

Services That Need Preauthorization



AMBULANCE

Code	Description
A0430	Fixed wing air transport Clinical Policy: Transportation Services; Ambulance Services – Ground, Water, and Air
A0435	Fixed wing air mileage Clinical Policy: Transportation Services; Ambulance Services - Ground, Water, and Air

ANESTHESIA

Code	Description
00731	Anes upr gi ndsc px nos Clinical Policy: Anesthesia Services for Gastrointestinal Endoscopy Anesthesia
00811	Anes lwr intst ndsc nos Clinical Policy: Anesthesia Services for Gastrointestinal Endoscopy
00812	Anes lwr intst scr colsc Clinical Policy: Anesthesia Services for Gastrointestinal Endoscopy
00813	Anes upr lwr gi ndsc px Clinical Policy: Anesthesia Services for Gastrointestinal Endoscopy
00902	Anesth, anorectal surgery Clinical Policy: Anesthesia Services for Gastrointestinal Endoscopy

DME

Code	Description
A4290	Sacral nerve stim test lead Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only Clinical Policy: Electrical Tumor Treatment Fields
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
C1762	Conn tiss, human(inc fascia) Clinical Policy: Wound Care
C1763	Conn tiss, non-human Clinical Policy: Wound Care
C1767	Generator, neuro non-recharg Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain; Tinnitus Treatments; Trigeminal Neuralgia Treatments; Urinary Incontinence and Ureterovesicular Reflux; Vagus Nerve Stimulation; Vocal Cord Paralysis Insufficiency Treatments; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment
C1770	Imaging coil, MR, insertable Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Trigeminal Neuralgia Treatments

C1772	Infusion pump, programmable Clinical Policy: Infusion Pumps
C1776	Joint device (implantable) Clinical Policy: Distal Interphalageal (DIP), Metacarpophalangeal (MCP), and Proximal Interphalangeal (PIP) Joint Implants; Minimally Invasive Fusion of the Sacroiliac Joint; Total Ankle Arthroplasty Replacement; Total Hip Shoulder Arthroplasty and Joint Resurfacing, Elbow Arthroplasty
C1778	Wire for a nerve stimulator Clinical Policy: Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Urinary Incontinence and Ureterovesicular Reflux; Spinal Cord Stimulation for Pain including Dorsal Root Ganglion (DRG) Stimulation; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation
C1782	Morcellator Clinical Policy: Fibroid Treatment
C1787	Patient progr, neurostim Clinical Policy: Spinal Cord Stimulation for Pain; Trigeminal Neuralgia Treatments; Spasticity Management; Deep Brain, Cortical, and Cerebellar Stimulation; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment
C1816	Receiver/transmitter, neuro Clinical Policy: Vocal Cord Paralysis Insufficiency Treatments; Vagus Nerve Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Tinnitus Treatments; Deep Brain, Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation; Trigeminal Neuralgia Treatments; Spasticity Management; Spinal Cord Stimulation for Pain including Dorsal Root Ganglion (DRG) Stimulation; Epilepsy Surgery
C1820	Generator neuro rechg bat sy Clinical Policy: Spinal Cord Stimulation for Pain; Trigeminal Neuralgia Treatments; Spasticity Management; Deep Brain, Cortical, and Cerebellar Stimulation; Urinary Incontinence and Ureterovesicular Reflux
C1883	Adaptor/extension, pacind lead or neurostimulator lead (implantable) Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation
C1891	Infusion pump, nonprogrammable, permanent Clinical Policy: Infusion Pumps
C1897	Lead, neurostim test kit Clinical Policy: Headaches Invasive Procedures; Urinary Incontinence and Ureterovesicular Reflux; Trigeminal Neuralgia Treatments; Spinal Cord Stimulation for Pain; Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery
C2618	Probe/needle, cryo Clinical Policy: Cryoablation
C2626	Infusion pump, nonprogrammable, temporary Clinical Policy: Infusion Pumps
C2634	Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source

Clinical Policy: Brachytherapy

C2635 Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source
Clinical Policy: Brachytherapy

C2636 Brachytherapy linear source, nonstranded, palladium-103, per 1 mm
Clinical Policy: Brachytherapy

C2637 Brachytherapy source, nonstranded, ytterbium-169, per source
Clinical Policy: Brachytherapy

C2638 Brachytherapy source, stranded, iodine-125, per source
Clinical Policy: Brachytherapy

C2639 Brachytherapy source, nonstranded, iodine-125, per source
Clinical Policy: Brachytherapy

C2640 Brachytherapy source, stranded, palladium-103, per source
Clinical Policy: Brachytherapy

C2641 Brachytherapy source, nonstranded, palladium-103, per source
Clinical Policy: Brachytherapy

C2642 Brachytherapy source, stranded, cesium-131, per source
Clinical Policy: Brachytherapy

C2643 Brachytherapy source, nonstranded, cesium-131, per source
Clinical Policy: Brachytherapy

C2644 Brachytherapy source, cesium-131 chloride solution, per mCi
Clinical Policy: Brachytherapy

C2645 Brachytherapy planar source, palladium-103, per sq mm
Clinical Policy: Brachytherapy

C2698 Brachytherapy source, stranded, not otherwise specified, per source
Clinical Policy: Brachytherapy

C2699 Brachytherapy source, nonstranded, not otherwise specified, per source
Clinical Policy: Brachytherapy

C2725 Placement of endorectal intracavitary applicator for high intensity brachytherapy
Clinical Policy: Brachytherapy

C2726 Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure
Clinical Policy: Brachytherapy

C8957 Prolonged IV infusion
Clinical Policy: Infusion Pumps

C9161 Injection Aflibercept HD 1 MG

Clinical Policy: Specialty tier B

C9794 Therapeutic radiology simulation-aided field setting
Clinical Policy: Radiation

C9795 Stereotactic body radiation therapy
Clinical Policy: Radiation

E0193 Powered air flotation bed
Clinical Policy: Pressure Reducing Support Surfaces

E0194 Air fluidized bed
Clinical Policy: Pressure Reducing Support Surfaces

E0277 Powered pres-redu air mattrs
Clinical Policy: Pressure Reducing Support Surfaces

E0371 Nonpower mattress overlay
Clinical Policy: Pressure Reducing Support Surfaces

E0372 Powered air mattress overlay
Clinical Policy: Pressure Reducing Support Surfaces

E0604 Hosp grade elec breast pump
Clinical Policy: Breast Pump Human Pasteurized Milk (HPM)

E0630 Patient lift hydraulic
Clinical Policy: Seat Lifts and Patient Lifts

E0638 Standing frame sys
Clinical Policy: Standing Systems and Gait Trainers - Auth Required

E0650 Pneuma compresor non-segment
Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0651 Pneum compressor segmental
Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0652 Pneum compres w/cal pressure
Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0655 Pneumatic appliance half arm
Clinical Policy: Lymphedema Diagnosis and Treatment

E0660 Pneumatic appliance full leg
Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0665 Pneumatic appliance full arm
Clinical Policy: Lymphedema Diagnosis and Treatment

E0666 Pneumatic appliance half leg
Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0667 Seg pneumatic appl full leg
Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0668 Seg pneumatic appl full arm
Clinical Policy: Lymphedema Diagnosis and Treatment

E0669 Seg pneumatic appli half leg
Clinical Policy: Intermittent Pneumatic Compression Devices;

Lymphedema Diagnosis and Treatment

E0671 Pressure pneum appl full leg
Clinical Policy: Intermittent Pneumatic Compression Devices;
Lymphedema Diagnosis and Treatment

E0672 Pressure pneum appl full arm
Clinical Policy: Lymphedema Diagnosis and Treatment

E0673 Pressure pneum appl half leg
Clinical Policy: Intermittent Pneumatic Compression Devices;
Lymphedema Diagnosis and Treatment

E0676 Inter limb compress dev NOS
Clinical Policy: Intermittent Pneumatic Compression Devices;
Lymphedema Diagnosis and Treatment

E0691 Ultraviolet light therapy system, includes bulbs/
lamps, timer and eye protection; treatment area 2 sq ft or less
Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for
Skin Conditions

E0692 Ultraviolet light therapy system panel, includes
bulbs/lamps, timer and eye protection, 4 ft panel
Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for
Skin Conditions

E0693 Ultraviolet light therapy system panel, includes
bulbs/lamps, timer and eye protection, 6 ft panel
Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for
Skin Conditions

E0694 Ultraviolet multidirectional light therapy system in 6
ft cabinet, includes bulbs/lamps, timer, and eye protection
Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for
Skin Conditions

E0747 Elec osteogen stim not spine
Clinical Policy: Bone Growth Stimulators

E0748 Elec osteogen stim spinal
Clinical Policy: Bone Growth Stimulators

E0749 Elec osteogen stim implanted
Clinical Policy: Bone Growth Stimulators

E0760 Osteogen ultrasound stimltor
Clinical Policy: Bone Growth Stimulators

E0766 Electrical stimulation device used for cancer
treatment
Clinical Policy: Electrical Tumor Treatment Fields

E0779 Ambulatory infusion pump, mechanical, reusable, for
infusion 8 hours or greater
Clinical Policy: Infusion Pumps

E0780 Ambulatory infusion pump, mechanical, reusable, for
infusion 8 hours or greater
Clinical Policy: Infusion Pumps

E0782 Non-programable infusion pump
Clinical Policy: Infusion Pumps

E0783 Programmable infusion pump
Clinical Policy: Infusion Pumps

E0784 Ext amb infusn pump insulin
Clinical Policy: Diabetes Tests, Programs and Supplies; Infusion
Pumps

E0785 Implantable intraspinal catheter used with
implantable infusion pump, replacement
Clinical Policy: Infusion Pumps

E0786 Implantable programmable infusion pump,
replacement
Clinical Policy: Infusion Pumps

E0983 Add pwr joystick
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E0984 Add pwr tiller
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E0986 Man w/c push-rim powr system
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1002 Pwr seat tilt
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1003 Pwr seat recline
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1004 Pwr seat recline mech
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1005 Pwr seat recline pwr
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1006 Pwr seat combo w/o shear
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1007 Pwr seat combo w/shear
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1008 Pwr seat combo pwr shear
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1009 Add mech leg elevation
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1010 Add pwr leg elevation
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1012 Ctr mount pwr elev leg rest
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1014 Reclining back add ped w/c
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1020 Residual limb support system
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1029 Wheelchair accessory, ventilator tray, fixed
Clinical Policy: Manual Wheelchairs

E1030 W/c vent tray gimbaled
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1050 Wheelchr fxd full length arms
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1060 Wheelchair detachable arms

Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1070 Wheelchair detachable foot r
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1083 Hemi-wheelchair fixed arms
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1084 (K0002) Hemi-Wheelchair, Detachable Arms Desk Or Full Length Arms, S
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1085 (K0002) Hemi-Wheelchair Fixed Full Length Arms, Swing Away Detachabl
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1086 (K0002) Hemi Wheelchair Detachable Arms Desk Or Full Length, Swing A
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1087 (K0004) High Strength Lightweight Wheelchai
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1088 (K0004) High Strength Lightweight Wheelchair, Detachable Arms Desk O
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1089 (K0004) High Strength Lightweight Wheelchair, Fixed Length
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1090 (K0004) High Strnght Lghtwght,Detach Arms S
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1092 (K0006-K0007) Wide Heavy Duty Wheel Chair, Detachable Arms Desk
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1093 Wheelchair wide w/ foot rest
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1100 Whchr s-recl fxd arm leg res
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1110 Wheelchair semi-recl detach
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1130 Whlchr stand fxd arm ft rest
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1140 Wheelchair standard detach a
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1150 Wheelchair standard w/ leg r
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1160 Wheelchair fixed arms
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1161 Manual adult wc w tiltinspac
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1170 Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests
Clinical Policy: Manual Wheelchairs

E1171 Amputee wheelchair, fixed full-length arms, without

footrests or legrest
Manual Wheelchairs and Power Operated Vehicles, Scooters

E1172 Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest
Clinical Policy: Manual Wheelchairs

E1180 Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests
Clinical Policy: Manual Wheelchairs

E1190 Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests
Clinical Policy: Manual Wheelchairs

E1195 Wheelchair amputee heavy dut
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1200 Wheelchair amputee fixed arm
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1220 Whlchr special size/constrc
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1221 Wheelchair spec size w foot
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1222 Wheelchair spec size w/ leg
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1223 Wheelchair spec size w foot
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1224 Wheelchair spec size w/ leg
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1225 Manual semi-reclining back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1226 Manual fully reclining back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1227 Wheelchair spec sz spec ht a
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1228 Wheelchair spec sz spec ht b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1229 Wheelchair, pediatric size
Clinical Policy: Manual Wheelchairs

E1230 Power operated vehicle
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1231 Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
Clinical Policy: Manual Wheelchairs

E1232 Folding ped wc tilt-in-space
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1233 Rig ped wc tltnspc w/o seat
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1234 Fld ped wc tltnspc w/o seat
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1235 Rigid ped wc adjustable
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1236 Folding ped wc adjustable
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1237 Rgd ped wc adjstabl w/o seat
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1238 Fld ped wc adjstabl w/o seat
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1239 Power wheelchair, pediatric size, not otherwise specified
Clinical Policy: Power Wheelchairs and Scooters

E1240 Whchr litwt det arm leg rest
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1250 Wheelchair lightwt fixed arm
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1260 Wheelchair lightwt foot rest
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1270 Wheelchair lightweight leg r
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1280 Whchr h-duty det arm leg res
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1285 Wheelchair heavy duty fixed
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1290 Wheelchair hvy duty detach a
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1295 Wheelchair heavy duty fixed
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1296 Wheelchair special seat heig
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1297 Special wheelchair seat depth, by upholstery
Clinical Policy: Manual Wheelchairs

E1298 Wheelchair spec seat depth/w
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E1392 Portable oxygen concentrator
Clinical Policy: Oxygen

E1800 Adjust elbow ext/flex device
Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints

E1802 Adjst forearm pro/sup device
Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints

E1805 Adjust wrist ext/flex device
Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints

E1810 Adjust knee ext/flex device
Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints

E1825 Adjust finger ext/flex devc
Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints

E1830 Adjust toe ext/flex device
Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness

E2103 Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver
Clinical Policy: See Pharmacy Pre-Auth

E2201 Man w/ch acc seat w>=20<24 Wheelchairs and Power Operated Vehicles, Scooters
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2202 Seat width 24-27 in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2203 Frame depth less than 22 in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2204 Frame depth 22 to 25 in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2291 Back, planar, for pediatric size wheelchair including fixed attaching hardware
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2292 Seat, planar, for pediatric size wheelchair including fixed attaching hardware
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2293 Contour back for ped size wc
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2294 Contour seat for ped size wc
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2298 Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Clinical Policy: Power Wheelchair

E2300 Pwr seat elevation sys
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2310 Electro connect btw control
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2311 Electro connect btw 2 sys
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2312 Mini-prop remote joystick
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2313 PWC harness, expand control
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2321 Hand interface joystick
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2322 Mult mech switches
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2325 Sip and puff interface
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2326	Breath tube kit	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2327	Head control interface mech	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2328	Head/extremity control inter	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2329	Head control nonproportional	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2330	Head control proximity switc	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2331	Attendant control	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2340	W/c width 20-23 in seat frame	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2341	W/c width 24-27 in seat frame	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2342	W/c depth 20-21 in seat frame	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2343	W/c depth 22-25 in seat frame	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2351	Electronic SGD interface	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2359	Power wheelchair accessory, group 34 sealed lead acid battery	Clinical Policy: Power Wheelchairs and Scooters
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery	Clinical Policy: Power Wheelchairs and Scooters
E2363	Power wheelchair accessory, group 24 sealed lead acid battery	Clinical Policy: Power Wheelchairs and Scooters
E2365	Power wheelchair accessory, U-1 sealed lead acid battery	Clinical Policy: Power Wheelchairs and Scooters
E2371	Power wheelchair accessory, group 27 sealed lead acid battery	Clinical Policy: Power Wheelchairs and Scooters
E2372	Gr27 non-sealed leadacid	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2378	Pw actuator replacement	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2397	Power wheelchair accessory, lithium-based battery	Clinical Policy: Power Wheelchairs and Scooters
E2402	Neg press wound therapy pump	Clinical Policy: Negative Pressure Wound therapy
E2500	Digital speech recorder	

