)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|---------------------------------------|---|----------------|-------------------------|
| Use appropriate facility codes | Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review. | 06-01-2023 | |



Lumbar Disc Arthroplasty

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 0165T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar | 06-01-2023 | |
| 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar | 06-01-2023 | |

Lumbar Discectomy, Foraminotomy, and Laminotomy

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; single interspace, lumbar | 06-01-2023 | |
| 63035 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63042 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar | 06-01-2023 | |
| 63044 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63056 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc) | 06-01-2023 | |
| 63057 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure) | 06-01-2023 | |



Lumbar Discectomy, Foraminotomy, and Laminotomy

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| C9757 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar | 06-01-2023 | |

Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 0164T | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22206 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); thoracic | 06-01-2023 | |
| 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); lumbar | 06-01-2023 | |
| 22208 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22212 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic | 06-01-2023 | |
| 22214 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar | 06-01-2023 | |
| 22216 | Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure) | 06-01-2023 | |
| 22222 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic | 06-01-2023 | |
| 22224 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar | 06-01-2023 | |
| 22226 | Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22533 | Arthrodesis, lateral extracavitory technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | 06-01-2023 | |



Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 22534 | Arthrodesis, lateral extracavitory technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22558 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar | 06-01-2023 | |
| 22585 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22610 | Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed) | 06-01-2023 | |
| 22612 | Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed) | 06-01-2023 | |
| 22614 | Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22630 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; | 06-01-2023 | |
| 22632 | Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22633 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; | 06-01-2023 | |
| 22634 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments | 06-01-2023 | |



Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments | 06-01-2023 | |
| 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments | 06-01-2023 | |
| 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments | 06-01-2023 | |
| 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments | 06-01-2023 | |
| 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments | 06-01-2023 | |
| 22818 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments | 06-01-2023 | |
| 22819 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments | 06-01-2023 | |
| 22830 | Exploration of spinal fusion | 06-01-2023 | |
| 22840 | Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22842 | Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22843 | Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22844 | Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) | 06-01-2023 | |



Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 22848 | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22853 | Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22854 | Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22859 | Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63052 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal, or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63053 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63085 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment | 06-01-2023 | |
| 63086 | Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure) | 06-01-2023 | |



Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 63087 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment | 06-01-2023 | |
| 63088 | Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63090 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment | 06-01-2023 | |
| 63091 | Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63101 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic, single segment | 06-01-2023 | |
| 63102 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); lumbar, single segment | 06-01-2023 | |
| 63103 | Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63301 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach | 06-01-2023 | |
| 63302 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach | 06-01-2023 | |



Lumbar Fusion and Treatment of Spinal Deformity (including Scoliosis and Kyphosis)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 63303 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach Spine Surgery | 06-01-2023 | |
| 63305 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach | 06-01-2023 | |
| 63306 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach | 06-01-2023 | |
| 63307 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach | 06-01-2023 | |
| 63308 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment) | 06-01-2023 | |

Lumbar Laminectomy

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 63005 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis | 06-01-2023 | |
| 63017 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., spinal stenosis), more than 2 vertebral segments; lumbar | 06-01-2023 | |
| 63047 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g., spinal or lateral recess stenosis]), single vertebral segment; lumbar | 06-01-2023 | |
| 63052 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure) | 06-01-2023 | |



Lumbar Laminectomy

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 63053 | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [e.g., spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 63185 | Laminectomy with rhizotomy; 1 or 2 segments | 06-01-2023 | |
| 63190 | Laminectomy with rhizotomy; more than 2 segments | 06-01-2023 | |
| 63200 | Laminectomy, with release of tethered spinal cord, lumbar | 06-01-2023 | |
| 63252 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar | 06-01-2023 | |
| 63267 | Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar | 06-01-2023 | |
| 63272 | Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar | 06-01-2023 | |
| 63277 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar | 06-01-2023 | |
| 63282 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar | 06-01-2023 | |
| 63287 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar | 06-01-2023 | |
| 63290 | Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level | 06-01-2023 | |