Clinical Policy: Speech Generating Devices

E2502	Digital speech recorder	Clinical Policy: Speech Generating Devices
E2504	Digital speech recorder	Clinical Policy: Speech Generating Devices
E2506	Digital speech recorder	Clinical Policy: Speech Generating Devices
E2508	Typed input speech synthesizer	Clinical Policy: Speech Generating Devices
E2510	Speech synthesizer	Clinical Policy: Speech Generating Devices
E2512	Speaking device mounting kit	Clinical Policy: Speech Generating Devices
E2599	Add-on for speaking device	Clinical Policy: Speech Generating Devices
E2605	Position wc cushion width <22 in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2606	Position wc cushion width ≥22 in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2607	Skin pro/pos wc cushion width <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2608	Skin pro/pos wc cushion width ≥22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2609	Custom fabricate w/c cushion	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2611	Gen use back cushion width <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2612	Gen use back cushion width ≥22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2613	Position back cushion width <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2614	Position back cushion width ≥22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2615	Pos back post/lat width <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2616	Pos back post/lat width ≥22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2617	Custom fab w/c back cushion	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2620	WC planar back cushion width <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2621	WC planar back cushion width ≥22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E8000	Gait trainer, pediatric size, posterior support	Clinical Policy: Standing Systems and Gait Trainers - Auth Required

E8001 Gait trainer, pediatric size, upright support
Clinical Policy: Standing Systems and Gait Trainers - Auth Required

E8002 Gait trainer, pediatric size, upright support
Clinical Policy: Standing Systems and Gait Trainers - Auth Required

G0235 PET imaging, any site, not otherwise specified
Clinical Policy: Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

K0001 Standard wheelchair
Clinical Policy: Manual Wheelchairs

K0002 Stnd hemi (low seat) whlchr
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0003 Lightweight wheelchair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0004 High strength ltwt whlchr
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0005 Ultralightweight wheelchair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0006 Heavy duty wheelchair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0007 Extra heavy duty wheelchair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0008 Cstm manual wheelchair/base
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0009 Other manual wheelchair/base
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0010 Stnd wt frame power whlchr
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0011 Stnd wt pwr whlchr w control
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0012 Ltwt portbl power whlchr
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0013 Custom power whlchr base
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0014 Other motorized/power wheelchair base
Clinical Policy: Power Wheelchairs and Scooters

K0108 W/c component-accessory NOS
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0552 Sup/ext non-ins inf pump syr
Clinical Policy: Diabetes Tests, Programs and Supplies; Infusion Pumps

K0606 AED garment w elec analysis
Clinical Policy: Cardioverter-Defibrillators

K0743 Portable home suction pump
Clinical Policy: Negative Pressure Wound therapy

K0744 Absorp drg <= 16 suc pump
Clinical Policy: Negative Pressure Wound therapy

K0745 Absorp drg >16<=48 suc pump
Clinical Policy: Negative Pressure Wound therapy

K0746 Absorp drg >48 suc pump
Clinical Policy: Negative Pressure Wound therapy

K0800 POV group 1 std up to 300lbs
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0801 POV group 1 hd 301-450 lbs
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0802 POV group 1 vhd 451-600 lbs
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0806 POV group 2 std up to 300lbs
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0807 POV group 2 hd 301-450 lbs
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0808 POV group 2 vhd 451-600 lbs
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0812 Power operated vehicle, not otherwise classified
Clinical Policy: Power Wheelchairs and Scooters

K0813 PWC gp 1 std port seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0814 PWC gp 1 std port cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0815 PWC gp 1 std seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0816 PWC gp 1 std cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0820 PWC gp 2 std port seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0821 PWC gp 2 std port cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0822 PWC gp 2 std seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0823 PWC gp 2 std cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0824 PWC gp 2 hd seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0825 PWC gp 2 hd cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0826 PWC gp 2 vhd seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0827 PWC gp vhd cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0828 PWC gp 2 xtra hd seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0829 PWC gp 2 xtra hd cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0830 PWC gp2 std seat elevate s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0831 PWC gp2 std seat elevate cap
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0835 PWC gp2 std sing pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0836 PWC gp2 std sing pow opt cap
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0837 PWC gp 2 hd sing pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0838 PWC gp 2 hd sing pow opt cap
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0839 PWC gp2 vhd sing pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0840 PWC gp2 xhd sing pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0841 PWC gp2 std mult pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0842 PWC gp2 std mult pow opt cap
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0843 PWC gp2 hd mult pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0848 PWC gp 3 std seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0849 PWC gp 3 std cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0850 PWC gp 3 hd seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0851 PWC gp 3 hd cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0852 PWC gp 3 vhd seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0853 PWC gp 3 vhd cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0854 PWC gp 3 xhd seat/back
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0855 PWC gp 3 xhd cap chair
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0856 PWC gp3 std sing pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0857 PWC gp3 std sing pow opt cap
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0858 PWC gp3 hd sing pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0859 PWC gp3 hd sing pow opt cap
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0860 PWC gp3 vhd sing pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0861 PWC gp3 std mult pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0862 PWC gp3 hd mult pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0863 PWC gp3 vhd mult pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0864 PWC gp3 xhd mult pow opt s/b
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0890 Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
Clinical Policy: Power Wheelchairs and Scooters

K0891 Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds/back, patient weight capacity up to and including 125 pounds
Clinical Policy: Power Wheelchairs and Scooters

K0898 Power wheelchair, not otherwise classified
Clinical Policy: Power Wheelchairs and Scooters

K1022 Addition to lower extremity prosthesis
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L0112 Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated
Clinical Policy: Cranial Orthotic Devices for Plagiocephaly

L1200 Furnsh initial orthosis only
Clinical Policy: Spinal Orthoses

L1499 Spinal orthosis NOS
Clinical Policy: Idiopathic Scoliosis Diagnosis and Treatment; Orthopedic Casts Braces and Splints; Suit therapy

L3901 A custom-made hinge splint for a wrist-hand-finger brace
Clinical Policy: Upper Extremity Orthoses

L3961 Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints
Clinical Policy: Upper Extremity Orthoses

L3967 Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar
Clinical Policy: Upper Extremity Orthoses

L3971 Shoulder-elbow-wrist-hand orthotic (SEWHO), shoulder cap design, includes one or more nontorsion joints
Clinical Policy: Upper Extremity Orthoses

L3976 Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints

Clinical Policy: Upper Extremity Orthoses

L3977 Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, includes one or more nontorsion joints
Clinical Policy: Upper Extremity Orthoses

L3973 SEWHO airplane w/jnt(s) CF
Clinical Policy: Upper Extremity Orthoses

L3975 Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints
Clinical Policy: Upper Extremity Orthoses

L8680 Implt neurostim elctr each
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Fecal Incontinence Treatments; Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain; Trigeminal Neuralgia Treatments; Urinary Incontinence and Ureterovesicular Reflux; Vagus Nerve Stimulation

L8681 Pt prgrm for implt neurostim
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Fecal Incontinence Treatments; Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain; Tinnitus Treatments; Trigeminal Neuralgia Treatments; Urinary Incontinence and Ureterovesicular Reflux; Vagus Nerve Stimulation

L8682 Implt neurostim radiofq rec
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Fecal Incontinence Treatments; Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain; Tinnitus Treatments; Trigeminal Neuralgia Treatments; Urinary Incontinence and Ureterovesicular Reflux; Vagus Nerve Stimulation

L8683 Radiofq trsmtr for implt neu
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Tinnitus Treatments; Fecal Incontinence Treatments; Vagus Nerve Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Spinal Cord Stimulation for Pain; Headaches Invasive Procedures; Trigeminal Neuralgia Treatments; Spasticity Management; Epilepsy Surgery

L8684 Radiofrequency transmitter for use with implantable sacral root neurostim receiver for bowel and bladder management, replacement
Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

L8689 External recharge sys intern
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Tinnitus Treatments; Fecal Incontinence Treatments; Vagus Nerve Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Spinal Cord Stimulation for Pain; Headaches Invasive Procedures; Trigeminal Neuralgia Treatments; Spasticity Management; Epilepsy Surgery

S8030 Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy recharge sys intern
Clinical Policy: Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

S8420 Gradient pressure aid sleeve/glov custom
Clinical Policy: Lymphedema Diagnosis and Treatment

MATERNITY

Code Description

59072 Umbilical cord occlud w/us
Clinical Policy: Fetal Surgery

59076 Fetal shunt placement w/us

Clinical Policy: Fetal Surgery

MEDICAL - DIAGNOSTIC

Code Description

91110 Gi tract capsule endoscopy
Clinical Policy: Capsule Endoscopy

91117 Colon motility 6 hr study
Clinical Policy: Gastrointestinal Function Selected Tests

91132 Electrogastrography
Clinical Policy: Gastrointestinal Function Selected Tests

91133 Electrogastrography w/test
Clinical Policy: Gastrointestinal Function Selected Tests

92607 Speaking device exam, training
Clinical Policy: Speech Generating Devices

92608 Speaking device exam, training
Clinical Policy: Speech Generating Devices

92609 Speaking device exam, training
Clinical Policy: Speech Generating Devices

92640 Analysis auditory brainstem implant, w programming
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

93613 Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries
Clinical Policy: Cardiac Catheter Ablation and Radioablation

93650 Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
Clinical Policy: Cardiac Catheter Ablation and Radioablation

93653 Evaluation of electrical activity within the heart by placing a thin tube (catheter) threaded through a leg or neck blood vessel. The heart may be stimulated to find the diseased area that can then be treated
Clinical Policy: Cardiac Catheter Ablation and Radioablation

93654 Evaluation of electrical activity within the heart by placing a thin tube (catheter) threaded through a leg or neck blood vessel. The heart may be stimulated to find the diseased area that can then be treated
Clinical Policy: Cardiac Catheter Ablation and Radioablation

93655 ntracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia
Clinical Policy: Cardiac Catheter Ablation and Radioablation

93656 Evaluation of electrical activity within the heart by placing a thin tube (catheter) threaded through a leg or neck blood vessel. The heart may be stimulated to find the diseased area that can then be treated
Clinical Policy: Cardiac Catheter Ablation and Radioablation

93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation

Clinical Policy: Cardiac Catheter Ablation and Radioablation;
Cryoablation

95700 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95705 EEG monitoring without video review of data,
technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95706 EEG monitoring without video review of data,
technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95707 EEG monitoring without video review of data,
technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95708 EEG monitoring without video review of data,
technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95709 EEG monitoring without video review of data,
technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95710 EEG monitoring without video review of data,
technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95711 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95712 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95713 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95714 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95715 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95716 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95717 EEG monitoring without video, continuous
recording, physician review of recorded events, analysis of spike and
seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95718 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95719 EEG monitoring without video, continuous
recording, physician review of recorded events, analysis of spike and
seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95720 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95721 EEG monitoring without video, continuous
recording, physician review of recorded events, analysis of spike and
seizure detection

Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95722 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95723 EEG monitoring without video, continuous
recording, physician review of recorded events, analysis of spike and
seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95724 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95725 EEG monitoring without video, continuous
recording, physician review of recorded events, analysis of spike and
seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95726 EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring

95800 Slp stdy unattended
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and
Treatment

95801 Slp stdy unatnd w/anal
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and
Treatment

95805 Multiple sleep latency test
Clinical Policy: Multiple Sleep Latency Test (MSLT) and Maintenance
Wakefulness Test (MWT); Obstructive Sleep Apnea in Adults -
Diagnosis and Treatment

95806 Sleep study unatt&resp efft
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and
Treatment

95807 Sleep study attended
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and
Treatment

95808 Polysom any age 1-3> param
Clinical Policy: Noninvasive Positive Pressure Ventilation;
Obstructive Sleep Apnea in Adults - Diagnosis and Treatment

95810 Polysom 6/> yrs 4/> param
Clinical Policy: Noninvasive Positive Pressure Ventilation;
Obstructive Sleep Apnea in Adults - Diagnosis and Treatment

95811 Polysom 6/>yrs cpap 4/> parm
Clinical Policy: Noninvasive Positive Pressure Ventilation;
Obstructive Sleep Apnea in Adults - Diagnosis and Treatment

95940 Monitoring the function of the brain and spinal cord
during surgery
Clinical Policy: Evoked Potential Studies including Intraoperative
Monitoring; Vagus Nerve Stimulation

95941 Monitoring the function of the brain and spinal cord
during surgery addition
Clinical Policy: Evoked Potential Studies including Intraoperative
Monitoring; Vagus Nerve Stimulation

95961 Electrode stimulation brain
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation;
Epilepsy Surgery; Quantitative EEG (Brain Mapping); Trigeminal

Neuralgia Treatments

95962 Electrode stim brain add-on
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Quantitative EEG (Brain Mapping); Trigeminal Neuralgia Treatments

95965 Meg spontaneous
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Magnetic Source Imaging Magnetoencephalography

95966 Meg evoked single
Clinical Policy: Magnetic Source Imaging Magnetoencephalography

95967 Meg evoked each addl
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Magnetic Source Imaging Magnetoencephalography

G0453 Cont intraop neuro monitor
Clinical Policy: Evoked Potential Studies Incl Intraoperative Monitoring

MISCELLANEOUS MEDICAL

Code	Description
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment
0402T	Collagen crosslinking cornea Clinical Policy: Vision Surgery and Vision Screening for Medical Diseases or Injury
0479T	Fractional ablative laser fenestration of burn and traumatic scars, each additional 100 cm ² , infant and children Clinical Policy: Carbon Dioxide Laser for Actinic Lesions and Other Selected Indications
0480T	Fractional ablative laser fenestration of burn and traumatic scars, first 100 cm ² , infant and children Clinical Policy: Carbon Dioxide Laser for Actinic Lesions and Other Selected Indications
0552T	Low-level laser therapy Clinical Policy: Cold Laser and High-Power Laser Therapies
96547	Intraop Hipec Px 1st 60 min Clinical Policy: Hyperthermia
96548	Intraop Hipec Px each additional 30 min Clinical Policy: Hyperthermia
97151	Behavior identification assessment qualified health care professional each 15 minutes Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment
97152	Behavior identification-supporting assessment each 15 minutes

Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment

97153 Adaptive behavior treatment by protocol each 15 minutes
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment

97154 Group adaptive behavior treatment by protocol each 15 minutes
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment

97155 Adaptive behavior treatment with protocol modification each 15 minutes
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment

97158 Group adaptive behavior treatment with protocol modification each 15 minutes
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment

97605 Neg press wound tx </=50 cm
Clinical Policy: Negative Pressure Wound therapy

97606 Neg press wound tx >50 cm
Clinical Policy: Negative Pressure Wound therapy

99183 Hyperbaric oxygen therapy
Clinical Policy: Hyperbaric Oxygen therapy; Tinnitus Treatments

99304 Initial nursing facility care, per day 25 min
Clinical Policy: Skilled Nursing Facility Care

99305 Initial nursing facility care, per day 35 min
Clinical Policy: Skilled Nursing Facility Care

99306 Initial nursing facility care, per day 45 min
Clinical Policy: Skilled Nursing Facility Care

99307 Subsequent nursing facility care, per day 10 min
Clinical Policy: Skilled Nursing Facility Care

99308 Subsequent nursing facility care, per day 15 min
Clinical Policy: Skilled Nursing Facility Care

99309 Subsequent nursing facility care, per day 30 min
Clinical Policy: Skilled Nursing Facility Care

99310 Subsequent nursing facility care, per day 45 min
Clinical Policy: Skilled Nursing Facility Care

99315 Nursing facility discharge management 30 min or less
Clinical Policy: Skilled Nursing Facility Care

99316 Nursing facility discharge management 30 min or more
Clinical Policy: Skilled Nursing Facility Care

A9593 Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi
Clinical Policy: Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

A9594 Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi
Clinical Policy: Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

A9596 Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi
Clinical Policy: Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

A9800 Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi
Clinical Policy: Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

B4164 Parenteral nutrition solution; carbohydrates
Clinical Policy: Nutritional Support

B4168 Parenteral nutrition solution; amino acid
Clinical Policy: Nutritional Support

B4172 Parenteral nutrition solution; amino acid
Clinical Policy: Nutritional Support

B4176 Parenteral nutrition solution; amino acid
Clinical Policy: Nutritional Support

B4178 Parenteral nutrition solution; amino acid
Clinical Policy: Nutritional Support

B4180 Parenteral nutrition solution; carbohydrates
Clinical Policy: Nutritional Support

B4185 Parenteral nutrition solution; not otherwise specified
Clinical Policy: Nutritional Support

B4189 Parenteral nutrition solution: compounded amino acid and carbohydrates w/ electrolytes
Clinical Policy: Nutritional Support

B4193 Parenteral nutrition solution: compounded amino acid and carbohydrates w/ electrolytes
Clinical Policy: Nutritional Support