Lung Transplantation (Single or Double)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 32851 | Lung transplant, single; without cardiopulmonary bypass | 06-01-2023 | |
| 32852 | Lung transplant, single; with cardiopulmonary bypass | 06-01-2023 | |
| 32853 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass | 06-01-2023 | |
| 32854 | Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass | 06-01-2023 | |

Mammoplasty, Reduction

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|------------------|----------------|-------------------------|
| 19318 | Breast reduction | 06-01-2023 | |

Manual Wheelchair Bases

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---------------------------------|----------------|-------------------------|
| E1037 | TRANSPORT CHAIR, PEDIATRIC SIZE | 06-01-2023 | |



Manual Wheelchair Bases

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE | 06-01-2023 | |
| E1229 | WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED | 06-01-2023 | |
| E1231 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | 06-01-2023 | |
| E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM | 06-01-2023 | |
| E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM | 06-01-2023 | |
| E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | 06-01-2023 | |
| E1235 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | 06-01-2023 | |
| E1236 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM | 06-01-2023 | |
| E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM | 06-01-2023 | |
| E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | 06-01-2023 | |
| K0005 | ULTRALIGHTWEIGHT WHEELCHAIR | 06-01-2023 | |
| K0007 | EXTRA HEAVY DUTY WHEELCHAIR | 06-01-2023 | |
| K0008 | CUSTOM MANUAL WHEELCHAIR/BASE | 06-01-2023 | |
| K0009 | OTHER MANUAL WHEELCHAIR/BASE | 06-01-2023 | |

Mastectomy, Male Gynecomastia

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|-----------------------------|----------------|-------------------------|
| 19300 | Mastectomy for gynecomastia | 06-01-2023 | |

Medical Disorder Rquiring Specialized Nutrients

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| S9432 | Medical foods for noninborn errors of metabolism | 06-01-2023 | |
| S9435 | Medical foods for inborn errors of metabolism | 06-01-2023 | |

Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| K1014 | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control | 06-01-2023 | |



Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| L2006 | Knee ankle foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated | 06-01-2023 | |
| L5610 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM | 06-01-2023 | |
| L5613 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL | 06-01-2023 | |
| L5614 | ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL | 06-01-2023 | |
| L5616 | ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL | 06-01-2023 | |
| L5726 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL | 06-01-2023 | |
| L5728 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL | 06-01-2023 | |
| L5780 | ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL | 06-01-2023 | |
| L5826 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME | 06-01-2023 | |
| L5830 | ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL | 06-01-2023 | |
| L5840 | ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL | 06-01-2023 | |
| L5848 | ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY | 06-01-2023 | |
| L5856 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE | 06-01-2023 | |



Microprocessor-Controlled Prosthesis and Orthosis for the Lower Limb

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| L5857 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE | 06-01-2023 | |
| L5858 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE | 06-01-2023 | |
| L5859 | ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S) | 06-01-2023 | |
| L5930 | ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME | 06-01-2023 | |
| L5961 | ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/ OR EXTENSION CONTROL | 06-01-2023 | |
| L5968 | ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE | 06-01-2023 | |
| L5969 | ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S) | 06-01-2023 | |
| L5973 | ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE | 06-01-2023 | |
| L5976 | ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL) | 06-01-2023 | |
| L5979 | ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM | 06-01-2023 | |
| L5980 | ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM | 06-01-2023 | |
| L5981 | ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL | 06-01-2023 | |
| L5987 | ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON | 06-01-2023 | |
| L5999 | LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED | 06-01-2023 | |



Molecular Testing of Solid and Hematologic Tumors and Malignancies

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 0111U | Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue | 06-01-2023 | |
| 0154U | Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status | 06-01-2023 | |
| 0155U | Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3- kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin embedded breast tumor tissue, reported as PIK3CA gene mutation status | 06-01-2023 | |
| 0172U | Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin[1]embedded tissue, algorithm quantifying tumor genomic instability score | 06-01-2023 | |
| 0177U | Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3- kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status | 06-01-2023 | |
| 0179U | Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s) | 06-01-2023 | |
| 0239U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations | 06-01-2023 | |
| 0242U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements | 06-01-2023 | |



Molecular Testing of Solid and Hematologic Tumors and Malignancies

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 0245U | Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage | 06-01-2023 | |