B4197 Parenteral nutrition solution: compounded amino acid and carbohydrates w/ electrolytes
Clinical Policy: Nutritional Support

B4199 Parenteral nutrition solution: compounded amino acid and carbohydrates w/ electrolytes
Clinical Policy: Nutritional Support

B4216 Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day
Clinical Policy: Nutritional Support

B4220 Parenteral nutrition supply kit; premix, per day
Clinical Policy: Nutritional Support

B4222 Parenteral nutrition supply kit; home mix, per day
Clinical Policy: Nutritional Support

B4224 Parenteral nutrition administration kit, per day
Clinical Policy: Nutritional Support

B5000 Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF, NephroAmine, RenAmine - premix
Clinical Policy: Nutritional Support

B5100 Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and

vitamins, including preparation, any strength, hepatic-HepatoAmine-premix

Clinical Policy: Nutritional Support

B5200 Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix
Clinical Policy: Nutritional Support

C1715 Brachytherapy needle
Clinical Policy: Brachytherapy

C1716 Brachytherapy source, nonstranded, gold-198, per source
Clinical Policy: Brachytherapy

C1717 Brachytherapy source, nonstranded, high dose rate iridium-192, per source
Clinical Policy: Brachytherapy

C1719 Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source
Clinical Policy: Brachytherapy

G0277 Hbot, full body chamber, 30m
Clinical Policy: Hyperbaric Oxygen therapy; Tinnitus Treatments

G0398 Home sleep study test, type II
Clinical Policy: Obstructive Sleep Apnea in Adults-Diagnosis and Treatment

G0399 Home sleep study test, type III
Clinical Policy: Obstructive Sleep Apnea in Adults-Diagnosis and Treatment

Q5005 Hospital hospice care
Clinical Policy: Hospice

S9365 Home Infusion Therapy, total parenteral nutrition; one liter per day, per diem
Clinical Policy: Nutritional Support

S9366 Home Infusion Therapy, total parenteral nutrition; two liters per day, per diem
Clinical Policy: Nutritional Support

S9367 Home Infusion Therapy, total parenteral nutrition; three liters per day, per diem
Clinical Policy: Nutritional Support

S9368 Home Infusion Therapy, total parenteral nutrition; no more than three liters per day, per diem
Clinical Policy: Nutritional Support

V2790 Amniotic membrane
Clinical Policy: Corneal Graft With Amniotic Membrane Transplant Or Limbal Stem Cell Transplant

NON-PRESCRIPTION DRUGS

Code	Description
90283	Immune globulin (IgIV), human, for intravenous use Clinical Policy: See Pharmacy Pre-Auth

90284	Immune globulin (SCIg), human, for use in
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subcutaneous infusions, 100 mg, each
Clinical Policy: See Pharmacy Pre-Auth

90291 Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
Clinical Policy: See Pharmacy Pre-Auth

90378 Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Clinical Policy: See Pharmacy Pre-Auth

96440 Chemotherapy intracavitary
Clinical Policy: Hyperthermia in Cancer therapy

A9274 Disposable insulin system
Clinical Policy: See Pharmacy Pre-Auth

A9513 Lutetium lu 177 dotatat ther
Clinical Policy: See Pharmacy Pre-Auth

A9527 Iodine I-125, sodium iodide solution, therapeutic, per mCi
Clinical Policy: Brachytherapy

A9543 Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi
Clinical Policy: See Pharmacy Pre-Auth

A9606 Radium RA-223 dichloride, therapeutic, per UCI
Clinical Policy: See Pharmacy Pre-Auth

A9607 Lutetium Lu 177 vipivotide tetraxetan
Clinical Policy: See Pharmacy Pre-Auth

J0129 Abatacept injection
Clinical Policy: See Pharmacy Pre-Auth

J0135 Adalimumab injection
Clinical Policy: Graves' Ophthalmopathy Treatments

J0180 Agalsidase beta injection
Clinical Policy: See Pharmacy Pre-Auth

J0220 Injection, alglucosidase alfa, 10 mg
Clinical Policy: See Pharmacy Pre-Auth

J0221 Lumizyme injection
Clinical Policy: See Pharmacy Pre-Auth

J0256 Alpha 1 proteinase inhibitor
Clinical Policy: See Pharmacy Pre-Auth

J0470 Dimecaprol injection
Clinical Policy: Chelation therapy

J0485 Belatacept injection
Clinical Policy: Kidney Transplantation

J0490 Belimumab injection
Clinical Policy: Kidney Transplantation

J0585 Injection, onabotulinumtoxinA
Clinical Policy: Headaches: Invasive Procedures; Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis Treatments; Post-Herpetic Neuralgia; Spasticity Management; Speech therapy; Tinnitus Treatments; Trigeminal Neuralgia: Treatments

J0586 AbobotulinumtoxinA
Clinical Policy: Headaches: Invasive Procedures; Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis Treatments; Post-Herpetic Neuralgia; Spasticity Management; Tinnitus Treatments; Trigeminal Neuralgia

J0587 Inj, rimabotulinumtoxinB
Clinical Policy: Headaches: Invasive Procedures; Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis Treatments; Post-Herpetic Neuralgia; Spasticity Management; Speech therapy; Tinnitus Treatments; Trigeminal Neuralgia: Treatments

J0588 Incobotulinumtoxin a
Clinical Policy: Headaches: Invasive Procedures; Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis Treatments; Spasticity Management; Tinnitus Treatments; Trigeminal Neuralgia: Treatments

J0600 Edetate calcium disodium inj
Clinical Policy: Chelation therapy

J0638 Canakinumab injection
Clinical Policy: Chelation therapy

J0691 Injection, lefamulin, 1 mg
Clinical Policy: See Pharmacy Pre-Auth

J0725 Injection, chorionic gonadotropin, per 1,000 USP units
Clinical Policy: See Pharmacy Pre-Auth

J0775 Collagenase, clost hist inj
Clinical Policy: Manipulation Under Anesthesia; Xiaflex® (Previously: Dipyrrin's Contracture)

J0800 Corticotropin injection
Clinical Policy: See Pharmacy Pre-Auth

J0801 Injection, corticotropin (Acthar Gel), up to 40 units
Clinical Policy: See Pharmacy Pre-Auth

J0802 Injection, corticotropin (ANI), up to 40 units
Clinical Policy: See Pharmacy Pre-Auth

J0850 Cytomegalovirus imm IV /vial
Clinical Policy: See Pharmacy Pre-Auth

J0895 Deferoxamine mesylate inj
Clinical Policy: Chelation therapy; Infusion Pumps

J0897 Denosumab injection
Clinical Policy: See Pharmacy Pre-Auth

J1290 Ecallantide injection
Clinical Policy: See Pharmacy Pre-Auth

J1300 Eculizumab injection
Clinical Policy: Kidney Transplantation

J1301 Edaravone injection
Clinical Policy: See Pharmacy Pre-Auth

J1322 Elosulfase alfa, injection
Clinical Policy: See Pharmacy Pre-Auth

J1324 Enfuvirtide injection
Clinical Policy: See Pharmacy Pre-Auth

J1325	Epoprostenol injection	Clinical Policy: See Pharmacy Pre-Auth	J1932	Injection, lanreotide, (Cipla), 1 mg	Clinical Policy: See Pharmacy Pre-Auth
J1438	Etanercept injection	Clinical Policy: Dry Eyes Treatments and Devices; Graves' Ophthalmopathy Treatments	J1950	Leuprolide acetate /3.75 MG	Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments
J1458	Galsulfase injection	Clinical Policy: See Pharmacy Pre-Auth	J1954	Leuprolide acetate, 7.5 mg	Clinical Policy: See Pharmacy Pre-Auth
J1459	Inj IVIG privitygen 500 mg	Clinical Policy: Graves' Ophthalmopathy Treatments	J2170	Mecasermin injection See Pharmacy Pre-Auth	Clinical Policy: See Pharmacy Pre-Auth
J1556	Injection, immune globulin (Bivigam), 500 mg	Clinical Policy: See Pharmacy Pre-Auth	J2182	Injection, mepolizumab, 1mg	Clinical Policy: See Pharmacy Pre-Auth
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Clinical Policy: See Pharmacy Pre-Auth	J2212	Methylnaltrexone injection	Clinical Policy: See Pharmacy Pre-Auth
J1559	Hizentra injection	Clinical Policy: See Pharmacy Pre-Auth	J2267	Injection, mirikizumab-mrkz, 1 mg	Clinical Policy: See Pharmacy Pre-Auth
J1561	Gamunex-C/Gammaked	Clinical Policy: Graves' Ophthalmopathy Treatments	J2278	Ziconotide injection	Clinical Policy: Infusion Pumps
J1566	Immune globulin, powder	Clinical Policy: Graves' Ophthalmopathy Treatments	J2315	Naltrexone, depot form	Clinical Policy: See Pharmacy Pre-Auth
J1568	Octagam Injection	Clinical Policy: Graves' Ophthalmopathy Treatments	J2323	Natalizumab injection	Clinical Policy: See Pharmacy Pre-Auth
J1569	Gammagard Liquid injection	Clinical Policy: Graves' Ophthalmopathy Treatments	J2326	Injection, nusinersen, 0.1 mg	Clinical Policy: See Pharmacy Pre-Auth
J1572	Flebogamma injection	Clinical Policy: Graves' Ophthalmopathy Treatments	J2329	Injection, ublituximab-xiiy, 1mg	Clinical Policy: See Pharmacy Pre-Auth
J1628	Guselkumab, 1 mg	Clinical Policy: See Pharmacy Pre-Auth	J2350	Injection, ocrelizumab, 1 mg	Clinical Policy: See Pharmacy Pre-Auth
J1743	Idursulfase injection	Clinical Policy: See Pharmacy Pre-Auth	J2353	Octreotide injection, depot	Clinical Policy: Graves' Ophthalmopathy Treatments; Liver and Other Neoplasms – Treatment Approaches
J1745	Infliximab not biosimil 10mg	Clinical Policy: Graves' Ophthalmopathy Treatments	J2354	Octreotide inj, non-depot	Clinical Policy: Graves' Ophthalmopathy Treatments; Liver and Other Neoplasms – Treatment Approaches
J1749	Injection, iloprost, 0.1 mcg	Clinical Policy: See Pharmacy Pre-Auth	J2355	Injection, oprelvekin, 5 mg	Clinical Policy: See Pharmacy Pre-Auth
J1750	Inj iron dextran	Clinical Policy: See Pharmacy Pre-Auth	J2357	Omalizumab injection	Clinical Policy: Allergy Testing and Allergy Immunotherapy
J1756	Iron sucrose injection	Clinical Policy: See Pharmacy Pre-Auth	J2503	Pegaptanib sodium injection	Clinical Policy: See Pharmacy Pre-Auth
J1786	Injection, esmolol HCl, 10 mg	Clinical Policy: See Pharmacy Pre-Auth	J2778	Ranibizumab injection	Clinical Policy: See Pharmacy Pre-Auth
J1826	Injection, interferon beta-1a, 30 mcg	Clinical Policy: See Pharmacy Pre-Auth	J2793	Injection, riloncept, 1 mg	Clinical Policy: See Pharmacy Pre-Auth
J1930	Lanreotide injection	Clinical Policy: Graves' Ophthalmopathy Treatments	J2796	Romiplostim injection	Clinical Policy: See Pharmacy Pre-Auth
J1931	Injection, laronidase, 0.1 mg	Clinical Policy: See Pharmacy Pre-Auth	J2916	Na ferric gluconate complex	

Clinical Policy: See Pharmacy Pre-Auth

J2941 Somatropin injection
Clinical Policy: See Pharmacy Pre-Auth

J3010 Injection, fentanyl citrate, 0.1 mg
Clinical Policy: See Pharmacy Pre-Auth

J3060 Injection, taliglucerase alfa, 10 units
Clinical Policy: See Pharmacy Pre-Auth

J3110 Teriparatide injection
Clinical Policy: See Pharmacy Pre-Auth

J3262 Tocilizumab injection
Clinical Policy: Graves' Ophthalmopathy Treatments

J3285 Treprostinil injection
Clinical Policy: Iontophoresis

J3357 Ustekinumab sub cu inj, 1 mg
Clinical Policy: See Pharmacy Pre-Auth

J3358 Ustekinumab, iv inject, 1 mg
Clinical Policy: See Pharmacy Pre-Auth

J3380 Injection, vedolizumab
Clinical Policy: See Pharmacy Pre-Auth

J3385 Velaglucerase alfa
Clinical Policy: See Pharmacy Pre-Auth

J3399 Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10
Clinical Policy: See Pharmacy Pre-Auth

J7178 Human fibrinogen conc inj
Clinical Policy: See Pharmacy Pre-Auth

J7181 Injection, Factor XIII A-subunit, (recombinant), per IU
Clinical Policy: See Pharmacy Pre-Auth

J7183 Wilate injection
Clinical Policy: See Pharmacy Pre-Auth

J7185 Xyntha inj
Clinical Policy: See Pharmacy Pre-Auth

J7186 Antihemophilic viii/vwf comp
Clinical Policy: See Pharmacy Pre-Auth

J7187 Humate-P, inj
Clinical Policy: See Pharmacy Pre-Auth

J7188 Factor viii recomb obizur
Clinical Policy: See Pharmacy Pre-Auth

J7189 Factor viia
Clinical Policy: See Pharmacy Pre-Auth

J7190 Factor viii
Clinical Policy: See Pharmacy Pre-Auth

J7192 Factor VIII (antihemophilic factor, recombinant) per IU
Clinical Policy: See Pharmacy Pre-Auth

J7193 Factor IX non-recombinant

Clinical Policy: See Pharmacy Pre-Auth

J7194 Factor ix complex
Clinical Policy: See Pharmacy Pre-Auth

J7195 Factor ix recombinant nos
Clinical Policy: See Pharmacy Pre-Auth

J7197 Antithrombin iii injection
Clinical Policy: See Pharmacy Pre-Auth

J7198 Anti-inhibitor
Clinical Policy: See Pharmacy Pre-Auth

J7316 Injection, ocriplasmin, 0.125 mg
Clinical Policy: See Pharmacy Pre-Auth

J7318 Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
Clinical Policy: See Pharmacy Pre-Auth

J7330 Cultured chondrocytes implnt
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Extremities, Osteochondral Autografts (OATS or mosaicplasty), and Menaflex

J7639 Dornase alfa non-comp unit
Clinical Policy: See Pharmacy Pre-Auth

J7682 Tobramycin non-comp unit
Clinical Policy: See Pharmacy Pre-Auth

J7686 Treprostinil, non-comp unit
Clinical Policy: Iontophoresis

J9019 Erwinaze injection
Clinical Policy: See Pharmacy Pre-Auth

J9021 Injection, asparaginase, recombinant, (Rylaze), 0.1 mg
Clinical Policy: See Pharmacy Pre-Auth

J9022 Inj, atezolizumab,10 mg
Clinical Policy: See Pharmacy Pre-Auth

J9039 Injection, blinatumomab
Clinical Policy: See Pharmacy Pre-Auth

J9042 Brentuximab vedotin inj
Clinical Policy: See Pharmacy Pre-Auth

J9043 Cabazitaxel injection
Clinical Policy: See Pharmacy Pre-Auth

J9047 Injection, carfilzomib, 1 mg
Clinical Policy: See Pharmacy Pre-Auth

J9055 Cetuximab injection
Clinical Policy: Genetic Testing - Tumor Markers

J9144 Injection, daratumumab, 10 mg and hyaluronidase-fihj
Clinical Policy: See Pharmacy Pre-Auth

J9145 Injection, daratumumab, 10 mg
Clinical Policy: See Pharmacy Pre-Auth

J9173 Durvalumab, 10 mg

Clinical Policy: See Pharmacy Pre-Auth

J9207 Injection, ixabepilone, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9217 Leuprolide acetate suspnsion

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

J9218 Leuprolide acetate injeciton

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

J9225 Histrelin implant (Vantas), 50 mg

Clinical Policy: See Pharmacy Pre-Auth

J9226 Supprelin LA implant

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

J9228 Ipilimumab injection

Clinical Policy: See Pharmacy Pre-Auth

J9229 Inotuzumab ozogamicin, 0.1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9271 Inj pembrolizumab

Clinical Policy: See Pharmacy Pre-Auth

J9299 Injection, nivolumab, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9301 Obinutuzumab inj