MR Guided Ultrasound Ablation - Uterine Fibroids and Other Tumors

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 0071T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue | 06-01-2023 | |
| 0072T | Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue | 06-01-2023 | |

Myoelectric Prosthetic and Orthotic Components for the Upper Limb

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| L6026 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) | 06-01-2023 | |
| L6715 | Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement | 06-01-2023 | |
| L6880 | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | 06-01-2023 | |
| L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device | 06-01-2023 | |
| L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device | 06-01-2023 | |
| L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device | 06-01-2023 | |



Myoelectric Prosthetic and Orthotic Components for the Upper Limb

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | 06-01-2023 | |
| L6965 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | 06-01-2023 | |
| L6975 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | 06-01-2023 | |
| L7007 | Electric hand, switch or myoelectric controlled, adult | 06-01-2023 | |
| L7008 | Electric hand, switch or myoelectric, controlled, pediatric | 06-01-2023 | |
| L7009 | Electric hook, switch or myoelectric controlled, adult | 06-01-2023 | |
| L7045 | Electric hook, switch or myoelectric controlled, pediatric | 06-01-2023 | |
| L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | 06-01-2023 | |
| L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | 06-01-2023 | |
| L8701 | Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | 06-01-2023 | |
| L8702 | Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated | 06-01-2023 | |

Neuromuscular Stimulation, Functional

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| E0764 | Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program | 06-01-2023 | |
| E0770 | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified | 06-01-2023 | |



NICU

| CPT Code | Description | Effective Date | End Prior Approval Date |
|---------------------------------------|--|----------------|-------------------------|
| Use appropriate facility codes | Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review. | 06-01-2023 | |

Non-Invasive Positive Airway Pressure for Chronic Obstructive Pulmonary Disease

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| E0466 | Home ventilator, any type, used with non invasive interface, (e.g., mask, chest shell) | 06-01-2023 | |
| E0467 | Home ventilator, multi function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions | 06-01-2023 | |
| E0470 | Respiratory assist device, bi level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | 06-01-2023 | |
| E0471 | Respiratory assist device, bi level pressure capability, with back up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | 06-01-2023 | |
| E0601 | Continuous positive airway pressure (cpap) device | 06-01-2023 | |

Oral Appliances (Mandibular Advancement Devices)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 21085 | Impression and custom preparation; oral surgical splint | 06-01-2023 | |
| E0485 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment | 06-01-2023 | |
| E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment | 06-01-2023 | |

Orthotics/Prosthetics

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes | 06-01-2023 | |



Orthotics/Prosthetics

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes | 06-01-2023 | |
| 97763 | Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes | 06-01-2023 | |

Pancreas Transplantation (Pancreas Alone)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 48160 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells | 06-01-2023 | |
| G0341 | Percutaneous islet cell transplant, includes portal vein catheterization and infusion | 06-01-2023 | |
| G0342 | Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion | 06-01-2023 | |
| G0343 | Laparotomy for islet cell transplant, includes portal vein catheterization and infusion | 06-01-2023 | |

Pancreas-Kidney (SPK, PAK) Transplantation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| S2065 | Simultaneous pancreas kidney transplantation | 06-01-2023 | |

Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level | 06-01-2023 | |
| 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | 06-01-2023 | |



Paravertebral Facet Injection/Medial Branch Nerve Block/Neurolysis

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level | 06-01-2023 | |
| 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | 06-01-2023 | |
| 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint | 06-01-2023 | |
| 64636 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure) | 06-01-2023 | |

Patient Lifts

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| E0636 | MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS | 06-01-2023 | |
| E1035 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS | 06-01-2023 | |
| E1036 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS | 06-01-2023 | |



Pediatric Gait Trainer

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| E8000 | Gait trainer, pediatric size, posterior support, includes all accessories and components | 06-01-2023 | |
| E8001 | Gait trainer, pediatric size, upright support, includes all accessories and components | 06-01-2023 | |
| E8002 | Gait trainer, pediatric size, anterior support, includes all accessories and components | 06-01-2023 | |

Pediatric Vision -Eye Prosthesis & Polishing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| V2624 | Polishing/resurfacing of ocular prosthesis | 06-01-2023 | |
| V2625 | Enlargement of ocular prosthesis | 06-01-2023 | |
| V2626 | Reduction of ocular prosthesis | 06-01-2023 | |
| V2627 | Scleral cover shell | 06-01-2023 | |
| V2628 | Fabrication and fitting of ocular conformer | 06-01-2023 | |
| V2629 | Prosthetic eye, other type | 06-01-2023 | |

Pediatric Vision Therapy

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|-------------|----------------|-------------------------|
| 92065 | | 06-01-2023 | |

Pharmacogenomic Testing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 0070U | (Mayo CYP2D6) CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN) | 06-01-2023 | |
| 81225 | CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17) | 06-01-2023 | |
| 81226 | CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN) | 06-01-2023 | |
| 81227 | CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6) | 06-01-2023 | |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7) | 06-01-2023 | |



Pharmacogenomic Testing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 81232 | DYPD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6) | 06-01-2023 | |
| 81335 | TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3) | 06-01-2023 | |
| 81350 | UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37) | 06-01-2023 | |
| 81355 | VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T) | 06-01-2023 | |
| 81381 | HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each | 06-01-2023 | |
| 81404 | UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, hereditary unconjugated hyperbilirubinemia [Crigler-Najjar syndrome]) full gene sequence | 06-01-2023 | |

Pneumatic Compression Devices and Non-Elastic Compression Garments for Treatment of Lymphedema, Burns, and Venous Ulcers

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | 06-01-2023 | |
| E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure | 06-01-2023 | |
| E0675 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) | 06-01-2023 | |
| E0676 | Intermittent limb compression device (includes all accessories), not otherwise specified | 06-01-2023 | |

Power Wheelchairs

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| K0813 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0814 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |



Power Wheelchairs

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| K0815 | POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0816 | POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0820 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0821 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0822 | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0823 | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0824 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0825 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0826 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0827 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0828 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | 06-01-2023 | |
| K0829 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE | 06-01-2023 | |
| K0830 | POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0831 | POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |



Power Wheelchairs

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| K0835 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0836 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0837 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0838 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0839 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0840 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | 06-01-2023 | |
| K0841 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0842 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0843 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0848 | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0849 | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0850 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0851 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0852 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |



Power Wheelchairs

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| K0853 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0854 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | 06-01-2023 | |
| K0855 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | 06-01-2023 | |
| K0856 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0857 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0858 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS | 06-01-2023 | |
| K0859 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0860 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0861 | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0862 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0863 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0864 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | 06-01-2023 | |
| K0868 | POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0869 | POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |



Power Wheelchairs

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| K0870 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0871 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0877 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0878 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0879 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0880 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS | 06-01-2023 | |
| K0884 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0885 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0886 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0890 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS | 06-01-2023 | |
| K0891 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS | 06-01-2023 | |
| K0898 | POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED | 06-01-2023 | |

Pressure-Relieving Bed, Advanced

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| E0193 | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) | 06-01-2023 | |
| E0194 | AIR FLUIDIZED BED | 06-01-2023 | |



Pressure-Relieving Support Surface, Advanced

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| E0277 | POWERED PRESSURE-REDUCING AIR MATTRESS | 06-01-2023 | |
| E0371 | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | 06-01-2023 | |
| E0372 | POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH | 06-01-2023 | |
| E0373 | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS | 06-01-2023 | |

Regional Sympathetic Nerve Block

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 64510 | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) | 06-01-2023 | |
| 64520 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) | 06-01-2023 | |

Rhinoplasty

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 20912 | Cartilage graft; nasal septum | 06-01-2023 | |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip | 06-01-2023 | |
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip | 06-01-2023 | |
| 30420 | Rhinoplasty, primary; including major septal repair | 06-01-2023 | |
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) | 06-01-2023 | |
| 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) | 06-01-2023 | |
| 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) | 06-01-2023 | |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only | 06-01-2023 | |
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies | 06-01-2023 | |
| 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) | 06-01-2023 | |
| 30468 | Repair of nasal valve collapse with subcutaneous/ submucosal lateral wall implant(s) | 06-01-2023 | |



Sacroiliac Joint Fusion (Percutaneous/Minimally Invasive Techniques)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 27279 | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device | 06-01-2023 | |