Clinical Policy: See Pharmacy Pre-Auth

J9302 Ofatumumab injection

Clinical Policy: See Pharmacy Pre-Auth

J9303 Panitumumab injection

Clinical Policy: Genetic Testing - Tumor Markers

J9308 Injection, ramucirumab

Clinical Policy: See Pharmacy Pre-Auth

J9330 Temsirolimus injection

Clinical Policy: See Pharmacy Pre-Auth

J9334 Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc

Clinical Policy: See Pharmacy Pre-Auth

J9352 Injection trabectedin 0.1mg

Clinical Policy: See Pharmacy Pre-Auth

J9400 Injection, ziv-aflibercept, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J3358 Injection, fam-trastuzumab deruxtecan-nxki, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9999 Chemotherapy drug

Clinical Policy: See Pharmacy Pre-Auth

Q0138 Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)

Clinical Policy: See Pharmacy Pre-Auth

Q0139 Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)

Clinical Policy: See Pharmacy Pre-Auth

Q2026 Radiesse injection

Clinical Policy: Vocal Cord Paralysis Insufficiency Treatments

Q2041 An infusion of axicabtagene ciloleucel

Clinical Policy: See Pharmacy Pre-Auth

Q2043 Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion

Clinical Policy: See Pharmacy Pre-Auth

Q2054 Modified and selected immune cells (white blood cells) used in the treatment of lymphoma

Clinical Policy: See Pharmacy Pre-Auth

Q3001 Radioelements for brachytherapy, any type, each

Clinical Policy: Brachytherapy

Q3027 Injection, interferon beta-1a, 1 mcg for intramuscular use

Clinical Policy: See Pharmacy Pre-Auth

Q3028 Injection, interferon beta-1a, 1 mcg for subcutaneous use

Clinical Policy: See Pharmacy Pre-Auth

Q4074 Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg

Clinical Policy: See Pharmacy Pre-Auth

Q5104 Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg

Clinical Policy: See Pharmacy Pre-Auth

Q5119 Injection, rituximab-pvvr, biosimilar (Ruxience)

Clinical Policy: See Pharmacy Pre-Auth

Q5126 Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg

Clinical Policy: See Pharmacy Pre-Auth

Q5138 Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

S0088 Imatinib 100 mg

Clinical Policy: See Pharmacy Pre-Auth

NON-STANDARD BENEFIT

Code	Description
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0205T	Inirs each vessel add-on
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Clinical Policy: Infrared therapy and/or Cold Laser and High-Power Laser therapies

55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy

Clinical Policy: Brachytherapy

55876 lacement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

Clinical Policy: Brachytherapy

55920 Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
Clinical Policy: Brachytherapy

57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Clinical Policy: Brachytherapy

58974 Embryo transfer, intrauterine
Clinical Policy: Assisted Reproductive Technology

59000 Amniocentesis; diagnostic
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing

59001 Amniocentesis; therapeutic amniotic fluid reduction
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing

59012 Cordocentesis (intrauterine), any method
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing

59015 Chorionic villus sampling, any method
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing

G0249 Provide INR test mater/equip
Clinical Policy: Prothrombin Time (INR) Home Testing Devices

S0812 Phototherap keratect
Clinical Policy: Computerized Corneal Topography; Vision Surgery and Vision Screening for Medical Diseases or Injury

S4015 Complete IVF nos case rate
Clinical Policy: Assisted Reproductive Benefit (State Risk Pool)

S4016 Frozen in vitro fertilization cycle, case rate
Clinical Policy: Assisted Reproductive Technology

S4037 Cryopreserved embryo transfer, case rate
Clinical Policy: Assisted Reproductive Technology

V5030 Body-worn hearing aid air
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5040 Body-worn hearing aid bone
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5050 Hearing aid monaural in ear
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5060 Behind ear hearing aid
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5095 Semi-implantable hearing aid
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5100 Body-worn bilat hearing aid
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5120 Body-worn binaur hearing aid
Clinical Policy: Hearing Aids (Not covered for SL County or

Consumer Plus)

V5130 In ear binaural hearing aid
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5140 Behind ear binaur hearing ai
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5171 Hearing aid monaural in ear
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5172 Hearing aid monaural in canal
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5181 Hearing aid, mon, bte
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5211 Hearing aid, bin, ite
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5212 Hearing aid, bin, ite
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5213 Hearing aid, bin, ite
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5214 Hearing aid, bin, itc
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5215 Hearing aid, bin, itc
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5221 Hearing aid, bin, bte
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5242 Hearing aid, monaural, cic
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5243 Hearing aid, monaural, itc
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5244 Hearing aid, prog, mon, cic
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5245 Hearing aid, prog, mon, itc
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5246 Hearing aid, prog, mon, ite
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5247 Hearing aid, prog, mon, bte

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5248 Hearing aid, binaural, cic

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5249 Hearing aid, binaural, itc

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5250 Hearing aid, prog, bin, cic

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5251 Hearing aid, prog, bin, itc

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5252 Hearing aid, prog, bin, ite

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5253 Hearing aid, prog, bin, bte

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5254 Hearing id, digit, mon, cic

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5255 Hearing aid, digit, mon, itc

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5256 Hearing aid, digit, mon, ite

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5257 Hearing aid, digit, mon, bte

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5258 Hearing aid, digit, bin, cic

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5259 Hearing aid, digit, bin, itc

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5260 Hearing aid, digit, bin, ite

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5261 Hearing aid, digit, bin, bte

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5262 Hearing aid, disp, monaural

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5263 Hearing aid, disp, binaural

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5264 Ear mold or insert

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5265 Ear mold or insert, disposable

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5267 Hearing aid sup/access/dev

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5275 Ear impression

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)

V5298 Hearing aid noc

Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus); Cochlear Implants Auditory Brainstem Implants and BAHA

V5336 Repair/modification of augmentative communicative system/device

Clinical Policy: Speech Generating Devices

OP PSYCH-ALCOHOL/DRUG ABUSE

Code	Description
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90867 Tcranial magn stim tx plan

Clinical Policy: Migraine and Cluster Headache Nonsurgical Management; Spasticity Management; Speech therapy; Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation

90868 Tcranial magn stim tx deli

Clinical Policy: Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation

90869 Tcran magn stim redetermine

Clinical Policy: Migraine and Cluster Headache Nonsurgical Management; Spasticity Management; Speech therapy; Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation

H0015 Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis inter

Clinical Policy: Intensive Outpatient Program (IOP)

PATHOLOGY AND LABORATORY

Code	Description
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0047U Oncology prostate

Clinical Policy: Prostate Cancer Prognosis Policy

81105 Hpa-1 Genotyping

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81106 Hpa-2 Genotyping

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81107 HPA-3 Genotyping

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81108	HPA-4 Genotyping	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81109	HPA-5 Genotyping	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81110	HPA-6 Genotyping	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81111	HPA-9 Genotyping	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81112	HPA15 Genotyping	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81120	Idh1 common variants	Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing
81121	Idh2 common variants	Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing
81161	Dmd (Dystrophin) Deletion Analysis, And Duplication Analysis, If Perfmred	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81162	Brca1&2 seq & full dup/del	Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81163	HBB GENE DUP/DEL VARIANTS	Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81164	HBB FULL GENE SEQUENCE	Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81165	Brca1 Gene Full Seq Alys	Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81166	Brca1 Gene Full Dup/Del Alys	Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81167	Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene A	Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81170	ABL1 Gene	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81171	Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg, Spinocerebellar At	

		Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81172	Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81173	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81174	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81175	ASXL1 Full Gene Sequence	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81176	ASXL1 Gene target Seq Alys	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81177	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluatio	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81178	Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Full Gene	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81179	Atxn2 (Ataxin 2) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To D	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81180	Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene A	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81181	Atxn7 (Ataxin 7) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To D	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81182	Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg, Spinocerebellar At	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81183	Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81184	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81185	Cacna1A (Calcium Voltage-Gated Channel Subunit	

Alpha1 A) (Eg, Spinocerebella
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81186 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81187 Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (Eg, Myotonic Dyst
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81188 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluatio
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81189 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Full Gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81190 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Known Fam
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81200 Aspa gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing

81201 Apc gene full sequence
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81202 Apc gene known fam variants
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81203 Apc gene dup/delet variants
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81204 AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing

81205 Bckdhd gene
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing

81206 Bcr/abl1 gene major bp
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing

81207 Bcr/abl1 gene minor bp
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing

81208 Bcr/abl1 gene other bp
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81209 Blm gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81210 Braf gene
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81212 Brca1&2 185&5385&6174 var
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing

81215 Brca1 gene known fam variant
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing

81216 Brca2 gene full sequence
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing

81217 Brca2 gene known fam variant
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing

81218 Cebpa gene full sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81219 Calr gene com variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing; Genetic Testing - Comparative Genomic Hybridization

81220 Cftr gene com variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing

81221 Cftr gene known fam variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81222 Cftr gene dup/delet variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81223 Cftr gene full sequence
Clinical Policy: Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81224 Cftr gene intron poly t
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing

81225 Cyp2c19 gene com variants
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing

81226 Cyp2d6 gene com variants
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing

81228 Cytogen micrarray copy nmb
Clinical Policy: Genetic Testing - Comparative Genomic Hybridization (CGH); Recurrent Pregnancy Loss; Genetic Testing; Genetic Testing - Comparative Genomic Hybridization

81229 Cytogen m array copy no&snp
Clinical Policy: Genetic Testing - Comparative Genomic Hybridization (CGH); Genetic Testing - Invasive Prenatal Diagnostic Testing; Recurrent Pregnancy Loss; Genetic Testing

81233 BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene anal
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81234 DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; ev
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81235 Egfr gene com variants
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing

81236 EZH2 gene analysis, full gene sequence
Clinical Policy: Master Policy; Genetic Testing

81237 Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg, Diffus
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81238 F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence
Clinical Policy: Master Policy; Genetic Testing

81239 Dmpk (Dm1 Protein Kinase) (Eg, Myotonic Dystrophy Type 1) Gene Analysis; Cha
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81240 F2 gene
Clinical Policy: Genetic Testing - Thrombophilias - Factor V Leiden and Prothrombin Gene Mutations; Recurrent Pregnancy Loss; Genetic Testing

81241 F5 gene
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Thrombophilias - Factor V Leiden and Prothrombin Gene Mutations; Recurrent Pregnancy Loss; Genetic Testing

81242 Fancc gene
Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing

81243 Fmr1 gene detection
Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing

81244 Fmr1 gene characterization
Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Tumor Markers; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing

81245 Flt3 gene
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81246 Flt3 gene analysis
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81247 G6PD gene analysis; common variant
Clinical Policy: Master Policy; Genetic Testing

81248 G6PD gene analysis; known familial variant
Clinical Policy: Master Policy; Genetic Testing

81249 G6PD gene analysis; full gene sequence
Clinical Policy: Master Policy; Genetic Testing

81250 G6pc gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81251 Gba gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81252 Gjb2 gene full sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81253 Gjb2 gene known fam variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81254 Gjb6 gene com variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81255 Hexa gene
Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing

81256 Hfe gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81257 Hba1/hba2 gene
Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing

81258 Hba1/hba2 gene fam vrnt
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81259 Hba1/hba2 full gene sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81260 Ikbap gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81261 Igh gene rearrange amp meth
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81262 Igh gene rearrang dir probe
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81263 Igh vari regional mutation
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81264 Igg rearrangeabn clonal pop
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81265 Str markers specimen anal
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81266 Str markers spec anal addl
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81267 Chimerism anal no cell selec
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81268 Chimerism anal w/cell select
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81269 Hba1/hba2 gene dup/del vrnts
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81270 Jak2 gene
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81271 Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Evaluation To Detec
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing

81272 Kit gene targeted seq analys
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81273 Kit gene analys d816 variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81274 Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Characterization Of
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81275 Kras gene variants exon 2
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81276 Kras gene addl variants
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81284 Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Evaluation To Detect A
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81285 Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Characterization Of Al
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81286 Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis;

Full Gene Sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81287 MGMT Gene Methylation Anal
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81288 Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Promoter Methylation Analysis
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81289 Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Known Familial Variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81290 Mcoln1 gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81292 Mlh1 gene full seq
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81293 Mlh1 gene known variants
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81294 Mlh1 gene dup/delete variant
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81295 Msh2 gene full seq
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81296 Msh2 gene known variants
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81297 Msh2 gene dup/delete variant
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81298 Msh6 gene full seq
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81299 Msh6 gene known variants
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81300 Msh6 gene dup/delete variant
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81301 Microsatellite instability
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81302 Mecp2 gene full seq
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing

81303 Mecp2 gene known variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing

81304 Mecp2 gene dup/delet variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing

81305 Myd88 (Myeloid Differentiation Primary Response 88) (Eg, Waldenstrom'S Macro
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81306 Nudt15 Gene Common Variants
Clinical Policy: Genetic Testing - Inflammatory Bowel Disease Laboratory Tests (Serological Testing for IBD); Genetic Testing

81307 PALB2 full gene
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing

81308 PALB2 known variant
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing

81309 PIK3CA colon/breast cancer gene analysis
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing

81310 Npm1 gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81311 Nras gene variants exon 2&3
Clinical Policy: Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81312 Pabpn1 (Poly[A] Binding Protein Nuclear 1) (Eg, Oculopharyngeal Muscular Dys
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81314 Pdgfra gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81315 Pml/raralpha com breakpoints
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing

81316 Pml/raralpha 1 breakpoint
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81317 Pms2 gene full seq analysis
Clinical Policy: Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing

81318 Pms2 known familial variants
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81319 Pms2 gene dup/delet variants
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81320 Plcg2 (Phospholipase C Gamma 2) (Eg, Chronic Lymphocytic Leukemia) Gene Anal
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81321 Pten gene full sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81322 Pten gene known fam variant
Clinical Policy: Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81323 Pten gene dup/delet variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Tumor Markers; Genetic Testing

81324 Pmp22 gene dup/delet
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81325 Pmp22 gene full sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81326 Pmp22 gene known fam variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81327 SEPT9 promoter methylation analysis
Clinical Policy: Master Policy; Genetic Testing

81329 SMN1 (survival of motor neuron 1, telomeric) (e.g., spinal muscular atrophy)
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81330 Smpd1 gene common variants
Clinical Policy: Genetic Testing

81331 Snrpn/ube3a gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81332 Serpina1 gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81333 TGFBI (transforming growth factor beta-induced) (e.g., corneal dystrophy) gen
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81334 Runx1 gene targeted seq alys
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81336 Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Muscular Atrophy) G
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81337 Smn1 (Survival Of Motor Neuron 1, Telomeric) (Eg, Spinal Muscular Atrophy) G
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81340 Trb@ gene rearrange amplify
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81341 Trb@ gene rearrange dirprobe
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81342 Trg gene rearrangement anal
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81343 Ppp2R2B (Protein Phosphatase 2 Regulatory Subunit Bbeta) (Eg, Spinocerebella)
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81344 Tbp (Tata Box Binding Protein) (Eg, Spinocerebellar Ataxia) Gene Analysis, E
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81345 TERT (telomerase reverse transcriptase) (e.g., thyroid carcinoma, glioblastoma)
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81347 SF3B1 gene analysis, common variants
Clinical Policy: Master Policy; Genetic Testing

81348 SRSF2 gene analysis, common variants
Clinical Policy: Master Policy; Genetic Testing

81351 TP53 gene analysis; full gene sequence
Clinical Policy: Master Policy; Genetic Testing

81352 P53 gene analysis; targeted sequence analysis
Clinical Policy: Master Policy; Genetic Testing

81353 TPMTgene analysis, common variants
Clinical Policy: Master Policy; Genetic Testing

81357 U2AF1 gene analysis, common variants
Clinical Policy: Master Policy; Genetic Testing

81360 ZRSR2 gene analysis, common variant(s)
Clinical Policy: Master Policy; Genetic Testing

81361 Hbb gene com variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81362 Hbb gene known fam variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81363 Hbb gene dup/del variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81364 Hbb full gene sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81370 Hla i & ii typing lr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81371 Hla i & ii type verify lr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81372 Hla i typing complete lr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81373 Hla i typing 1 locus lr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81374 HLA Class I typing, low resolution, one antigen equivalent
Clinical Policy: Master Policy; Genetic Testing

81375 Hla ii typing ag equiv lr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81376 Hla ii typing 1 locus lr
Clinical Policy: Celiac Disease Laboratory Testing (Genetic Testing); Genetic Testing

81377 Hla ii type 1 ag equiv lr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81378 Hla i & ii typing hr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81379 Hla i typing complete hr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81380 Hla i typing 1 locus hr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81381 Hla i typing 1 allele hr
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing

81382 Hla ii typing 1 loc hr
Clinical Policy: Celiac Disease Laboratory Testing (Genetic Testing); Genetic Testing

81383 Hla ii typing 1 allele hr
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81400 Mopath procedure level 1
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Recurrent Pregnancy Loss; Genetic Testing

81401 Mopath procedure level 2
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Inflammatory Bowel Disease Laboratory; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Recurrent Pregnancy Loss; Genetic Testing

81402 Mopath procedure level 3
Clinical Policy: Recurrent Pregnancy Loss; Genetic Testing

81403 Mopath procedure level 4
Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81404 Mopath procedure level 5
Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma-Pheochromocytoma (PGL PCC) Syndrome; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81405 Mopath procedure level 6
Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma-Pheochromocytoma (PGL PCC) Syndrome; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81406 Mopath procedure level 7
Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Breast Cancer Prognosis; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma-Pheochromocytoma (PGL PCC) Syndrome; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81407 Mopath procedure level 8
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing

81408 Mopath procedure level 9
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - Prenatal Screening and Diagnostic Testing; Recurrent Pregnancy Loss; Genetic Testing

81410 Aortic dysfunction/dilation
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81411 Aortic dysfunction/dilation
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81412 Ashkenazi jewish assoc dis
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81413 Car ion chnnpth inc 10 gns
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81414 Car ion chnnpth inc 2 gns
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81419 Epilepsy genomic sequence
Clinical Policy: Master Policy; Genetic Testing

81420 Fetal chromosomal aneuploidy
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Serum Marker Screening for Down Syndrome; Genetic Testing

81434 Hereditary retinal disorders
Clinical Policy: Master Policy; Genetic Testing

81435 Hereditary colon ca dsordrs
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81436 Hereditary colon ca dsordrs
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81437 Hereditary neuroendocrine tumor disorders
Clinical Policy: Master Policy; Genetic Testing

81439 Inherited cardmyphy 5 gns
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81441 Inherited bone marrow failure syndromes
Clinical Policy: Master Policy; Genetic Testing

81442 Noonan spectrum disorders
Clinical Policy: Master Policy; Genetic Testing

81443 Genetic Testing For Severe Inherited Conditions (Eg, Cystic Fibrosis, Ashken
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81448 Hrdtry perph neurphy panel
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81479 Unlisted molecular pathology
Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Comparative Genomic Hybridization (CGH); Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Inflammatory Bowel Disease Laboratory Tests; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug toxicity and Response; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - Prostate Cancer Screening, Detection, and Disease Monitoring; Genetic Testing - Serum Marker Screening for Down Syndrome; Genetic Testing - Tumor Markers; Genetic Testing - Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81503 Onco (ovar) five proteins
Clinical Policy: Genetic Testing - Tumor Markers

81507 Fetal aneuploidy (trisomy 21, 18, and 13)
Clinical Policy: Genetic Testing - Serum Marker Screening for Down Syndrome

81518 Breast Cancer Index
Clinical Policy: Genetic Testing - Breast Cancer Prognosis

81519 Oncology breast mrna
Clinical Policy: Genetic Testing - Breast Cancer Prognosis; Genetic Testing - Tumor Markers

81538 Oncology lung
Clinical Policy: Genetic Testing - Tumor Markers

81541 Oncology prostate

Clinical Policy: Prostate Cancer Prognosis Policy

81542 Oncology prostate
Clinical Policy: Prostate Cancer Prognosis Policy

81595 Cardiology hrt trnspl mrna
Clinical Policy: Heart Transplantation; Laboratory Testing for Transplantation Rejection

81599 Unlisted maaa
Clinical Policy: Genetic Testing - Prostate Cancer Screening, Detection, and Disease Monitoring; Molecular Markers in Fine Needle Aspirates of the Thyroid

83006 Growth stimulation gene 2
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

87903 Phenotype dna hiv w/culture
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88235 Issue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing

88245 Chromosome analysis 20-25
Clinical Policy: Mammography and MRI of the Breast; Recurrent Pregnancy Loss

88248 Chromosome analysis 50-100
Clinical Policy: Master Policy

88249 Chromosome analysis 100
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88261 Chromosome analysis 5
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88262 Chromosome analysis 15-20
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88263 Chromosome analysis 45
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88264 Chromosome analysis 20-25
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing

88267 Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing

88269 Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing

88271 Cytogenetics dna probe
Clinical Policy: Celiac Disease Laboratory Testing (Genetic Testing); Cervical Cancer Screening and Diagnosis; Colorectal Cancer Screening; Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing - Tumor Markers; Mammography and MRI of the Breast; Recurrent Pregnancy Loss; Genetic Testing – Invasive Prenatal Diagnostic Testing

88272 Cytogenetics 3-5
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing

88273 Cytogenetics 10-30
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing

88274 Cytogenetics 25-99
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing – Invasive Prenatal Diagnostic Testing

88275 Cytogenetics 100-300
Clinical Policy: Celiac Disease Laboratory Testing (Genetic Testing); Cervical Cancer Screening and Diagnosis; Colorectal Cancer Screening; Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Mammography and MRI of the Breast; Recurrent Pregnancy Loss; Genetic Testing – Invasive Prenatal Diagnostic Testing

88280 Chromosome karyotype study
Clinical Policy: Recurrent Pregnancy Loss

88283 Chromosome banding study
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88285 Chromosome count additional
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88289 Chromosome study additional
Clinical Policy: Recurrent Pregnancy Loss

88291 Cyto/molecular report
Clinical Policy: Cervical Cancer Screening and Diagnosis; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Recurrent Pregnancy Loss; Genetic Testing – Invasive Prenatal Diagnostic Testing

88299 Cytogenetic study
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88364 Insitu hybridization (fish)
Clinical Policy: Cervical Cancer Screening and Diagnosis; Genetic Testing - Tumor Markers

88366 Insitu hybridization (fish)
Clinical Policy: Cervical Cancer Screening and Diagnosis; Genetic Testing - Tumor Markers

88375 Optical endomicroscopy interp
Clinical Policy: Cervical Cancer Screening and Diagnosis; Genetic Testing - Tumor Markers

89258 (State only) Cryopreservation; embryo(s)
Clinical Policy: Assisted Reproductive Technology

89259 (State only) Cryopreservation; sperm
Clinical Policy: Assisted Reproductive Technology

89335 (State only) Cryopreservation, reproductive tissue, testicular
Clinical Policy: Assisted Reproductive Technology

89337 (State only) Cryopreservation, mature oocyte(s)
Clinical Policy: Assisted Reproductive Technology

89342 (State only) Storage (per year); embryo(s)
Clinical Policy: Assisted Reproductive Technology

89343 (State only) Storage (per year); sperm/semens

Clinical Policy: Assisted Reproductive Technology

89344 (State only) Storage (per year); reproductive tissue, testicular/ovarian

Clinical Policy: Assisted Reproductive Technology

89346 (State only) Storage (per year); oocyte(s)

Clinical Policy: Assisted Reproductive Technology

G0452 Molecular pathology interpr

Clinical Policy: Genetic Testing - Predisposition to Inherited Hypertrophic Cardiomyopathy

S3840 DNA analysis RET-oncogene

Clinical Policy: Genetic Testing - RET Protooncogene and Hereditary Paranglioma- Pheochromocytoma (PGL PCC) Syndrome

PDN/HH

Code **Description**

S9355 HIT chelation diem

Clinical Policy: Chelation therapy; Infusion Pumps

S9379 HIT noc per diem

Clinical Policy: Skilled Home Private Duty Nursing Care

PROSTHETICS

Code **Description**

C1789 Prosthesis, breast (implantable)

Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

C1815 Pros, urinary sph, imp

Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

C9363 Integra Meshed Bil Wound Mat

Clinical Policy: Wound Care

L5000 Partial foot, shoe insert with longitudinal arch, toe filler

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5010 Mold socket ank hgt w/ toe f

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5020 Tibial tubercle hgt w/ toe f

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5050 Ank symes mold sckt sach ft

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5060 Symes met fr leath socket ar

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5100 Molded socket shin sach foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5105 Plast socket jts/thgh lacer

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5150 Mold sckt ext knee shin sach

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5160 Mold socket bent knee shin s

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5200 Kne sing axis fric shin sach

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5210 No knee/ankle joints w/ ft b

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5220 No knee joint with artic ali

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5230 Fem focal defic constant fri

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5250 Hip canad sing axi cons fric

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5270 Tilt table locking hip sing

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5280 Hemipelvect canad sing axis

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5301 Below knee (BK), molded socket, shin, SACH foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5312 Knee disart, SACH ft, endo

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5321 Above knee (AK), molded socket, open end, SACH foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5331 Hip disarticulation, Canadian type, molded socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5341 Hemipelvectomy, Canadian type, molded socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5500 Init bk ptb plaster direct

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5505 Init ak ischal plstr direct

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5510 Prep BK ptb plaster molded

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices

Lower Limb

L5520 Perp BK ptb thermopls direct
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5530 Prep BK ptb thermopls molded
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5535 Prep BK ptb open end socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5540 Prep BK ptb laminated socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5560 Prep AK ischial plast molded
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5570 Prep AK ischial direct form
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5580 Prep AK ischial thermo mold
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5585 Prep AK ischial open end
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5590 Prep AK ischial laminated
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5595 Hip disartic sach thermopls
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5600 Hip disartic sach laminat mold
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5610 Above knee hydracadence
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5611 Ak 4 bar link w/fric swing
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5613 Ak 4 bar ling w/hydraul swig
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5614 4-bar link above knee w/swng
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5615 Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Clinical Policy: Computerized Prosthetic Limbs

L5616 Ak univ multiplex sys frict

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5617 Artificial leg, self-aligning
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5618 Test socket symes
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5620 Test socket below knee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5622 Test socket knee disarticulation
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5624 Test socket above knee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5626 Test socket hip disarticulation
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5628 Test socket hemipelvectomy
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5629 Below knee acrylic socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5630 Symes type expandable wall socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5631 Ak/knee disartic acrylic soc
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5632 Symes type ptb brim design s
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5634 Symes type posterior opening (Canadian) socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5636 Symes type medial opening so
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5637 Add below knee (BK) total contact
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5638 Add below knee (BK) leather socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5639 Below knee wood socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5640 Knee disarticulat leather so
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5642 Above knee leather socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5643 Hip flex inner socket ext fr
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5644 Above knee wood socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5645 Bk flex inner socket ext fra
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5646 BK, air, fluid, gel or equal, cushion socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5647 Below knee suction socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5648 Above knee cushion socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5649 Isch containmt/narrow m-l so
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5650 Tot contact ak/knee disart s
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5651 Ak flex inner socket ext fra
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5652 Suction susp ak/knee disart
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5653 Knee disart expand wall sock
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5654 Socket insert, Symes
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5655 Socket insert below knee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5656 Socket insert knee disarticulation
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5658 Socket insert, above knee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5661 Socket insert multidurometer Symes
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5665 Socket insert multidurometer, below knee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5666 Below knee cuff suspension
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5668 Below knee molded distal cushion
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5670 Below knee molded supracondylar suspension
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5671 BK/AK Suspension locking mechanism
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5783 Addition to lower extremity, user adjustable, mechanical, residual limb volume management system
Clinical Policy: Prosthetic Devices Lower Limb

L5841 Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Clinical Policy: Prosthetic Devices Lower Limb

L5972 Below knee removable medial brim suspension
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5673 BK/AK Custom fabricated from existing mold for use with locking mechanism
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5676 Below knee knee joints, single axis, pair
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5677 Below knee knee joints, polycentric, pair
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5678 Below knee joint covers, pair
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5679 BK/AK Custom fabricated from existing mold not for use with locking mechanism
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5680 Below knee thigh lacer, nonmolded
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5681 BK/AK Custom fabricated socket insert for congenital or atypical traumatic amputee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5682	Below knee thigh lacer, gluteal/ischial, molded	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5702	Replace socket hip	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5683	BK/AK Custom fabricated socket insert for other than congenital or atypical traumatic amputee	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5703	Replace socket ankle	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5684	Below knee fork strap	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5704	Custom shaped protective cover, below knee	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5685	BK suspension/sealing sleeve with or without valve any material	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5705	Custom shape cover AK	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5686	Below knee back check (extension control)	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5706	Custom shape cvr knee disart	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5688	Below knee waist belt, webbing	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5707	Custom shape cvr hip disart	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5690	Below knee waist belt, padded and lined	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5710	Knee-shin system single axis manual lock	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5692	Above knee pelvic control belt, light	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5711	Knee-shin system, single axis, manual lock, ultra-light material	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5694	Ak pelvic control belt pad/l	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5712	Knee-shin system, single axis, friction swing and stance phase control (safety knee)	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5695	Ak sleeve susp neoprene/equa	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5714	Knee-shin system, single axis, friction swing and stance phase control (safety knee)	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5696	Ak/knee disartic pelvic join	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5716	Knee-shin exo mech stance ph	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5697	Ak/knee disartic pelvic band	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5718	Knee-shin exo frct swg & sta	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5698	Above knee or knee disarticulation, Silesian bandage	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5722	Knee-shin pneum swg frct exo	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5699	All lower extremity prostheses, shoulder harness	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5724	Knee-shin exo fluid swing ph	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5700	Replace socket below knee	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5726	Knee-shin ext jnts fld swg e	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5701	Replace socket above knee	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	L5728	Knee-shin fluid swg & stance	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5780 Knee-shin pneum/hydra pneum
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5781 Vacuum pump residual limb volume management and moisture evacuation system
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5782 Vacuum pump residual limb volume management and moisture evacuation system, heavy-duty
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5785 Below knee ultra-light material (titanium, carbon fiber or equal)
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5790 Exoskeletal ak ultra-light m
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5795 Exoskel hip ultra-light mate
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5810 Endoskeletal knee-shin system, single axis, manual lock
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5811 Endo knee-shin mnl lck ultra
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5812 Endo knee-shin frct swg & st
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5814 Endo knee-shin hydal swg ph
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5816 Endo knee-shin polyc mch sta
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5818 Endo knee-shin frct swg & st
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5822 Endo knee-shin pneum swg frc
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5824 Endo knee-shin fluid swing p
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5826 Endoskeletal knee-shin system, single axis, manual lock
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5828 Knee-shin system single axis fluid swing and stance phase control

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5830 Knee-shin system single axis pneumatic/swing phase control
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5840 Knee-shin system four-bar linkage or multiaxial, pneumatic swing phase control
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5845 Knee-shin system stance flexion feature adjustable
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5848 Knee-shin system fluid stance extension dampening feature with or without adjustability
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5850 Endo ak/hip knee extens assi
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5855 Hip disarticulation, mechanical hip extension assist
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5856 Knee-shin system microprocessor control feature swing and stance phase
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5857 Knee-shin system microprocessor control feature swing phase only
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5858 Knee-shin system microprocessor control feature stance phase only
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5910 Below knee alignable system
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5920 Endo ak/hip alignable system
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5925 Above knee, knee disarticulation or hip disarticulation, manual lock
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5926 Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Clinical Policy: Prosthetic Devices Lower Limb

L5930 Endo high activity knee control frame
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5940 Endo bk ultra-light material
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5950 Above knee ultra-light material (titanium, carbon fiber or equal)
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5960 Hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5961 Endo poly hip, pneu/hyd/rot
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb

L5962 Below knee flex cover system
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5964 Above knee flex cover system
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5966 Hip disarticulation flexible protective outer surface covering system
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5968 Multiaxial ankle with swing phase active dorsiflexion feature
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5970 Foot, external keel, SACH foot
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5971 Solid ankle cushion heel (SACH) foot replacement only
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5972 Foot flexible keel
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5974 Single axis ankle/foot
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5975 Combination single axis ankle and flexible keel foot
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5976 Energy storing foot
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5978 Multiaxial ankle/foot
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5979 Multi-axial ankle/ft prosth
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5980 Flex foot system
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5981 Flex-walk sys low ext prosth
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5982 Axial rotation unit
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5984 Endoskeletal axial rotation
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5985 Lwr ext dynamic prosth pylon
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5986 Multi-axial rotation unit
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5987 Shank ft w vert load pylon
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5988 Vertical shock reducing pylo
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5990 User adjustable heel height
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5999 Lower extremity prosthesis not otherwise specified
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L6000 Part hand thumb rem
Clinical Policy: Prosthetic Devices Upper Limb; Computerized
Prosthetic Limbs

L6010 Partial hand, little and/or ring finger remaining
Clinical Policy: Prosthetic Devices Upper Limb; Computerized
Prosthetic Limbs