Scooters

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| E0983 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL | 06-01-2023 | |
| E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL | 06-01-2023 | |
| E0986 | MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM | 06-01-2023 | |
| K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR BASE | 06-01-2023 | |
| K0800 | POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0801 | POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0802 | POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0806 | POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 06-01-2023 | |
| K0807 | POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | 06-01-2023 | |
| K0808 | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | 06-01-2023 | |
| K0812 | POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED | 06-01-2023 | |

Septoplasty

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft | 06-01-2023 | |



Skilled Nursing Facility

| CPT Code | Description | Effective Date | End Prior Approval Date |
|---------------------------------------|---|----------------|-------------------------|
| Use appropriate facility codes | Please submit inpatient stay ASAP upon admission. Post discharge notification cannot be processed by the preservice team and would require post service medical necessity review. | 06-01-2023 | |

Sleep Apnea, Minimally Invasive Surgical Treatment

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 64582 | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array | 06-01-2023 | |

Spinal Cord and Nerve Root Stimulators

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | 06-01-2023 | |
| 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | 06-01-2023 | |
| 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling | 06-01-2023 | |

Spinal Cord Neurostimulation for Treatment of Intractable Pain

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 06-01-2023 | |
| 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | 06-01-2023 | |

Surgical supplies

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| A4649 | Surgical supply; miscellaneous, is used to report miscellaneous surgical supplies that are not otherwise specifically classified | 06-01-2023 | |

Temporomandibular Joint Dysfunction

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|-------------------------------------|----------------|-------------------------|
| 21010 | Arthrotomy, temporomandibular joint | 06-01-2023 | |



Temporomandibular Joint Dysfunction

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 21050 | Condylectomy, temporomandibular joint (separate procedure) | 06-01-2023 | |
| 21060 | Meniscectomy, partial or complete, temporomandibular joint (separate procedure) | 06-01-2023 | |
| 21073 | Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) | 06-01-2023 | |
| 21116 | Injection procedure for temporomandibular joint arthrography | 06-01-2023 | |
| 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) | 06-01-2023 | |
| 21242 | Arthroplasty, temporomandibular joint, with allograft | 06-01-2023 | |
| 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement | 06-01-2023 | |
| 29800 | Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) | 06-01-2023 | |
| 29804 | Arthroscopy, temporomandibular joint, surgical | 06-01-2023 | |

Testing for Reproductive Carrier Screening and Prenatal Diagnosis

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 81220 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines) | 06-01-2023 | |
| 81221 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants | 06-01-2023 | |
| 81222 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants | 06-01-2023 | |
| 81223 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence | 06-01-2023 | |
| 81243 | FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | 06-01-2023 | |
| 81244 | FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status) | 06-01-2023 | |
| 81329 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed | 06-01-2023 | |



Testing for Reproductive Carrier Screening and Prenatal Diagnosis

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 81403 | SensiGene 81507 Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy | 06-01-2023 | |
| 81412 | Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1 | 06-01-2023 | |
| 81420 | Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21 | 06-01-2023 | |

Therapeutic Radiopharmaceuticals

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 77750 | Infusion or instillation of radioelement solution (includes 3-month follow-up care) | 06-01-2023 | |
| 78800 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging | 06-01-2023 | |
| 78801 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days | 06-01-2023 | |
| 78802 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging | 06-01-2023 | |
| 78803 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging | 06-01-2023 | |



Therapeutic Radiopharmaceuticals

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 78804 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging | 06-01-2023 | |
| A9508 | Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 mCi | 06-01-2023 | |
| A9590 | Iodine I-131, iobenguane, 1 mCi | 06-01-2023 | |
| A9600 | Strontium Sr-89 chloride, therapeutic, per mCi | 06-01-2023 | |
| A9604 | Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 mCi | 06-01-2023 | |

Treatment of Urinary and Fecal Incontinence

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 51715 | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck | 06-01-2023 | |
| 53451 | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance | 06-01-2023 | |
| 53452 | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance | 06-01-2023 | |
| 53454 | Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume | 06-01-2023 | |
| L8603 | Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies | 06-01-2023 | |
| L8605 | Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies | 06-01-2023 | |
| L8606 | Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies | 06-01-2023 | |

Treatment of Varicose Veins/Veno+A1168us Insufficiency

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 37785 | Ligation, division, and/or excision of varicose vein cluster(s), 1 leg | 06-01-2023 | |



Treatment of Varicose Veins/Venous Insufficiency

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 0524T | Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring | 06-01-2023 | |
| 36465 | Injection of non compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein) | 06-01-2023 | |
| 36466 | Injection of non compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg | 06-01-2023 | |
| 36468 | Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk | 06-01-2023 | |
| 36470 | Injection of sclerosant; single incompetent vein (other than telangiectasia) | 06-01-2023 | |
| 36471 | Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg | 06-01-2023 | |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated | 06-01-2023 | |
| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | 06-01-2023 | |
| 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | 06-01-2023 | |



Treatment of Varicose Veins/Venous Insufficiency

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | 06-01-2023 | |
| 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated | 06-01-2023 | |
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) | 06-01-2023 | 12-31-2025 |
| 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions | 06-01-2023 | |
| 37718 | Ligation, division, and stripping, short saphenous vein | 06-01-2023 | |
| 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | 06-01-2023 | |
| 37735 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia | 06-01-2023 | |
| 37760 | Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg | 06-01-2023 | |
| 37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg | 06-01-2023 | |
| 37765 | Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions | 06-01-2023 | |
| 37766 | Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions | 06-01-2023 | |
| 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) | 06-01-2023 | |



Treatment of Varicose Veins/Venous Insufficiency

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 37799 | Unlisted procedure, vascular surgery | 06-01-2023 | |
| 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation | 06-01-2023 | |
| S2202 | Echosclerotherapy | 06-01-2023 | |

Uvulopalatopharyngoplasty (UPPP)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|---|----------------|-------------------------|
| 42145 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) | 06-01-2023 | |

Vaccum Assisted Closure Device (Negative Pressure Wound Therapy Pumps)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 97605 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters | 06-01-2023 | |
| 97606 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters | 06-01-2023 | |
| 97607 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters | 06-01-2023 | |
| 97608 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters | 06-01-2023 | |
| E2402 | Negative pressure wound therapy electrical pump, stationary or portable | 06-01-2023 | |



Vagus Nerve Stimulation

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|--|----------------|-------------------------|
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | 06-01-2023 | |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays | 06-01-2023 | |
| 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve | 06-01-2023 | |
| 64568 | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | 06-01-2023 | |
| 64569 | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator | 06-01-2023 | |
| E0735 | Non-invasive vagus nerve stimulator | 06-01-2023 | |

Ventricular Assist Devices (VADs)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|--------------|---|----------------|-------------------------|
| 33975 | Insertion of ventricular assist device; extracorporeal, single ventricle | 06-01-2023 | |
| 33976 | Insertion of ventricular assist device; extracorporeal, biventricular | 06-01-2023 | |
| 33979 | Insertion of ventricular assist device, implantable intracorporeal, single ventricle | 06-01-2023 | |
| 33981 | Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump | 06-01-2023 | |
| 33982 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass | 06-01-2023 | |
| 33983 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass | 06-01-2023 | |
| 33990 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only | 06-01-2023 | |
| 33991 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture | 06-01-2023 | |
| 33993 | Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion | 06-01-2023 | |



Ventricular Assist Devices (VADs)

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only | 06-01-2023 | |

Vertebroplasty/Kyphoplasty

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 0200T | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles | 06-01-2023 | |
| 0201T | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles | 06-01-2023 | |
| 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance: cervicothoracic | 06-01-2023 | |
| 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral [when specified as lumbar] | 06-01-2023 | |
| 22512 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body [when specified as other than sacral] (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 22513 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: thoracic | 06-01-2023 | |
| 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: lumbar | 06-01-2023 | |



Vertebroplasty/Kyphoplasty

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 22515 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance: each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) | 06-01-2023 | |

Whole Exome and Whole Genome Sequencing

| CPT Code | Description | Effective Date | End Prior Approval Date |
|----------|--|----------------|-------------------------|
| 81415 | Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis | 06-01-2023 | |
| 81416 | Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure) | 06-01-2023 | |
| 81417 | Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (e.g., updated knowledge or unrelated condition/syndrome) | 06-01-2023 | |