L6020 Partial hand, no finger remaining
Clinical Policy: Prosthetic Devices Upper Limb; Computerized
Prosthetic Limbs

L6050 Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad
Clinical Policy: Prosthetic Devices Upper Limb; Computerized
Prosthetic Limbs

L6055 Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad
Clinical Policy: Prosthetic Devices Upper Limb; Computerized
Prosthetic Limbs

L6100 Elb mold sock flex hinge pad
Clinical Policy: Prosthetic Devices Upper Limb; Computerized
Prosthetic Limbs

L6110 Elbow mold sock suspension t
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6120 Elbow mold doub splnt soc ste
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6130 Elbow stump activated lock h
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6200 Elbow mold outsid lock hinge
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6205 Elbow molded w/ expand inter
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6250 Elbow inter loc elbow forarm
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6300 Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6310 Shoulder disarticulation, passive restoration (complete prosthesis)
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6320 Shoulder disarticulation, passive restoration (shoulder cap only)
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6350 Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6360 Interscapular thoracic, passive restoration (complete prosthesis)
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6370 Interscapular thoracic, passive restoration (shoulder cap only)
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6380 Initial fitting for an artificial hand and wrist, including dressing, alignment and component suspension, with one cast change
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6382 Initial fitting for an arm prosthesis, at or above the elbow, including dressing, alignment and component suspension, with one cast change
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6384 Initial fitting for a full arm or full arm with shoulder

prosthesis, including dressing, alignment and component suspension, with one cast change
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6386 Postop ea cast chg & realign
Clinical Policy: Computerized Prosthetic Limbs

L6388 Postop applicat rigid dsg on
Clinical Policy: Computerized Prosthetic Limbs

L6400 Below elbow prosth tiss shap
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6450 Elb disart prosth tiss shap
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6500 Above elbow prosth tiss shap
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6580 Wrist/elbow bowden cable mol
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6582 Wrist/elbow bowden cbl dir f
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6584 Elbow fair lead cable molded
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6586 Elbow fair lead cable dir fo
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6588 Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6590 Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6600 Polycentric hinge pair
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6605 Single pivot hinge pair
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6610 Flexible metal hinge pair
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6611 Additional switch, ext power
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb

L6615 Upper extremity addition, disconnect locking wrist unit
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6616 Upper extremity addition, additional disconnect insert for locking wrist unit, each
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6620 Flexion/extension wrist unit
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6621 Flex/ext wrist w/wo friction
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6623 Spring-ass rot wrst w/ latch
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6624 Flex/ext/rotation wrist unit
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6625 Rotation wrst w/ cable lock
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6628 Quick disconn hook adapter o
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6629 Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6630 Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6632 Latex suspension sleeve each
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6635 Upper extremity addition, lift assist for elbow
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6637 Nudge control elbow lock
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6638 Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6640 Shoulder abduction joint pai
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6641 Upper extremity addition, excursion amplifier, pulley type
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6642 Upper extremity addition, excursion amplifier, lever type
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6645 Shoulder flexion-abduction j
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6646 Multipo locking shoulder jnt
Clinical Policy: Computerized Prosthetic Limbs

L6647 Shoulder lock actuator
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6648 Ext pwr d shlder lock/unlock
Clinical Policy: Computerized Prosthetic Limbs

L6650 Shoulder universal joint
Clinical Policy: Computerized Prosthetic Limbs

L6655 Standard control cable extra
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6660 Heavy duty control cable
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6665 Teflon or equal cable lining
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6670 Upper extremity addition, hook to hand, cable adapter
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6672 Harness chest/shlder saddle
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6675 Harness figure of 8 sing con
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6676 Harness figure of 8 dual con
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6677 UE triple control harness

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6682 Test sock elbw disart/above

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6684 Test socket shldr disart/tho

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6686 Suction socket

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6687 Frame typ socket bel elbow/w

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6688 Frame typ sock above elb/dis

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6689 Frame typ socket shoulder di

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6690 Frame typ sock interscap-tho

Clinical Policy: Computerized Prosthetic Limbs

L6691 Removable insert each

Clinical Policy: Computerized Prosthetic Limbs

L6692 Silicone gel insert or equal

Clinical Policy: Computerized Prosthetic Limbs

L6693 Lockingelbow forearm cntrbal

Clinical Policy: Computerized Prosthetic Limbs

L6694 Elbow socket ins use w/lock

Clinical Policy: Computerized Prosthetic Limbs

L6695 Elbow socket ins use w/o lck

Clinical Policy: Computerized Prosthetic Limbs

L6696 Cus elbo skt in for con/atyp

Clinical Policy: Computerized Prosthetic Limbs

L6697 Cus elbo skt in not con/atyp

Clinical Policy: Computerized Prosthetic Limbs

L6698 Below/above elbow lock mech

Clinical Policy: Computerized Prosthetic Limbs

L6703 Term dev, passive hand mitt

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6704 Term dev, sport/rec/work att

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6706 Term dev mech hook vol open

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6707 Term dev mech hook vol close

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6708 Term dev mech hand vol open

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6709 Term dev mech hand vol close

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6711 Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6712 Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6713 Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6714 Ped term dev, hand, vol clos

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6715 Term device, multi art digit

Clinical Policy: Computerized Prosthetic Limbs

L6721 Hook/hand, hvy dty, vol open

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric

L6722 Hook/hand, hvy dty, vol clos

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6880 Elec hand ind art digits

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric

L6805 Term dev modifier wrist unit

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6810 Term dev precision pinch dev

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6881 Term dev auto grasp feature

Clinical Policy: Computerized Prosthetic Limbs

L6883 Replc sockt below e/w disa

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6884 Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6885 Replc sockt shldr dis/interc

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6890 Prefab glove for term device
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6895 Custom glove for term device
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6900 Hand restorat thumb/1 finger
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6905 Hand restoration multiple fi
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6910 Hand restoration no fingers
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6915 Hand restoration replacmnt g
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6920 Wrist disarticul switch ctrl
Clinical Policy: Computerized Prosthetic Limbs

L6925 Wrist disart myoelectronic c
Clinical Policy: Computerized Prosthetic Limbs

L6930 Below elbow switch control
Clinical Policy: Computerized Prosthetic Limbs

L6935 Below elbow myoelectronic ct
Clinical Policy: Computerized Prosthetic Limbs

L6940 Elbow disarticulation switch
Clinical Policy: Computerized Prosthetic Limbs

L6945 Elbow disart myoelectronic c
Clinical Policy: Computerized Prosthetic Limbs

L6950 Above elbow switch control
Clinical Policy: Computerized Prosthetic Limbs

L6955 Above elbow myoelectronic ct
Clinical Policy: Computerized Prosthetic Limbs

L6960 Shldr disartic switch contro
Clinical Policy: Computerized Prosthetic Limbs

L6965 Shldr disartic myoelectronic
Clinical Policy: Computerized Prosthetic Limbs

L6970 Interscapular-thor switch ct
Clinical Policy: Computerized Prosthetic Limbs

L6975 Interscap-thor myoelectronic
Clinical Policy: Computerized Prosthetic Limbs

L7007 Adult electric hand
Clinical Policy: Computerized Prosthetic Limbs

L7008 Pediatric electric hand
Clinical Policy: Computerized Prosthetic Limbs

L7009 Adult electric hook
Clinical Policy: Computerized Prosthetic Limbs

L7040 Prehensile actuator
Clinical Policy: Computerized Prosthetic Limbs

L7045 Pediatric electric hook
Clinical Policy: Computerized Prosthetic Limbs

L7170 Electronic elbow hosmer swit
Clinical Policy: Computerized Prosthetic Limbs

L7400 Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L7401 Add UE prost a/e ultlite mat
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L7402 Add UE prost s/d ultlite mat
Clinical Policy: Computerized Prosthetic Limbs

L7403 Add UE prost b/e acrylic
Clinical Policy: Computerized Prosthetic Limbs

L7404 Add UE prost a/e acrylic
Clinical Policy: Computerized Prosthetic Limbs

L7405 Add UE prost s/d acrylic
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L7499 Upper extremity prosthesis, not otherwise specified
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric

L7510 Repair of prosthetic device, repair or replace minor parts
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L7520 Repair prosthetic device, labor component, per 15 minutes
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L8600 Implant breast silicone/eq
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Mammography and MRI of the Breast; Pectus Excavatum and Poland's Syndrome

L8614 Cochlear device
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8615 Coch implant headset replace
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8616 Microphone for hearing aid

Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8617 Transmitter coil, hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8618 Transmitter cable, hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8619 Coch imp ext proc/contr rplc
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8627 Coch implant component replace
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8628 Coch implant component replace
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8629 Transmitter coil, hearing aid, replace
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8630 Metacarpophalangeal joint implant
Clinical Policy: Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants

L8631 Metacarpal phalangeal joint replacement, two or more pieces, metal
Clinical Policy: Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants

L8658 Interphalangeal joint spacer
Clinical Policy: Distal Interphalangeal (DIP), MCP, and PIP Joint Implants

L8659 Interphalangeal finger joint replacement, two or more pieces, metal
Clinical Policy: Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants

L8679 Imp neurosti pls gn any type
Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Electrical Stimulation for Pain; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

L8685 Implt nrostm pls gen sng rec
Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation

L8686 Implt nrostm pls gen sng non
Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation

L8687 Implt nrostm pls gen dua rec

Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation

L8688 Implt nrostm pls gen dua non
Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation

L8690 Aud osseo dev, int/ext comp
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8691 Aoi snd proc repl excl actua
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8692 Non-osseointegrated snd proc
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8693 Aud osseo dev, abutment
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8694 Aoi transducer/actuator repl
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8698 Misc used with tot art heart
Clinical Policy: Heart Transplantation

L9900 O&P supply/accessory/service
Clinical Policy: Computerized Prosthetic Limbs

Q1004 Ntiol category 4
Clinical Policy: Intraocular Lens Implant; Vision Surgery and Vision Screening for Medical Diseases Or Injury

Q4100 Skin substitute, NOS
Clinical Policy: Wound Care

Q4101 Apligraf
Clinical Policy: Wound Care

Q4102 Oasis wound matrix
Clinical Policy: Wound Care

Q4104 Integra BMWD
Clinical Policy: Wound Care

Q4105 Integra drt or omnigraft
Clinical Policy: Wound Care

Q4106 Dermagraft
Clinical Policy: Wound Care

Q4107 Graftjacket
Clinical Policy: Wound Care

Q4108 Integra matrix
Clinical Policy: Wound Care

Q4110	PriMatrix, per sq cm	Clinical Policy: Wound Care
Q4112	Cymetra injectable	Clinical Policy: Vocal Cord Paralysis Insufficiency Treatments; Wound Care
Q4116	AlloDerm	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
Q4121	Theraskin	Clinical Policy: Wound Care
Q4122	ermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	Clinical Policy: Wound Care; Breast Reconstruction Following Mastectomy or Lumpectomy
Q4124	Oasis tri-layer wound matrix	Clinical Policy: Wound Care; Breast Reconstruction Following Mastectomy or Lumpectomy
Q4128	FlexHD, or AllopatchHD, per sq cm	Clinical Policy: Wound Care
Q4132	Grafix core, grafixpl core	Clinical Policy: Wound Care
Q4133	Grafix prime grafix pl prime	Clinical Policy: Wound Care
Q4151	AmnioBand or Guardian, per sq cm	Clinical Policy: Wound Care
Q4168	AmnioBand, 1 mg	Clinical Policy: Wound Care
Q4182	Transcyte, per sq centimeter	Clinical Policy: Wound Care
Q4186	Epifix, Per Sq Cm *Epifix® Amniotic Membrane	Clinical Policy: Wound Care
Q4203	Derma-Gide, per sq cm	Clinical Policy: Wound Care
S1040	Cranial remolding orthosis	Clinical Policy: Cranial Orthotic Devices for Plagiocephaly
S8421	Ready gradient sleeve/glov	Clinical Policy: Lymphedema Diagnosis and Treatment
S8422	Custom grad sleeve med	Clinical Policy: Lymphedema Diagnosis and Treatment
S8423	Custom grad sleeve heavy	Clinical Policy: Lymphedema Diagnosis and Treatment
S8424	Ready gradient sleeve	Clinical Policy: Lymphedema Diagnosis and Treatment
S8425	Custom grad glove med	Clinical Policy: Lymphedema Diagnosis and Treatment
S8426	Custom grad glove heavy	Clinical Policy: Lymphedema Diagnosis and Treatment

S8427 Ready gradient glove
Clinical Policy: Lymphedema Diagnosis and Treatment

S8428 Ready gradient gauntlet
Clinical Policy: Lymphedema Diagnosis and Treatment

RADIOLOGY - DIAGNOSTIC

Code	Description
70554	Fmri brain by tech Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Functional Magnetic Resonance Imaging (FMRI), Brain
70555	Fmri brain by phys/psych Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Functional Magnetic Resonance Imaging (FMRI), Brain
77261	Therapeutic radiology treatment planning; simple Clinical Policy: Radiation Treatment
77262	Therapeutic radiology treatment planning; intermediate Clinical Policy: Radiation Treatment
77263	Therapeutic radiology treatment planning; complex Clinical Policy: Radiation Treatment
77280	Therapeutic radiology simulation-aided field setting; simple Clinical Policy: Radiation Treatment
77285	Therapeutic radiology simulation-aided field setting; intermediate Clinical Policy: Radiation Treatment
77290	Therapeutic radiology simulation-aided field setting; complex Clinical Policy: Radiation Treatment
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure) Clinical Policy: Radiation Treatment
77295	3-dimensional radiotherapy plan, including dose-volume histograms Clinical Policy: Radiation Treatment
77300	Calculation of the radiation dose to be delivered to a tumor; may be repeated during the course of treatment. Clinical Policy: Radiation Treatment
77306	Teletherapy isodose plan; simple Clinical Policy: Radiation Treatment
77207	Teletherapy isodose plan; complex Clinical Policy: Radiation Treatment
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan Clinical Policy: Intensity Modulated Radiation therapy

RADIOLOGY - THERAPEUTIC

Code	Description
77299	Radiation therapy planning

Clinical Policy: Capsule Endoscopy; Electrical Tumor Treatment Fields

77301 Radiotherapy dose plan imrt
Clinical Policy: Intensity Modulated Radiation therapy; Epilepsy Surgery

77316 Brachytherapy isodose plan; simple
Clinical Policy: Brachytherapy

77317 Brachytherapy isodose plan; intermediate
Clinical Policy: Brachytherapy

77318 Brachytherapy isodose plan; complex
Clinical Policy: Brachytherapy

77321 Special teletherapy port plan, particles, hemibody, total body
Clinical Policy: Radiation Treatment

77331 Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
Clinical Policy: Radiation Treatment

77332 Treatment devices, design and construction; simple (simple block, simple bolus)
Clinical Policy: Radiation Treatment

77333 Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
Clinical Policy: Radiation Treatment

77334 Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
Clinical Policy: Radiation Treatment

77336 Quality assurance services for radiation therapy, provided by a medical technician.
Clinical Policy: Radiation Treatment

77370 Special medical radiation physics consultation
Clinical Policy: Radiation Treatment

77401 Radiation treatment delivery, superficial and/or ortho voltage, per day
Clinical Policy: Radiation Treatment

77402 Radiation treatment delivery, => 1 MeV; simple
Clinical Policy: Radiation Treatment

77407 Radiation treatment delivery, => 1 MeV; intermediate
Clinical Policy: Radiation Treatment

77412 Radiation treatment delivery, => 1 MeV; complex
Clinical Policy: Radiation Treatment

77417 Therapeutic radiology port image(s)
Clinical Policy: Radiation Treatment

77427 Radiation treatment management, 5 treatments
Clinical Policy: Radiation Treatment

77431 Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only
Clinical Policy: Radiation Treatment

77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Clinical Policy: Radiation Treatment

77371 Srs multisource
Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Radiosurgery

77372 Srs linear based
Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Radiosurgery

77373 Sbrt deliveryStereotactic
Clinical Policy: Stereotactic Radiosurgery; Epilepsy Surgery

77385 Ntsty modul rad tx dlvr smpl
Clinical Policy: Intensity Modulated Radiation therapy

77386 Ntsty modul rad tx dlvr cplx
Clinical Policy: Intensity Modulated Radiation therapy

77387 Guidance for radiaj tx dlvr
Clinical Policy: Intensity Modulated Radiation therapy

77423 Neutron beam tx complex
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy

77424 Intraoperative radiation treatment delivery, x-ray, single treatment session
Clinical Policy: Intraoperative Radiation Therapy (IORT)

77425 Intraoperative radiation treatment delivery, electrons, single treatment session
Clinical Policy: Intraoperative Radiation Therapy (IORT)

77432 Stereotactic radiation trmt
Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery

77435 Sbrt management
Clinical Policy: Stereotactic Radiosurgery; Epilepsy Surgery

77469 Intraoperative radiation treatment management
Clinical Policy: Intraoperative Radiation Therapy (IORT)

77520 Proton trmt simple w/o comp
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy

77522 Proton trmt simple w/comp
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy

77523 Proton trmt intermediate
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy

77525 Proton treatment complex
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy

77600 Hyperthermia treatment
Clinical Policy: Hyperthermia in Cancer therapy

77605 Hyperthermia treatment
Clinical Policy: Hyperthermia in Cancer therapy

77610 Hyperthermia treatment
Clinical Policy: Hyperthermia in Cancer therapy

77615	Hyperthermia treatment
Clinical Policy: Hyperthermia in Cancer therapy	
77620	Hyperthermia treatment
Clinical Policy: Hyperthermia in Cancer therapy	
77750	Infusion or instillation of radioelement solution
Clinical Policy: Brachytherapy	
77761	Intracavitary radiation source application; simple
Clinical Policy: Brachytherapy	
77762	Intracavitary radiation source application; intermediate
Clinical Policy: Brachytherapy	
77763	Intracavitary radiation source application; complex
Clinical Policy: Brachytherapy	
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel
Clinical Policy: Brachytherapy	
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
Clinical Policy: Brachytherapy	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Clinical Policy: Brachytherapy	
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Clinical Policy: Brachytherapy	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Clinical Policy: Brachytherapy	
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
Clinical Policy: Brachytherapy	
77789	Surface application of low dose rate radionuclide source
Clinical Policy: Brachytherapy	
79445	Nuclear rx intra-arterial
Clinical Policy: Liver and Other Neoplasms - Treatment Approaches	
C2616	Brachytx, non-str,Yttrium-90
Clinical Policy: Brachytherapy; Liver and Other Neoplasms - Treatment Approaches	
G6015	Radiation tx delivery imrt
Clinical Policy: Intensity Modulated Radiation therapy	
G6016	Delivery comp imrt
Clinical Policy: Intensity Modulated Radiation therapy	

SURGERY - AUDITORY SYSTEM

Code	Description
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube
Clinical Policy: Balloon Sinus Ostial Dilation for Chronic Sinusitis and Eustachian Tube Dilation	
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube
Clinical Policy: Balloon Sinus Ostial Dilation for Chronic Sinusitis and Eustachian Tube Dilation	
69710	Implant/replace hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)	
69711	Remove/repair hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)	
69714	Implant temple bone w/stimul
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)	
69728	Remove entire osseointegrated implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)	
69729	Implant osseointegrated implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)	
69730	Replace osseointegrated implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)	
69930	Implant cochlear device
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA); Tinnitus Treatments	

SURGERY - CARDIOVASCULAR SYSTEM

Code	Description
33268	Exclusion of left atrial appendage
Clinical Policy: Cardiac Devices and Procedures for Occlusion of Left Atrial Appendage	
33340	Close off pouch near heart
Clinical Policy: Cardiac Devices and Procedures for Occlusion of Left Atrial Appendage	
33927	Impltj tot rplcmt hrt sys
Clinical Policy: Heart Transplantation	
33928	Rmvl & rplcmt tot hrt sys
Clinical Policy: Heart Transplantation	
33929	Rmvl rplcmt hrt sys f/trnspl
Clinical Policy: Heart Transplantation	
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation
Clinical Policy: Heart-Lung Transplantation	
33935	Transplantation heart/lung
Clinical Policy: Heart-Lung Transplantation	

33944 Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues
Clinical Policy: Heart-Lung Transplantation

33945 Heart transplant, with or without recipient cardiectomy
Clinical Policy: Heart-Lung Transplantation

33979 Insertion of ventricular assist device, implantable intracorporeal, single ventricle
Clinical Policy: Heart Transplantation

33980 Removal of ventricular assist device, implantable intracorporeal, single ventricle
Clinical Policy: Heart Transplantation

33982 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
Clinical Policy: Heart Transplantation

33983 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass
Clinical Policy: Heart Transplantation

36465 Treatment for varicose vein
Clinical Policy: Varicose Veins

36466 Treatment for varicose vein
Clinical Policy: Varicose Veins

36475 Endovenous rf 1st vein
Clinical Policy: Pelvic Congestion Syndrome Treatments; Varicose Veins

36476 Endovenous rf vein add-on
Clinical Policy: Varicose Veins

36478 Endovenous laser 1st vein
Clinical Policy: Varicose Veins

36479 Endovenous laser vein addon
Clinical Policy: Pelvic Congestion Syndrome Treatments; Varicose Veins

37243 Vasc embolize/occlude organ
Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments; Fibroid Treatment; Liver and Other Neoplasms - Treatment Approaches

37500 Endoscopy ligate perf veins
Clinical Policy: Varicose Veins

SURGERY - DIGESTIVE SYSTEM

Code	Description
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42145	Repair palate pharynx/uvula Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
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42160	Treatment mouth roof lesion Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
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41899	Surgery on the bony ridge that supports the teeth and gums (dentoalveolar structure). Clinical Policy: General Anesthesia; MAC for Oral Surgery and Dental
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Service

42890	Partial removal of pharynx Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
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43497	Lower esophageal myotomy, transoral Clinical Policy: BPeroral Endoscopic Myotomy (POEM) for Treatment of Esophageal Achalasia
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43644	Laparoscopy, surgical, gastric restrictive procedure Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)
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43775	Laparoscopy, surgical, gastric restrictive procedure Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)
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43846	Gastric restrictive procedure, with gastric bypass for morbid obesity Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)
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43848	Revision, open, of gastric restrictive procedure for morbid obesity Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)
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43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)
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43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)
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44135	Intestine transplnt cadaver Clinical Policy: Intestinal Transplantation
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44136	Intestine transplant live Clinical Policy: Intestinal Transplantation
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44137	Removal of transplanted intestinal allograft, complete Clinical Policy: Intestinal Transplantation
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44715	Prep of cadaver or living donor intestine allograft prior to transplantation Clinical Policy: Intestinal Transplantation
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44720	Reconstruction of cadaver or living donor intestine allograft prior to transplant, venous anastomosis Clinical Policy: Intestinal Transplantation
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44721	Reconstruction of cadaver or living donor intestine allograft prior to transplant, arterial anastomosis Clinical Policy: Intestinal Transplantation
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47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age Clinical Policy: Liver Transplant
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47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, without trisegment or lobe split
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Clinical Policy: Liver Transplant

47144 Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, with trisegment split of whole liver graft into 2 partial liver grafts
Clinical Policy: Liver Transplant

47145 Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, with lobe split of whole liver graft into 2 partial liver grafts
Clinical Policy: Liver Transplant

47146 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis
Clinical Policy: Liver Transplant

47147 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis
Clinical Policy: Liver Transplant

47370 Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
Clinical Policy: Radiofrequency Tumor Ablation

47371 Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
Clinical Policy: Liver and Other Neoplasms - Treatment Approaches

47380 Open ablate liver tumor rf
Clinical Policy: Liver and Other Neoplasms - Treatment Approaches; Radiofrequency Tumor Ablation

47381 Open ablate liver tumor cryo
Clinical Policy: Cryoablation; Liver and Other Neoplasms - Treatment Approaches; Radiofrequency Tumor Ablation

47382 Percut ablate liver rf
Clinical Policy: Liver and Other Neoplasms - Treatment Approaches; Radiofrequency Tumor Ablation

47383 Perq abltj lvr cryoablation
Clinical Policy: Liver and Other Neoplasms - Treatment Approaches

48160 Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

48551 Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues
Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

48552 Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis
Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

48554 Transplantation of pancreatic allograft
Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

48556 Removal of transplanted pancreatic allograft
Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

49327 Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance
Clinical Policy: Brachytherapy

49421 Insertion of tunneled intraperitoneal catheter for dialysis, open
Clinical Policy: Brachytherapy

50323 Backbench standard preparation of cadaver donor renal allograft prior to transplantation
Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50325 Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation
Clinical Policy: Kidney Transplantation

50327 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis
Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50328 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis
Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50329 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis
Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50340 Recipient nephrectomy
Clinical Policy: Kidney Transplantation

50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy
Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50365 Renal allotransplantation, implantation of graft; with recipient nephrectomy
Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50370 Removal of transplanted renal allograft
Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50380 Renal autotransplantation, reimplantation of kidney
Clinical Policy: Kidney Transplantation

50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency
Clinical Policy: Radiofrequency Tumor Ablation

0184T Exc rectal tumor endoscopic
Clinical Policy: Transanal Endoscopic Microsurgery (TEMS)

SURGERY - EYE AND OCULAR ADNEXA

Code **Description**

65760 Revision of cornea

Clinical Policy: Computerized Corneal Topography; Vision Surgery and Vision Screening for Medical Diseases or Injury

65767 Corneal tissue transplant

Clinical Policy: Computerized Corneal Topography; Vision Surgery and Vision Screening for Medical Diseases or Injury

65778 Cover eye w/membrane

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65779 Cover eye w/membrane suture

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65780 Ocular reconst transplant

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65781 Ocular reconst transplant

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65782 Ocular reconst transplant

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65785 Impltj ntrstrml crnl rng seg

Clinical Policy: Intrastromal Corneal Ring Segments (INTACS); Vision Surgery and Vision Screening for Medical Diseases Or Injury

SURGERY - FEMALE GENITAL SYSTEM

Code	Description
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56620	Partial removal of vulva
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Clinical Policy: Cosmetic Surgery

SURGERY - HEMIC AND LYMPHATIC

Code	Description
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38204	BI donor search management
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Clinical Policy: Donor Lymphocyte Infusion; Stem Cell or Bone Marrow Transplantation

38205	Harvest allogeneic stem cell
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Clinical Policy: Blood Product Injections for Selected Indications; Donor Lymphocyte Infusion; Stem Cell or Bone Marrow Transplantation; Ventricular Assist Devices

38206	Harvest auto stem cells
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Clinical Policy: Blood Product Injections for Selected Indications; Stem Cell or Bone Marrow Transplantation; Ventricular Assist Devices

38207	Cryopreserve stem cells
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Clinical Policy: Donor Lymphocyte Infusion; Stem Cell or Bone Marrow Transplantation

38208	Thaw preserved stem cells
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Clinical Policy: Stem Cell Or Bone Marrow Transplantation

38209	Wash harvest stem cells
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Clinical Policy: Stem Cell Or Bone Marrow Transplantation

38210	T-cell depletion of harvest
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Clinical Policy: Stem Cell Or Bone Marrow Transplantation

38211	Tumor cell deplete of harvest
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Clinical Policy: Stem Cell Or Bone Marrow Transplantation

38212	Rbc depletion of harvest
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Clinical Policy: Stem Cell Or Bone Marrow Transplantation

38213	Platelet deplete of harvest
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Clinical Policy: Stem Cell Or Bone Marrow Transplantation

38214	Volume deplete of harvest
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Clinical Policy: Stem Cell Or Bone Marrow Transplantation

38215	Harvest stem cell concentrte
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Clinical Policy: Donor Lymphocyte Infusion; Stem Cell Or Bone Marrow Transplantation

38230	Bone marrow harvest allogeneic
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Clinical Policy: Donor Lymphocyte Infusion; Stem Cell or Bone Marrow Transplantation

38232	Bone marrow harvest autolog
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Clinical Policy: Blood Product Injections for Selected Indications; Dry Eye Treatments and Devices; Epilepsy Surgery; Stem Cell or Bone Marrow Transplantation

38240	Transpl allo hct/donor
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Clinical Policy: Dry Eye Treatments and Devices; Epilepsy Surgery; Stem Cell or Bone Marrow Transplantation

38241	Transpl autol hct/donor
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Clinical Policy: Blood Product Injections for Selected Indications; Dry Eye Treatments and Devices; Epilepsy Surgery; Stem Cell or Bone Marrow Transplantation

38242	Transpl allo lymphocytes
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Clinical Policy: Donor Lymphocyte Infusion; Epilepsy Surgery; Recurrent Pregnancy Loss; Stem Cell or Bone Marrow Transplantation

38243	Transplj hematopoietic boost
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Clinical Policy: Stem Cell or Bone Marrow Transplantation

41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal)
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Clinical Policy: Brachytherapy

SURGERY - INTEGUMENTARY SYSTEM

Code	Description
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11920	Tattooing; 6.0 sq cm or less
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Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

11921	Tattooing; 6.1 to 20.0 sq cm
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Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

11922	Tattooing; each add'l 20.0 sq cm
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Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

11970	Replacement of tissue expander w/ implant
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Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

11971	Removal of tissue expander w/o implant
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Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

15271	Skin sub graft trnk/arm/leg	Clinical Policy: Wound Care
15272	Skin sub graft t/a/l add-on	Clinical Policy: Wound Care
15273	Skin sub grft t/arm/lg child	Clinical Policy: Wound Care
15274	Skn sub grft t/a/l child add	Clinical Policy: Wound Care
15275	Skin sub graft face/nk/hf/g	Clinical Policy: Wound Care
15276	Skin sub graft face/nk/hf/g addl	Clinical Policy: Wound Care
15277	Skn sub grft f/n/hf/g child	Clinical Policy: Wound Care
15278	Skn sub grft f/n/hf/g ch add	Clinical Policy: Wound Care
15769	Autologous soft tissue graft	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy
15770	Derma-fat-fascia graft	Clinical Policy: Xiaflex
15771	Autologous fat graft trnk/brst/s/a/l	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
15772	Autologous fat graft trnk/brst/s/a/l add	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
15777	Acellular derm matrix implt	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
15830	Exc skin abd	Clinical Policy: Panniculectomy, Abdominoplasty and Lipectomy
15879	Suction assisted lipectomy; lower extremity	Clinical Policy: Lipedema Treatment
17106	Destruction of skin lesions	Clinical Policy: Pulsed Dye Laser Treatment; Site of Service Guidelines
17107	Destruction of skin lesions	Clinical Policy: Pulsed Dye Laser Treatment; Site of Service Guidelines
17108	Destruction of skin lesions	Clinical Policy: Pulsed Dye Laser Treatment
19296	Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to deliver radioactive material directly into or near the diseased tissue.	Clinical Policy: Brachytherapy
19297	Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to	

	deliver radioactive material directly into or near the diseased tissue.	Clinical Policy: Brachytherapy
19298	Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to deliver radioactive material directly into or near the diseased tissue.	Clinical Policy: Brachytherapy
19303	Mastectomy, simple, complete	Clinical Policy: Prophylactic Mastectomy
19316	Mastopexy	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy
19318	Reduction of large breast	Clinical Policy: Reduction Mammoplasty (Salt Lake County)
19325	Enlarge breast with implant	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
19328	Removal of breast implant	Clinical Policy: Breast Implant Removal
19330	Removal of implant material	Clinical Policy: Breast Implant Removal
19340	Immediate breast prosthesis	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome
19342	Delayed breast prosthesis	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome
19350	Nipple/areola reconstruction	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy
19357	Breast reconstruction	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
19361	Breast reconstruction	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy
19362	Breast reconstruction	Clinical Policy: Breast Reconstruction
19364	Breast reconstruction	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy
19367	Breast reconstruction	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy
19368	Breast reconstruction	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy
19369	Breast reconstruction	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

19370 Surgery of breast capsule
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

19371 Removal of breast capsule
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

19380 Revise breast reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care

C5271 Low cost skin substitute app
Clinical Policy: Wound Care

C5272 Low cost skin substitute app
Clinical Policy: Wound Care

C5273 Low cost skin substitute app
Clinical Policy: Wound Care

C5274 Low cost skin substitute app
Clinical Policy: Wound Care

C5275 Low cost skin substitute app
Clinical Policy: Wound Care

C5276 Low cost skin substitute app
Clinical Policy: Wound Care

C5277 Low cost skin substitute app
Clinical Policy: Wound Care

C5278 Low cost skin substitute app
Clinical Policy: Wound Care

C7509 Scope exam of lung, airway
Clinical Policy: Electromagnetic Navigation Bronchoscopy

C7510 Exam of lung and airway
Clinical Policy: Electromagnetic Navigation Bronchoscopy

C7511 Lung or airway biopsy
Clinical Policy: Electromagnetic Navigation Bronchoscopy

SURGERY - MALE GENITAL SYSTEM

Code	Description
55706	Prostate saturation sampling

Clinical Policy: Prostate Saturation Biopsy

SURGERY - MUSCULOSKELETAL

Code	Description
20527	Inj dupuytren cord w/enzyme

Clinical Policy: Xiaflex

20555 Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application
Clinical Policy: Brachytherapy

20974 Electrical bone stimulation
Clinical Policy: Bone Growth Stimulators

20975 Electrical bone stimulation
Clinical Policy: Bone Growth Stimulators

20979 Us bone stimulation
Clinical Policy: Bone Growth Stimulators

21010 Arthrotomy, temporomandibular joint
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21050 Condylectomy, temporomandibular joint (separate procedure)
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21070 Coronoidectomy (separate procedure)
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21085 Prepare face/oral prosthesis
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21141 Lefort i-1 piece w/o graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21142 Lefort i-2 piece w/o graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21143 Lefort i-3/> piece w/o graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21145 Lefort i-1 piece w/ graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21146 Lefort i-2 piece w/ graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21147 Lefort i-3/> piece w/ graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21150 Lefort ii anterior intrusion
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21151 Lefort ii w/bone grafts
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21154 Lefort iii w/o lefort i
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21155 Lefort iii w/ lefort i
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21159 Lefort iii w/fhdw/o lefort i
Clinical Policy: Orthognathic Surgery

21160 Lefort iii w/fhd w/ lefort i
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21188 Reconstruction of midface
Clinical Policy: Orthognathic Surgery

21193 Reconst lwr jaw w/o graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21194 Reconst lwr jaw w/graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21195 Reconst lwr jaw w/o fixation
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21196 Reconst lwr jaw w/fixation
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21198 Reconstr lwr jaw segment
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery

21199 Reconstr lwr jaw w/advance
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery

21206 Reconstruct upper jaw bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21208 Augmentation of facial bones
Clinical Policy: Bone Graft Substitutes for Use In Spinal Fusion and Bone Nonunion Repair; Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery

21209 Reduction of facial bones
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery

21210 Face bone graft
Clinical Policy: Bone Graft Substitutes for Use In Spinal Fusion and Bone Nonunion Repair; Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21215 Lower jaw bone graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21230 Rib cartilage graft
Clinical Policy: Orthognathic Surgery

21235 Ear cartilage graft
Clinical Policy: Orthognathic Surgery

21240 Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and

Temporomandibular Disorders (TMD) (Jordan School District)

21242 Arthroplasty, temporomandibular joint, with allograft
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21245 Reconstruction of jaw
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery

21246 Reconstruction of jaw
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery

21247 Reconstruct lower jaw bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21255 Reconstruct lower jaw bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21270 Augmentation cheek bone
Clinical Policy: Orthognathic Surgery

21295 Revision of jaw muscle/bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21296 Revision of jaw muscle/bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21740 Reconstruction of sternum
Clinical Policy: Pectus Excavatum and Poland's Syndrome

21742 Repair stern/nuss w/o scope
Clinical Policy: Pectus Excavatum and Poland's Syndrome

21743 Repair sternum/nuss w/scope
Clinical Policy: Pectus Excavatum and Poland's Syndrome

22856 Cerv artific diskectomy
Clinical Policy: Intervertebral Disc Prostheses

22857 Total disc arthroplasty anterior approach
Clinical Policy: Intervertebral Disc Prostheses

22858 Second level cer diskectomy
Clinical Policy: Intervertebral Disc Prostheses

22861 Revision including replacement of total disc arthroplasty
Clinical Policy: Intervertebral Disc Prostheses

22862 Revision including replacement of total disc arthroplasty anterior approach
Clinical Policy: Intervertebral Disc Prostheses

22864 Remove cerv artif disc
Clinical Policy: Intervertebral Disc Prostheses

22865 Removal of total disc arthroplasty, anterior approach lumbar

Clinical Policy: Intervertebral Disc Prostheses

24361 Reconstruct elbow joint

Clinical Policy: Elbow Arthroplasty

24362 Reconstruct elbow joint

Clinical Policy: Elbow Arthroplasty

24363 Replace elbow joint

Clinical Policy: Elbow Arthroplasty

24366 Reconstruct head of radius

Clinical Policy: Elbow Arthroplasty

24370 Revise reconst elbow joint

Clinical Policy: Elbow Arthroplasty

24371 Revise reconst elbow joint

Clinical Policy: Elbow Arthroplasty

26040 Release palm contracture

Clinical Policy: Xiaflex

26341 Manipulation, palmar fascial cord post enzyme injection

Clinical Policy: Xiaflex

26531 Revise knuckle with implant

Clinical Policy: Distal Interphalangeal (DIP), MCP, and PIP Joint Implants

26536 Revise/implant finger joint

Clinical Policy: Distal Interphalangeal (DIP), MCP, and PIP Joint Implants

27279 Arthrodesis sacroiliac joint

Clinical Policy: Back Pain - Invasive Procedures; Minimally Invasive Fusion of the Sacroiliac Joint

27280 Arthrodesis sacroiliac joint; open

Clinical Policy: Minimally Invasive Fusion of the Sacroiliac Joint

27412 Autologous chondrocyte implantation, knee

Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Extremities, Osteochondral Autografts (OATS or mosaicplasty), and Menaflex

27702 Reconstruct ankle joint

Clinical Policy: Total Ankle Arthroplasty Replacement

27703 Reconstruction ankle joint

Clinical Policy: Total Ankle Arthroplasty Replacement

27704 Removal of ankle implant

Clinical Policy: Total Ankle Arthroplasty Replacement

28107 Remove/graft foot lesion

Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28725 Fusion of foot bones

Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex; Subtalar Arthroereisis

28730 Fusion of foot bones

Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28735 Fusion of foot bones

Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28737 Revision of foot bones

Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28740 Fusion of foot bones

Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)

Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

29804 Arthroscopy, temporomandibular joint, surgical

Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

29907 Subtalar arthro w/fusion

Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex**SURGERY - NERVOUS SYSTEM****Code Description**

61720 Incise skull/brain surgery

Clinical Policy: Epilepsy Surgery; Parkinson's Disease

61735 Incise skull/brain surgery

Clinical Policy: Parkinson's Disease

61736 Laser interstitial thermal therapy (LITT)

Clinical Policy: Laser Interstitial Thermal Therapy

61737 Laser interstitial thermal therapy (LITT)

Clinical Policy: Laser Interstitial Thermal Therapy

61770 Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source

Clinical Policy: Brachytherapy

61790 Treat trigeminal nerve

Clinical Policy: Trigeminal Neuralgia Treatments

61796 Srs cranial lesion simple

Clinical Policy: Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments; Epilepsy Surgery

61797 Srs cran les simple addl

Clinical Policy: Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments; Epilepsy Surgery

61798 Srs cranial lesion complex

Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments

61799 Srs cran les complex addl

Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic

Radiosurgery; Trigeminal Neuralgia Treatments

61800 Apply srs headframe add-on
Clinical Policy: Headaches Invasive Procedures; Stereotactic Radiosurgery; Epilepsy Surgery

61850 Implant neuroelectrodes
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Tinnitus Treatments; Trigeminal Neuralgia Treatments

61860 Implant neuroelectrodes
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Tinnitus Treatments; Trigeminal Neuralgia Treatments

61863 Implant neuroelectrode
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61864 Implant neuroelectrde addl
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61867 Implant neuroelectrode
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61868 Implant neuroelectrde addl
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61870 Implant neuroelectrodes
Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Tinnitus Treatments

61880 Revise/remove neuroelectrode
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments

61885 Insrt/redo neurostim 1 array
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments; Trigeminal Neuralgia Treatments; Vagus Nerve Stimulation

61886 Implant neurostim arrays
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments; Trigeminal Neuralgia Treatments

61888 Revise/remove neuroreceiver
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments

61889 Insertion of skull-mounted cranial neurostimulator pulse generator or receiver
Clinical Policy: Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

61891 Revision or replacement of skull-mounted cranial

neurostimulator pulse generator or receiver

Clinical Policy: Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

61892 Removal of skull-mounted cranial neurostimulator pulse generator or receiver
Clinical Policy: Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc
Clinical Policy: Back Pain - Invasive Procedures

62350 Implant spinal canal cath
Clinical Policy: Infusion Pumps

62351 Implant spinal canal cath
Clinical Policy: Infusion Pumps

62360 Insert spine infusion device
Clinical Policy: Infusion Pumps

62361 Implant spine infusion pump
Clinical Policy: Infusion Pumps

62362 Implant spine infusion pump
Clinical Policy: Infusion Pumps

62365 Remove spine infusion device
Clinical Policy: Infusion Pumps

63620 Srs spinal lesion
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Epilepsy Surgery

63621 Srs spinal lesion addl
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Epilepsy Surgery

63650 Implant neuroelectrodes
Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63655 Implant neuroelectrodes
Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63661 Remove spine eltrd perq aray
Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63662 Remove spine eltrd plate
Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63663 Revise spine eltrd perq aray
Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63664 Revise spine eltrd plate
Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root

Ganglion (DRG) Stimulation

63685 Insrt/redo spine n generator
Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63688 Revise/remove neuroreceiver
Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

64505 N block sphenopalatine gangl
Clinical Policy: Headaches Invasive Procedures; Migraine and Cluster Headache Nonsurgical Management; Sympathetic Nerve Blocks and Neurolysis

64510 N block stellate ganglion
Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia; Sympathetic Nerve Blocks and Neurolysis

64517 N block inj hypogas plxs
Clinical Policy: Sympathetic Nerve Blocks and Neurolysis

64520 N block lumbar/thoracic
Clinical Policy: Sympathetic Nerve Blocks and Neurolysis

64530 N block inj celiac pelus
Clinical Policy: Sympathetic Nerve Blocks and Neurolysis

64555 Implant neuroelectrodes
Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia

64561 Implant neuroelectrodes
Clinical Policy: Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux

64566 Neuroeltrd stim post tibial
Clinical Policy: Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux

64568 Inc for vagus n elect impl
Clinical Policy: Vagus Nerve Stimulation; Tinnitus Treatments; Headaches Invasive Procedures; Migraine and Cluster Headache Nonsurgical Mgmt

64575 Implant neuroelectrodes
Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia

64580 Implant neuroelectrodes
Clinical Policy: Headaches Invasive Procedures

64581 Implant neuroelectrodes
Clinical Policy: Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux

64582 Implant nerve stimulator
Clinical Policy: Obstructive Sleep Apnea in Adults-Diagnosis and Treatment

64583 Replace implanted stimulator
Clinical Policy: Obstructive Sleep Apnea in Adults-Diagnosis and Treatment

64584 Remove implanted stimulator

Clinical Policy: Obstructive Sleep Apnea in Adults-Diagnosis and Treatment

64585 Revise/remove neuroelectrode
Clinical Policy: Headaches Invasive Procedures

64590 Insrt/redo pn/gastr stimul
Clinical Policy: Fecal Incontinence Treatments; Gastric Pacing and Gastric Electrical Stimulation; Headaches Invasive Procedures; Urinary Incontinence and Ureterovesicular Reflux

64595 Revise/rmv pn/gastr stimul
Clinical Policy: Gastric Pacing and Gastric Electrical Stimulation; Urinary Incontinence and Ureterovesicular Reflux

64628 Thermal destruction of intraosseous basivertebral nerve first 2
Clinical Policy: Back Pain - Invasive Procedures

64629 Thermal destruction of intraosseous basivertebral nerve additional
Clinical Policy: Back Pain - Invasive Procedures

64633 Destroy cerv/thor facet jnt
Clinical Policy: Back Pain - Invasive Procedures; Headaches Invasive Procedures; Neurolysis; Site of Service Guidelines

64634 Destroy c/th facet jnt addl
Clinical Policy: Back Pain - Invasive Procedures; Headaches Invasive Procedures; Neurolysis; Site of Service Guidelines

64635 Destroy lumb/sac facet jnt
Clinical Policy: Back Pain - Invasive Procedures; Neurolysis; Site of Service Guidelines

64636 Destroy l/s facet jnt addl
Clinical Policy: Back Pain - Invasive Procedures; Neurolysis; Site of Service Guidelines

64680 Injection treatment of nerve
Clinical Policy: Post Herpetic Neuralgia; Sympathetic Nerve Blocks and Neurolysis

64681 Injection treatment of nerve
Clinical Policy: Post Herpetic Neuralgia; Sympathetic Nerve Blocks and Neurolysis

69716 Temple bone implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69717 Temple bone implant revision
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69719 Revise temple bone implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69726 Remove temple bone implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69727 Remove temple bone implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

0095T Rmvl artific disc addl crvcl
Clinical Policy: Intervertebral Disc Prostheses

0098T Rev artific disc addl
Clinical Policy: Intervertebral Disc Prostheses

SURGERY - OTHER

Code	Description
G0339	Robot lin-radsurg com, first Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments
G0340	Robt lin-radsurg fractx 2-5 Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments
S2053	Transplantation of small intestine and liver allograft Clinical Policy: Intestinal Transplantation
S2054	Transplantation of multivisceral organs Clinical Policy: Intestinal Transplantation
S2060	Lobar lung transplantation Clinical Policy: Heart-Lung Transplantation
S2065	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant
S2112	Knee arthroscop harv Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Extremities, Osteochondral Autografts (OATS or mosaicplasty), and Menaflex
S2142	Cord blood-derived stem-cell Clinical Policy: Epilepsy Surgery; Stem Cell or Bone Marrow Transplantation
S2235	Implantation of auditory brain stem implant Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero Clinical Policy: Fetal Surgery
S2402	Repari, congenital cystic adenomatoid malformation in the fetur, procedure performed in utero Clinical Policy: Fetal Surgery
S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero Clinical Policy: Fetal Surgery
S2404	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero Clinical Policy: Fetal Surgery
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero Clinical Policy: Fetal Surgery
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome Clinical Policy: Fetal Surgery

SURGERY - RESPIRATORY SYSTEM

Code	Description
30420	Reconstruction of nose Clinical Policy: Septoplasty and Rhinoplasty
30435	Revision of nose Clinical Policy: Septoplasty and Rhinoplasty
30450	Revision of nose Clinical Policy: Septoplasty and Rhinoplasty
31611	Surgery/speech prosthesis Clinical Policy: Voice therapy
31627	Navigational bronchoscopy Clinical Policy: Electromagnetic Navigation Bronchoscopy
32701	Thorax stereo rad targetw/tx Clinical Policy: Stereotactic Radiosurgery; Epilepsy Surgery
32850	Donor pneumonectomy Clinical Policy: Lung Transplantation
32851	Lung transplant single Clinical Policy: Lung Transplantation
32852	Lung transplant with bypass Clinical Policy: Lung Transplantation
32853	Lung transplant double Clinical Policy: Lung Transplantation
32854	Lung transplant with bypass Clinical Policy: Lung Transplantation
32994	Ablate pulm tumor perq crybl Clinical Policy: Cryoablation
32998	Ablate pulm tumor perq rf Clinical Policy: Cryoablation; Radiofrequency Tumor Ablation
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway without cardiopulmonary bypass Clinical Policy: Cardiac Catheter Ablation and Radioablation
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway with cardiopulmonary bypass Clinical Policy: Cardiac Catheter Ablation and Radioablation
33254	Operative tissue ablation and reconstruction of atria, limited Clinical Policy: Cardiac Catheter Ablation and Radioablation; Cryoablation
33256	Operative tissue ablation and reconstruction of atria, extensive Clinical Policy: Cardiac Catheter Ablation and Radioablation; Cryoablation
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure Clinical Policy: Cardiac Catheter Ablation and Radioablation; Cryoablation
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure with

cardiopulmonary bypass

Clinical Policy: Cardiac Catheter Ablation and Radioablation;
Cryoablation

33261 Operative ablation of ventricular arrhythmogenic
focus with cardiopulmonary bypass

Clinical Policy: Cardiac Catheter Ablation and Radioablation

SURGERY - URINARY SYSTEM

Code	Description
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52441 Cystourethro w/implant

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments; Site
of Service Guidelines

52442 Cystourethro w/addl implant

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

53444 Insert tandem cuff

Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

53445 Insert uro/ves nck sphincter

Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

53446 Removal of inflatable urethral/bladder neck
sphincter

Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

53447 Removal and replacement of inflatable urethral/
bladder neck sphincter

Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

53449 Repair of inflatable urethral/bladder neck sphincter

Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

53860 Transurethral rf treatment

Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

C9739 Cystoscopy prostatic imp 1-3

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

C9740 Cysto impl 4 or more

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments