

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 DME
A6196	Alginate dressing <=16 sq in Clinical Policy: Wound Care
A6197	Alginate drsg >16 <=48 sq in Clinical Policy: Wound Care
A6198	alginate dressing > 48 sq in Clinical Policy: Wound Care
A6199	Alginate drsg wound filler Clinical Policy: Wound Care
C1762	Conn tiss, human(inc fascia) Clinical Policy: Wound Care
C1763	Conn tiss, non-human Clinical Policy: Wound Care
C1770	Imaging coil, MR, insertable Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Trigeminal Neuralgia Treatments
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 Resurfacint

C1782	Morcellator Clinical Policy: Fibroid Treatment
C2618	Probe/needle, cryo Clinical Policy: Cryoablation
E0250	Hosp bed fixed ht w/ mattres Clinical Policy: Hospital Beds and Accessories
E0251	Hosp bed fixd ht w/o mattres Clinical Policy: Hospital Beds and Accessories
E0255	Hospital bed var ht w/ mattr Clinical Policy: Hospital Beds and Accessories
E0256	Hospital bed var ht w/o matt Clinical Policy: Hospital Beds and Accessories
E0260	Hosp bed semi-electr w/ matt Clinical Policy: Hospital Beds and Accessories
E0261	Hosp bed semi-electr w/o matt Clinical Policy: Hospital Beds and Accessories
E0277	Powered pres-redu air mattr Clinical Policy: Hospital Beds and Accessories; Pressure Reducing Support Surfaces
E0290	Hosp bed fx ht w/o rails w/m Clinical Policy: Hospital Beds and Accessories
E0291	Hosp bed fx ht w/o rail w/o Clinical Policy: Hospital Beds and Accessories
E0292	Hosp bed var ht no sr w/matt Clinical Policy: Hospital Beds and Accessories
E0293	Hosp bed var ht no sr no mat Clinical Policy: Hospital Beds and Accessories
E0294	Hosp bed semi-elect w/ mattr Clinical Policy: Hospital Beds and Accessories
E0295	Hosp bed semi-elect w/o matt Clinical Policy: Hospital Beds and Accessories
E0301	HD hosp bed, 350-600 lbs Clinical Policy: Hospital Beds and Accessories
E0302	Ex hd hosp bed > 600 lbs Clinical Policy: Hospital Beds and Accessories
E0303	Hosp bed hvy dty xtra wide Clinical Policy: Hospital Beds and Accessories
E0304	Hosp bed xtra hvy dty x wide Clinical Policy: Hospital Beds and Accessories
E0371	Nonpower mattress overlay Clinical Policy: Hospital Beds and Accessories; Pressure Reducing Support Surfaces

E0372 Powered air mattress overlay
Clinical Policy: Hospital Beds and Accessories; 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: Seat Lifts and Patient Lifts; Wheelchairs and Power Operated Vehicles, Scooters

E0639 Moveable patient lift system
Clinical Policy: Seat Lifts and Patient Lifts; Wheelchairs and Power Operated Vehicles, Scooters

E0641 Multi-position stnd fram sys
Clinical Policy: Seat Lifts and Patient Lifts; Wheelchairs and Power Operated Vehicles, Scooters

E0642 Dynamic standing frame
Clinical Policy: Seat Lifts and Patient Lifts; Wheelchairs and Power Operated Vehicles, Scooters

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

E0651 Pneum compresor 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

E0656 Segmental pneumatic trunk
Clinical Policy: Lymphedema Diagnosis and Treatment

E0657 Segmental pneumatic chest
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: Intermittent Pneumatic Compression Devices; 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: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0669 Seg pneumatic appli half leg
Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0670 Seg pneum int legs/trunk
Clinical Policy: 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

E0675 Pneumatic compression device
Clinical Policy: Intermittent Pneumatic Compression Devices

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

E0745 Neuromuscular stim for shock
Clinical Policy: Deep Brain Cortical and Cerebellar Stimulation; Dysphagia therapy; Electrical Stimulation for Pain; Functional Neuromuscular Electrical Stimulation (FES) Devices; Headaches Invasive Procedures; H-Waves Stimulation; Spasticity Management; Speech therapy; Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD); Trigeminal Neuralgia Treatments; Urinary Incontinence and Ureterovesicular Reflux

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

E0782 Non-programble infusion pump
Clinical Policy: Back Pain Invasive Procedures; Infusion Pumps

E0783 Programmable infusion pump
Clinical Policy: Back Pain Invasive Procedures; Infusion Pumps

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

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 Lghtwtght,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

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

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

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

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

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

E2201 Man w/ch acc seat w \geq 20<24 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

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

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 wdth 20-23 in seat frame
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2341 W/c wdth 24-27 in seat frame
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2342 W/c dpth 20-21 in seat frame
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2343 W/c dpth 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

E2370 Pwr wc dr wh motor/gear comb
Clinical Policy: Wheelchairs and Power Operated Vehicles, 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

E2402 Neg press wound therapy pump
Clinical Policy: Negative Pressure Wound therapy

E2605 Position wc cush wdth <22 in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2606 Position wc cush wdth >=22 in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2607 Skin pro/pos wc cus wd <22in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2608 Skin pro/pos wc cus wd >=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 cush wdth <22in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2612 Gen use back cush wdth >=22in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2613 Position back cush wd <22in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2614 Position back cush wd >=22in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2615 Pos back post/lat wdth <22in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2616 Pos back post/lat wdth >=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 cush wd <22in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

E2621 WC planar back cush wd >=22in
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

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

K0015 Detach non-adj ht armrst rep
Clinical Policy: Wheelchairs and Power Operated Vehicles, 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

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

MATERNITY

Code	Description	Clinical Policy
59072	Umbilical cord occlud w/us	Clinical Policy: Fetal Surgery
59076	Fetal shunt placement w/us	Clinical Policy: Fetal Surgery

MEDICAL - DIAGNOSTIC

Code	Description	Clinical Policy
91110	Gi tract capsule endoscopy	Clinical Policy: Capsule Endoscopy
91111	Esophageal 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
95700	EEG monitoring/videorecord	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

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

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

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

95724 EEG monitoring/videorecord
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; Obstructive Sleep Apnea in Children

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

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; Obstructive Sleep Apnea in Children

95806 Sleep study unatt&resp efft
Clinical Policy: Multiple Sleep Latency Test (MSLT) and Maintenance Wakefulness Test (MWT); Obstructive Sleep Apnea in Adults - Diagnosis and Treatment; Obstructive Sleep Apnea in Children

95807 Sleep study attended
Clinical Policy: Multiple Sleep Latency Test (MSLT) and Maintenance Wakefulness Test (MWT); Obstructive Sleep Apnea in Adults - Diagnosis and Treatment; Obstructive Sleep Apnea in Children

95808 Polysom any age 1-3> param
Clinical Policy: Multiple Sleep Latency Test (MSLT) and Maintenance Wakefulness Test (MWT); Noninvasive Positive Pressure Ventilation; Obstructive Sleep Apnea in Adults - Diagnosis and Treatment; Obstructive Sleep Apnea in Children

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

95811 Polysom 6/>yrs cpap 4/> parm
Clinical Policy: Multiple Sleep Latency Test (MSLT) and Maintenance Wakefulness Test (MWT); Noninvasive Positive Pressure Ventilation; Obstructive Sleep Apnea in Adults - Diagnosis and Treatment; Obstructive Sleep Apnea in Children

95961 Electrode stimulation brain
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Parkinson's Disease; Quantitative EEG (Brain Mapping); Trigeminal Neuralgia Treatments

95962 Electrode stim brain add-on

Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Parkinson's Disease; Quantitative EEG (Brain Mapping); Trigeminal Neuralgia Treatments

95965 Meg spontaneous
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders Assessment and Treatment; Deep Brain, Cortical, and Cerebellar Stimulation; Magnetic Source Imaging Magnetoencephalography

95966 Meg evoked single
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders Assessment and Treatment; Magnetic Source Imaging Magnetoencephalography

95967 Meg evoked each addl
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders Assessment and Treatment; Deep Brain, Cortical, and Cerebellar Stimulation; Magnetic Source Imaging Magnetoencephalography

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

S8040 Topographic brain mapping
Clinical Policy: Attention Deficit Hyperactivity Disorder; Quantitative EEG (Brain Mapping)

MISCELLANEOUS MEDICAL

Code Description
92315 Rx cntact lens aphakia 1 eye
Clinical Policy: Computerized Corneal Topography

92316 Rx cntact lens aphakia 2 eye
Clinical Policy: Computerized Corneal Topography

96150 Assess hlth/behav init
Clinical Policy: Attention Deficit Hyperactivity Disorder

96151 Assess hlth/behav subseq
Clinical Policy: Attention Deficit Hyperactivity Disorder

96152 Intervene hlth/behav indiv
Clinical Policy: Attention Deficit Hyperactivity Disorder

96153 Intervene hlth/behav group
Clinical Policy: Attention Deficit Hyperactivity Disorder

96154 Interv hlth/behav fam w/pt
Clinical Policy: Attention Deficit Hyperactivity Disorder

96155 Interv hlth/behav fam no pt
Clinical Policy: Attention Deficit Hyperactivity Disorder

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

G0277 Hbot, full body chamber, 30m
Clinical Policy: Hyperbaric Oxygen therapy; Infertility Services; Parkinson's Disease; Tinnitus Treatments

V2790 Amniotic membrane

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

NON-PRESCRIPTION DRUGS

Code	Description
96440	Chemotherapy intracavitary Clinical Policy: Hyperthermia in Cancer therapy
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
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: Attention Deficit / Hyperactivity Disorder; Chelation therapy
J0485	Belatacept injection Clinical Policy: Kidney Transplantation
J0490	Belimumab injection Clinical Policy: Kidney Transplantation
J0585	Injection,onabotulinumtoxinA Clinical Policy: Dysphagia therapy; Headaches: Invasive Procedures; Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis Treatments; Post-Herpetic Neuralgia; Spasticity Management; Speech therapy; Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD); Tinnitus Treatments; Trigeminal Neuralgia: Treatments; Vocal Cord Paralysis / Insufficiency Treatments
J0586	AbobotulinumtoxinA Clinical Policy: Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis Treatments; Post-Herpetic Neuralgia; Spasticity Management; Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD); Tinnitus Treatments; Trigeminal Neuralgia: Treatments; Vocal Cord Paralysis / Insufficiency Treatments
J0587	Inj, rimabotulinumtoxinB Clinical Policy: Dysphagia therapy; Headaches: Invasive Procedures; Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis Treatments; Post-Herpetic Neuralgia; Spasticity Management; Speech therapy; Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD); Tinnitus Treatments; Trigeminal Neuralgia: Treatments; Vocal Cord Paralysis / Insufficiency Treatments
J0588	Incobotulinumtoxin a Clinical Policy: Headaches: Invasive Procedures; Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis Treatments; Spasticity Management; Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD); Tinnitus Treatments; Trigeminal Neuralgia: Treatments; Vocal Cord Paralysis / Insufficiency Treatments

J0600	Edetate calcium disodium inj Clinical Policy: Attention Deficit / Hyperactivity Disorder; Chelation therapy
J0638	Canakinumab injection Clinical Policy: Attention Deficit / Hyperactivity Disorder; Chelation therapy
J0775	Collagenase, clost hist inj Clinical Policy: Manipulation Under Anesthesia; Xiaflex® (Previously: Dipyrrin's Contracture)
J0800	Corticotropin injection Clinical Policy: See Pharmacy Pre-Auth
J0850	Cytomegalovirus imm IV /vial Clinical Policy: See Pharmacy Pre-Auth
J0895	Deferoxamine mesylate inj Clinical Policy: Attention Deficit / Hyperactivity Disorder; 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
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
J1438	Etanercept injection Clinical Policy: Dry Eyes Treatments and Devices; Graves' Ophthalmopathy Treatments
J1458	Galsulfase injection Clinical Policy: See Pharmacy Pre-Auth
J1459	Inj IVIG privigen 500 mg Clinical Policy: Autism Spectrum Disorders / Pervasive Developmental Disorders: Assessment and Treatment; Graves' Ophthalmopathy Treatments
J1559	Hizentra injection Clinical Policy: See Pharmacy Pre-Auth
J1561	Gamunex-C/Gammaked Clinical Policy: Autism Spectrum Disorders / Pervasive Developmental Disorders: Assessment and Treatment; Graves' Ophthalmopathy Treatments
J1566	Immune globulin, powder Clinical Policy: Autism Spectrum Disorders / Pervasive Developmental Disorders: Assessment and Treatment; Graves' Ophthalmopathy Treatments
J1568	Octagam Injection Clinical Policy: Autism Spectrum Disorders / Pervasive

Developmental Disorders: Assessment and Treatment; Graves' Ophthalmopathy Treatments

J1569 Gammagard Liquid injection

Clinical Policy: Autism Spectrum Disorders / Pervasive Developmental Disorders: Assessment and Treatment; Graves' Ophthalmopathy Treatments

J1572 Flebogamma injection

Clinical Policy: Autism Spectrum Disorders / Pervasive Developmental Disorders: Assessment and Treatment; Graves' Ophthalmopathy Treatments

J1628 Guselkumab, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J1743 Idursulfase injection

Clinical Policy: See Pharmacy Pre-Auth

J1745 Infliximab not biosimil 10mg

Clinical Policy: Graves' Ophthalmopathy Treatments

J1750 Inj iron dextran

Clinical Policy: See Pharmacy Pre-Auth

J1756 Iron sucrose injection

Clinical Policy: See Pharmacy Pre-Auth

J1930 Lanreotide injection

Clinical Policy: Graves' Ophthalmopathy Treatments

J1950 Leuprolide acetate /3.75 MG

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

J2170 Mecasermin injection See Pharmacy Pre-Auth

J2182 Injection, mepolizumab, 1mg

Clinical Policy: See Pharmacy Pre-Auth

J2212 Methylnaltrexone injection

Clinical Policy: See Pharmacy Pre-Auth

J2278 Ziconotide injection

Clinical Policy: Infusion Pumps

J2315 Naltrexone, depot form

Clinical Policy: See Pharmacy Pre-Auth

J2323 Natalizumab injection

Clinical Policy: Plasmapheresis / Plasma Exchange / Therapeutic Apheresis

J2350 Injection, ocrelizumab, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J2353 Octreotide injection, depot

Clinical Policy: Graves' Ophthalmopathy Treatments; Liver and Other Neoplasms – Treatment Approaches

J2354 Octreotide inj, non-depot

Clinical Policy: Graves' Ophthalmopathy Treatments; Liver and Other Neoplasms – Treatment Approaches

J2357 Omalizumab injection

Clinical Policy: Allergy Testing and Allergy Immunotherapy

J2503 Pegaptanib sodium injection

Clinical Policy: Surgical Procedures for Glaucoma

J2778 Ranibizumab injection

Clinical Policy: Surgical Procedures for Glaucoma

J2796 Romiplostim injection

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

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

J7178 Human fibrinogen conc inj

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

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
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
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
J9173	Durvalumab, 10 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
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
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
J9352	Injection trabectedin 0.1mg	Clinical Policy: See Pharmacy Pre-Auth
J9999	Chemotherapy drug	Clinical Policy: See Pharmacy Pre-Auth
Q2026	Radiesse injection	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Cosmetic Surgery; Urinary Incontinence and Ureterovesicular Reflux; Vocal Cord Paralysis Insufficiency Treatments
S0088	Imatinib 100 mg	Clinical Policy: See Pharmacy Pre-Auth

NON-STANDARD BENEFIT

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

OP PSYCH-ALCOHOL/DRUG ABUSE

Code	Description
90867	Tcranial magn stim tx plan Clinical Policy: Attention Deficit Hyperactivity Disorder; Dysphagia therapy; Migraine and Cluster Headache Nonsurgical Management; Parkinson's Disease; Spasticity Management; Speech therapy; Tempomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD); Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation
90868	Tcranial magn stim tx deli Clinical Policy: Attention Deficit Hyperactivity Disorder; Dysphagia therapy; Parkinson's Disease; Tempomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD); Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation
90869	Tcran magn stim redetemine Clinical Policy: Attention Deficit Hyperactivity Disorder; Dysphagia therapy; Migraine and Cluster Headache Nonsurgical Management; Parkinson's Disease; Spasticity Management; Speech therapy; Tempomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD); 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
81105	Hpa-1 Genotyping Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81106	Hpa-2 Genotyping Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81107	HPA-3 Genotyping Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81108	HPA-4 Genotyping Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81109	HPA-5 Genotyping Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81110	HPA-6 Genotyping Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81111	HPA-9 Genotyping Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81112	HPA15 Genotyping Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81161	Dmd (Dystrophin) Deletion Analysis, And Duplication Analysis, If Perfmed Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81162	Brca1&2 seq & full dup/del Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing
81163	HBB GENE DUP/DEL VARIANTS Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing
81164	HBB FULL GENE SEQUENCE Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing
81167	Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene A Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing
81170	Atxn7 (Ataxin 7) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To D, ABL 1 Gene Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81171	Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg, Spinocerebellar At Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
81172	Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene

Analysis, Evaluation To

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81173 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81174 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81175 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella, ASXL1 Full Gene Sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81176 Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (Eg, Myotonic Dyst, ASXL1 Gene target Seq Alys
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81177 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluatio
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81178 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Full Gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81179 Atxn2 (Ataxin 2) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To D
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81180 Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene A
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81181 Atxn7 (Ataxin 7) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To D
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81182 Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg, Spinocerebellar At
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81183 Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81184 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81185 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

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

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

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

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

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

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

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

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

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

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

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

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

81209 Blm gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

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

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

81217 Brca2 gene known fam variant

Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing

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

81219 Calr gene com variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81220 Cfr 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

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

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

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

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

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

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

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

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

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

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

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

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

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

81240 F2 gene

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

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

81242 Fancc gene

Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing

81243 Fmr1 gene detection

Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing

81244 Fmr1 gene characterization

Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Tumor Markers

81245 Flt3 gene

Clinical Policy: Genetic Testing - Tumor Markers

81246 Flt3 gene analysis

Clinical Policy: Genetic Testing - Tumor Markers

81250 G6pc gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81251 Gba gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81252 Gjb2 gene full sequence

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81253 Gjb2 gene known fam variants

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81254 Gjb6 gene com variants

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81255 Hexa gene

Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing

81256 Hfe gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81257 Hba1/hba2 gene

Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing

81258 Hba1/hba2 gene fam vrnt

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81259 Hba1/hba2 full gene sequence

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81260 Ikbkap gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81261 Igh gene rearrange amp meth

Clinical Policy: Genetic Testing - Tumor Markers

81262 Igh gene rearrang dir probe

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81263 Igh vari regional mutation

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81264 Ikg rearrangeabn clonal pop

Clinical Policy: Genetic Testing - Tumor Markers

81265 Str markers specimen anal

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81266 Str markers spec anal addl

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81267 Chimerism anal no cell selec

Clinical Policy: Stem Cell Or Bone Marrow Transplantation

81268 Chimerism anal w/cell select

Clinical Policy: Stem Cell Or Bone Marrow Transplantation

81269 Hba1/hba2 gene dup/del vrnts

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81270 Jak2 gene

Clinical Policy: Genetic Testing - Tumor Markers

81271 Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Evaluation To Detec

Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response

81272 Kit gene targeted seq analys

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81273 Kit gene analys d816 variant

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81274 Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Characterization Of

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

81276 Kras gene addl variants

Clinical Policy: Genetic Testing - Tumor Markers

81284 Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Evaluation To Detect A

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81285 Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Characterization Of Al

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81287 MGMT Gene Methylation Anal

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

81290 Mcoln1 gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

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

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

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

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

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

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

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

81301 Microsatellite instability
Clinical Policy: Genetic Testing - Colon Cancer

81302 Mecp2 gene full seq
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81303 Mecp2 gene known variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81304 Mecp2 gene dup/delet variant
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

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

81309 PIK3CA colon/breast cancer gene analysis

Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing

81310 Npm1 gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

81314 Pdgfra gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

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

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

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

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

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

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

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

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

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

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

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

81330 Smpd1 gene common variants
Clinical Policy: Parkinson's Disease

81331 Snrpn/ube3a gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81332 Serpina1 gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

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

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

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

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

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

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

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

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

81350 Ugt1a1 gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response

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

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

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

81373 Hla i typing 1 locus lr

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

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

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

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

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

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

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

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

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

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

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

81401 Mopath procedure level 2
Clinical Policy: Attention Deficit Hyperactivity Disorder; 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; Parkinson's Disease; Recurrent Pregnancy Loss

81402 Mopath procedure level 3
Clinical Policy: Recurrent Pregnancy Loss

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

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

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

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

81407 Mopath procedure level 8

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy

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

81410 Aortic dysfunction/dilation

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81411 Aortic dysfunction/dilation

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81412 Ashkenazi jewish assoc dis

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81413 Car ion chnnpth inc 10 gns

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81414 Car ion chnnpth inc 2 gns

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81415 Exome sequence analysis

Clinical Policy: Genetic Testing - Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders

81416 Exome sequence analysis

Clinical Policy: Genetic Testing - Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders

81420 Fetal chroml aneuploidy

Clinical Policy: Genetic Testing - Serum Marker Screening for Down Syndrome

81435 Hereditary colon ca dsordrs

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81436 Hereditary colon ca dsordrs

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81439 Inherited cardmypythy 5 gns

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81443 Genetic Testing For Severe Inherited Conditions (Eg, Cystic Fibrosis, Ashken

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81445 Targeted genomic seq analys

Clinical Policy: Genetic Testing - Tumor Markers

81448 Hrdtry perph neurphy panel

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

81450 Targeted genomic seq analys

Clinical Policy: Genetic Testing - Tumor Markers

81455 Targeted genomic seq analys

Clinical Policy: Genetic Testing - Tumor Markers

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

81503 Onco (ovar) five proteins

Clinical Policy: Genetic Testing - Tumor Markers

81507 Fetal aneuploidy trisom risk

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

81520 Onc breast mrna 58 genes

Clinical Policy: Genetic Testing - Breast Cancer Prognosis

81522 EndoPredict

Clinical Policy: Genetic Testing - Breast Cancer Prognosis

81538 Oncology lung

Clinical Policy: Genetic Testing - Tumor Markers

81545 Oncology thyroid

Clinical Policy: Molecular Markers in Fine Needle Aspirates of the Thyroid

81595 Cardiology hrt trnspl mrna

Clinical Policy: Allomap Molecular Expression Testing; Heart Transplantation

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

88245	Chromosome analysis 20-25	Clinical Policy: Mammography and MRI of the Breast; Recurrent Pregnancy Loss
88248	Chromosome analysis 50-100	Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders Assessment and Treatment
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
88267	Chromosome analys placenta	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
88269	Chromosome analys amniotic	Clinical Policy: Mammography and MRI of the Breast; Recurrent Pregnancy Loss
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
88272	Cytogenetics 3-5	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
88273	Cytogenetics 10-30	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses
88274	Cytogenetics 25-99	Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response
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
88280	Chromosome karyotype study	Clinical Policy: Infertility Services - Excluding Adv Reprod Tech; 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
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
0026U	Onc thyr dna&mrna 112 genes	Clinical Policy: Molecular Markers in Fine Needle Aspirates of the Thyroid
G0452	Molecular pathology interp	Clinical Policy: Genetic Testing - Predisposition to Inherited Hypertrophic Cardiomyopathy
S3840	DNA analysis RET-oncogene	Clinical Policy: Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome
S3854	Gene profile panel breast	Clinical Policy: Genetic Testing - Tumor Markers

PDN/HH

Code	Description
S9355	HIT chelation diem
	Clinical Policy: Attention Deficit Hyperactivity Disorder; Autism Spectrum Disorders Pervasive Developmental Disorders Assessment and Treatment; Chelation therapy; Infusion Pumps
S9379	HIT noc per diem
	Clinical Policy: Skilled Home Private Duty Nursing Care

PROSTHETICS

Code	Description
C1783	Ocular imp, aqueous drain de
	Clinical Policy: Surgical Procedures for Glaucoma
C9359	Implnt,bon void filler-putty
	Clinical Policy: Bone Graft Substitutes for Use In Spinal Fusion and Bone Nonunion Repair
C9362	Implnt,bon void filler-strip
	Clinical Policy: Bone Graft Substitutes for Use In Spinal Fusion and Bone Nonunion Repair
C9363	Integra Meshed Bil Wound Mat
	Clinical Policy: Wound Care
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

L5270 Tilt table locking hip sing

Clinical Policy: Computerized Prosthetic Limbs

L5280 Hemipelvect canad sing axis

Clinical Policy: Computerized Prosthetic Limbs

L5312 Knee disart, SACH ft, endo

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

L5600 Hip disart sach laminat mold

Clinical Policy: Computerized Prosthetic Limbs

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

L5616 Ak univ multiplex sys frict

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5618 Test socket symes

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5624 Test socket above knee

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5629 Below knee acrylic 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

L5636 Symes type medial opening so

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

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 disartic 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 disartic

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5653 Knee disartic expand wall sock

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

L5695 Ak sleeve susp neoprene/equa

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5696 Ak/knee disartic pelvic join

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5697 Ak/knee disartic pelvic band

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5700 Replace socket below knee

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5701 Replace socket above knee

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5702 Replace socket hip

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5705 Custom shape cover AK

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5706 Custom shape cvr knee disartic

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5707 Custom shape cvr hip disartic

Clinical Policy: Computerized Prosthetic Limbs

L5716 Knee-shin exo mech stance ph

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

L5722 Knee-shin pneum swg frct exo

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

L5726 Knee-shin ext jnts fld swg e

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 Lower limb pros vacuum pump
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5782 HD low limb pros vacuum pump
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

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

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

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

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

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

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

L6386 Postop ea cast chg & realign
Clinical Policy: Computerized Prosthetic Limbs

L6388 Postop applicat rigid dsg on
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb Myoelectric

L6611 Additional switch, ext power
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L6620 Flexion/extension wrist unit
Clinical Policy: Computerized Prosthetic Limbs

L6621 Flex/ext wrist w/wo friction
Clinical Policy: Computerized Prosthetic Limbs

L6623 Spring-ass rot wrst w/ latch
Clinical Policy: Computerized Prosthetic Limbs

L6624 Flex/ext/rotation wrist unit
Clinical Policy: Computerized Prosthetic Limbs

L6625 Rotation wrst w/ cable lock
Clinical Policy: Computerized Prosthetic Limbs

L6628 Quick disconn hook adapter o
Clinical Policy: Computerized Prosthetic Limbs

L6637 Nudge control elbow lock
Clinical Policy: Computerized Prosthetic Limbs

L6640	Shoulder abduction joint pai	Clinical Policy: Computerized Prosthetic Limbs
L6645	Shoulder flexion-abduction j	Clinical Policy: Computerized Prosthetic Limbs
L6646	Multipo locking shoulder jnt	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6647	Shoulder lock actuator	Clinical Policy: Computerized Prosthetic Limbs
L6648	Ext pwrld shlder lock/unlock	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6650	Shoulder universal joint	Clinical Policy: Computerized Prosthetic Limbs
L6677	UE triple control harness	Clinical Policy: Computerized Prosthetic Limbs
L6682	Test sock elbw disart/above	Clinical Policy: Computerized Prosthetic Limbs
L6684	Test socket shldr disart/tho	Clinical Policy: Computerized Prosthetic Limbs
L6686	Suction socket	Clinical Policy: Computerized Prosthetic Limbs
L6687	Frame typ socket bel elbow/w	Clinical Policy: Computerized Prosthetic Limbs
L6688	Frame typ sock above elb/dis	Clinical Policy: Computerized Prosthetic Limbs
L6689	Frame typ socket shoulder di	Clinical Policy: 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; Prosthetic Devices Upper Limb Myoelectric
L6703	Term dev, passive hand mitt	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6704	Term dev, sport/rec/work att	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6706	Term dev mech hook vol open	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6707	Term dev mech hook vol close	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6708	Term dev mech hand vol open	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6709	Term dev mech hand vol close	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6714	Ped term dev, hand, vol clos	Clinical Policy: Computerized Prosthetic Limbs
L6715	Term device, multi art digit	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6721	Hook/hand, hvy dty, vol open	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6880	Elec hand ind art digits	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6930	Below elbow switch control	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6940	Elbow disarticulation switch	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6945	Elbow disart myoelectronic c	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6950	Above elbow switch control	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6955	Above elbow myoelectronic ct	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric
L6960	Shldr disartic switch contro	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices

Upper Limb Myoelectric

L6965 Shldr disartic myoelectronic
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb Myoelectric

L6970 Interscapular-thor switch ct
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb Myoelectric

L6975 Interscap-thor myoelectronic
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb Myoelectric

L7007 Adult electric hand
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb Myoelectric

L7008 Pediatric electric hand
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb Myoelectric

L7040 Prehensile actuator
Clinical Policy: Computerized Prosthetic
Limbs; Prosthetic Devices Upper Limb Myoelectric

L7045 Pediatric electric hook
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb Myoelectric

L7170 Electronic elbow hosmer swit
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb Myoelectric

L7401 Add UE prost a/e ultlite mat
Clinical Policy: 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

L8600 Implant breast silicone/eq
Clinical Policy: Breast Implant Removal; Breast Reconstruction
Following Mastectomy or Lumpectomy; Cosmetic Surgery;
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

L8619 Coch imp ext proc/contr rplc
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and
BAHA

L8679 Imp neurosti pls gn any type
Clinical Policy: Headaches Invasive Procedures; Spasticity
Management, Spinal Cord Stimulation for Pain Including Dorsal Root
Ganglion 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

L8686 Implt nrostm pls gen sng non
Clinical Policy: Headaches Invasive Procedures; Spasticity
Management, Spinal Cord Stimulation for Pain Including Dorsal Root
Ganglion 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

L8688 Implt nrostm pls gen dua non
Clinical Policy: Headaches Invasive Procedures; Spasticity
Management, Spinal Cord Stimulation for Pain Including Dorsal Root
Ganglion 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 Cochlear Implants
Auditory Brainstem Implants and BAHA

L9900 O&P supply/accessory/service
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and
BAHA and 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: Breast Reconstruction Following Mastectomy or
Lumpectomy; 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

Q4112 Cymetra injectable
Clinical Policy: Vocal Cord Paralysis Insufficiency Treatments; Wound Care

Q4121 Theraskin
Clinical Policy: Wound Care

Q4124 Oasis tri-layer wound matrix
Clinical Policy: Wound Care

Q4132 Grafix core, grafixpl core
Clinical Policy: Wound Care

Q4133 Grafix prime grafix pl prime
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

RADIOLOGY - DIAGNOSTIC**Code Description**

70554 Fmri brain by tech
Clinical Policy: Attention Deficit Hyperactivity Disorder; Deep Brain, Cortical, and Cerebellar Stimulation; Functional Magnetic Resonance Imaging (fMRI), Brain

70555 Fmri brain by phys/psych
Clinical Policy: Attention Deficit Hyperactivity Disorder; Deep Brain, Cortical, and Cerebellar Stimulation; Functional Magnetic Resonance Imaging (fMRI), Brain

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

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: Radiosurgery

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

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

77520 Proton trmt simple w/o comp
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery

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; Stereotactic Radiosurgery

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

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**

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)

69715 Temple bone implant w/stimulat

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
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33927 Implant total replacement heart system

Clinical Policy: Heart Transplantation

33928 Removal and replacement total heart system

Clinical Policy: Heart Transplantation

33929 Removal replacement heart system with transplants

Clinical Policy: Heart Transplantation

36475 Endovenous radiofrequency ablation of first vein

Clinical Policy: Pelvic Congestion Syndrome Treatments; Varicose Veins

36476 Endovenous radiofrequency vein ablation add-on

Clinical Policy: Varicose Veins

36478 Endovenous laser ablation of first vein

Clinical Policy: Varicose Veins

36479 Endovenous laser vein ablation add-on

Clinical Policy: Pelvic Congestion Syndrome Treatments; Varicose Veins

37243 Vascular embolization/occlusion of organ

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments; Fibroid Treatment; Liver and Other Neoplasms - Treatment Approaches

37500 Endoscopy ligation of perforating 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; Obstructive Sleep Apnea in Children

42160 Treatment mouth roof lesion

Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment; Obstructive Sleep Apnea in Children

42890 Partial removal of pharynx

Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment; Obstructive Sleep Apnea in Children

44135 Intestine transplant cadaver

Clinical Policy: Intestinal Transplantation

44136 Intestine transplant live

Clinical Policy: Intestinal Transplantation

47380 Open ablate liver tumor radiofrequency

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 Percutaneous ablate liver tumor radiofrequency

Clinical Policy: Liver and Other Neoplasms - Treatment Approaches; Radiofrequency Tumor Ablation

47383 Percutaneous ablate liver tumor cryo

Clinical Policy: Liver and Other Neoplasms - Treatment Approaches

0184T Excisional rectal tumor endoscopic

Clinical Policy: Transanal Endoscopic Microsurgery (TEMs)

SURGERY - EYE AND OCULAR ADNEXA

Code	Description
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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 with membrane

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65779 Cover eye with membrane suture

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65780 Ocular reconstruction transplant

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65781 Ocular reconstruction transplant

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65782 Ocular reconstruction transplant

Clinical Policy: Corneal Graft With Amniotic Membrane Transplant or Limbal Stem Cell Transplant

65785 Implant intrastromal corneal ring segments

Clinical Policy: Intrastromal Corneal Ring Segments (INTACS); Vision Surgery and Vision Screening for Medical Diseases or Injury

67900 Repair brow defect

Clinical Policy: Eyelid Surgery; Headaches Invasive Procedures

67901 Repair eyelid defect

Clinical Policy: Cosmetic Surgery; Eyelid Surgery; Graves' Ophthalmopathy Treatments

67902 Repair eyelid defect
Clinical Policy: Eyelid Surgery

67903 Repair eyelid defect
Clinical Policy: Eyelid Surgery

67904 Repair eyelid defect
Clinical Policy: Eyelid Surgery

67906 Repair eyelid defect
Clinical Policy: Eyelid Surgery

67908 Repair eyelid defect
Clinical Policy: Eyelid Surgery; Graves' Ophthalmopathy Treatments

67909 Revise eyelid defect
Clinical Policy: Cosmetic Surgery; Eyelid Surgery; Graves' Ophthalmopathy Treatments

67911 Revise eyelid defect
Clinical Policy: Graves' Ophthalmopathy Treatments

67916 Repair eyelid defect
Clinical Policy: Eyelid Surgery

67917 Repair eyelid defect
Clinical Policy: Eyelid Surgery

67923 Repair eyelid defect
Clinical Policy: Eyelid Surgery

67924 Repair eyelid defect
Clinical Policy: Eyelid Surgery

67950 Revision of eyelid
Clinical Policy: Eyelid Surgery; Graves' Ophthalmopathy Treatments

SURGERY - FEMALE GENITAL SYSTEM

Code	Description
56620	Partial removal of vulva

Clinical Policy: Cosmetic Surgery

SURGERY - HEMIC AND LYMPHATIC

Code	Description
38204	Bl donor search management

Clinical Policy: Donor Lymphocyte Infusion; Stem Cell or Bone Marrow Transplantation

38230 Bone marrow harvest allogeneic
Clinical Policy: Donor Lymphocyte Infusion; Stem Cell or Bone Marrow Transplantation; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

38232 Bone marrow harvest autolog
Clinical Policy: Blood Product Injections for Selected Indications; Dry Eye Treatments and Devices; Epilepsy Surgery; Parkinson's Disease; Stem Cell or Bone Marrow Transplantation; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

38240 Transplnt allo hct/donor
Clinical Policy: Dry Eye Treatments and Devices; Epilepsy Surgery; Parkinson's Disease; Stem Cell or Bone Marrow Transplantation;

Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

38241 Transplnt autol hct/donor
Clinical Policy: Blood Product Injections for Selected Indications; Dry Eye Treatments and Devices; Epilepsy Surgery; Parkinson's Disease; Stem Cell or Bone Marrow Transplantation; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD); Urinary Incontinence and Ureterovesicular Reflux

38242 Transplnt allo lymphocytes
Clinical Policy: Donor Leukocyte Infusion; Epilepsy Surgery; Recurrent Pregnancy Loss; Stem Cell or Bone Marrow Transplantation; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

38243 Transplnt hematopoietic boost
Clinical Policy: Stem Cell or Bone Marrow Transplantation

SURGERY - INTEGUMENTARY SYSTEM

Code	Description
15275	Skin sub graft face/nk/hf/g

Clinical Policy: Wound Care

15777 Acellular derm matrix implnt
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care

15820 Revision of lower eyelid
Clinical Policy: Cosmetic Surgery; Eyelid Surgery; Graves' Ophthalmopathy Treatments

15821 Revision of lower eyelid
Clinical Policy: Eyelid Surgery; Graves' Ophthalmopathy Treatments

15822 Revision of upper eyelid
Clinical Policy: Eyelid Surgery; Graves' Ophthalmopathy Treatments

15823 Revision of upper eyelid
Clinical Policy: Cosmetic Surgery; Eyelid Surgery; Graves' Ophthalmopathy Treatments

15830 Exc skin abd
Clinical Policy: Cosmetic Surgery; Panniculectomy, Abdominoplasty and Lipectomy

17106 Destruction of skin lesions
Clinical Policy: Cosmetic Surgery; 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: Cosmetic Surgery; Pulsed Dye Laser Treatment

19318 Reduction of large breast
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Cosmetic Surgery; Reduction Mammoplasty (Salt Lake City, Salt Lake County)

19328 Removal of breast implant
Clinical Policy: Breast Implant Removal; Breast Reconstruction Following Mastectomy or Lumpectomy

19330	Removal of implant material	Clinical Policy: Breast Implant Removal; Breast Reconstruction Following Mastectomy or Lumpectomy
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
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
0201T	Perq sacral augmt bilat inj	Clinical Policy: Back Pain - Invasive Procedures
C5271	Low cost skin substitute app	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
C5272	Low cost skin substitute app	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
C5273	Low cost skin substitute app	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
C5274	Low cost skin substitute app	Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; 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: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care

SURGERY - MALE GENITAL SYSTEM

Code	Description	Clinical Policy
55706	Prostate saturation sampling	Prostate Saturation Biopsy

SURGERY - MUSCULOSKELETAL

Code	Description	Clinical Policy
20527	Inj dupuytren cord w/enzyme	Xiaflex
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
21076	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)
21077	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery
21079	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)
21080	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)
21081	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)
21082	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery
21083	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21084	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21085	Prepare face/oral prosthesis	Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)
21125	Augmentation lower jaw bone	Clinical Policy: Cosmetic Surgery; Orthognathic Surgery; Tempomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)
21127	Augmentation lower jaw bone	Clinical Policy: Cosmetic Surgery; Orthognathic Surgery; Tempomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)
21137	Reduction of forehead	Clinical Policy: Cosmetic Surgery
21138	Reduction of forehead	Clinical Policy: Cosmetic Surgery
21139	Reduction of forehead	Clinical Policy: Cosmetic Surgery
21141	Lefort i-1 piece w/o graft	

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

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; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21150 Lefort ii anterior intrusion

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21151 Lefort ii w/bone grafts

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21155 Lefort iii w/ lefort i

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21159 Lefort iii w/fhdw/o lefort i

Clinical Policy: Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21160 Lefort iii w/fhd w/ lefort i

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21181 Contour cranial bone lesion

Clinical Policy: Orthognathic Surgery

21182 Reconstruct cranial bone

Clinical Policy: Orthognathic Surgery

21183 Reconstruct cranial bone

Clinical Policy: Orthognathic Surgery

21184 Reconstruct cranial bone

Clinical Policy: 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; Temporomandibular Joint Syndrome (TMJ)

and Tempomandibular Disorders (TMD)

21194 Reconst lwr jaw w/graft

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21195 Reconst lwr jaw w/o fixation

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21196 Reconst lwr jaw w/fixation

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21198 Reconstr lwr jaw segment

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

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; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21206 Reconstruct upper jaw bone

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

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; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21209 Reduction of facial bones

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

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

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; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21255 Reconstruct lower jaw bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery; Temporomandibular Joint Syndrome (TMJ) and Tempomandibular Disorders (TMD)

21270 Augmentation cheek bone
Clinical Policy: Cosmetic Surgery; Orthognathic Surgery

21275 Revision orbitofacial bones
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: Cosmetic Surgery; 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: Cosmetic Surgery; Pectus Excavatum and Poland's Syndrome

22856Cerv artific diskectomy
Clinical Policy: Intervertebral Disc Prostheses

22858 Second level cer diskectomy
Clinical Policy: Intervertebral Disc Prostheses

22864 Remove cerv artif disc
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 Manipulat palm cord post inj
Clinical Policy: Xiaflex

27279 Arthrodesis sacroiliac joint

Clinical Policy: Back Pain - Invasive Procedures; Minimally Invasive Fusion of the Sacroiliac Joint

27280 Fusion of sacroiliac joint
Clinical Policy: Back Pain - Invasive Procedures; Minimally Invasive Fusion of the Sacroiliac Joint

27702 Reconstruct ankle joint
Clinical Policy: Total Ankle Arthroplasty Replacement

27703 Reconstruction ankle joint
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

29907 Subtalar arthro w/fusion
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

0101T Extracorp shockwv tx hi enrg
Clinical Policy: Extracorporeal Shock Wave therapy (ESWT) for Musculoskeletal Conditions; Xiaflex

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

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

61797 Srs cran les simple add
Clinical Policy: Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments

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

61850 Implant neuroelectrodes
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Tinnitus Treatments; Trigeminal Neuralgia Treatments

61860 Implant neuroelectrodes
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; 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

62350 Implant spinal canal cath
Clinical Policy: Back Pain - Invasive Procedures; Infusion Pumps

62351 Implant spinal canal cath
Clinical Policy: Back Pain - Invasive Procedures; Infusion Pumps

62360 Insert spine infusion device
Clinical Policy: Back Pain - Invasive Procedures; Infusion Pumps

62361 Implant spine infusion pump
Clinical Policy: Back Pain - Invasive Procedures

62362 Implant spine infusion pump
Clinical Policy: Back Pain - Invasive Procedures; Infusion Pumps

62365 Remove spine infusion device
Clinical Policy: Back Pain - Invasive Procedures; Infusion Pumps

63620 Srs spinal lesion
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery

63621 Srs spinal lesion addl
Clinical Policy: Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery

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: Electrical Stimulation for Pain; Headaches Invasive Procedures; Post Herpetic Neuralgia

64561 Implant neuroelectrodes
Clinical Policy: Electrical Stimulation for Pain; Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux

64566 Neuroeltrd stim post tibial
Clinical Policy: Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux

64575 Implant neuroelectrodes
Clinical Policy: Electrical Stimulation for Pain; Headaches Invasive Procedures; Post Herpetic Neuralgia

64580 Implant neuroelectrodes
Clinical Policy: Electrical Stimulation for Pain; Headaches Invasive Procedures

64581 Implant neuroelectrodes
Clinical Policy: Electrical Stimulation for Pain; Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux

64585 Revise/remove neuroelectrode
Clinical Policy: Electrical Stimulation for Pain; Headaches Invasive Procedures

64600 Injection treatment of nerve
Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia; Spasticity Management; Trigeminal Neuralgia Treatments

64605 Injection treatment of nerve
Clinical Policy: Trigeminal Neuralgia Treatment

64610 Injection treatment of nerve
Clinical Policy: Trigeminal Neuralgia Treatment

64632 N block inj common digit
Clinical Policy: Neurolysis; Site of Service Guidelines

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

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
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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

S2066 Breast GAP flap reconst
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome

S2067 Breast stacked DIEP/GAP
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome

S2068 Breast DIEP or SIEA flap
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome

S2080 Laup
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment; Obstructive Sleep Apnea in Children

S2142 Cord blood-derived stem-cell
Clinical Policy: Epilepsy Surgery; Stem Cell or Bone Marrow Transplantation

SURGERY - RESPIRATORY SYSTEM

Code	Description
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30400 Reconstruction of nose
Clinical Policy: Cosmetic Surgery; Septoplasty and Rhinoplasty

30410 Reconstruction of nose
Clinical Policy: Cosmetic Surgery; Septoplasty and Rhinoplasty

30420 Reconstruction of nose
Clinical Policy: Cosmetic Surgery; Septoplasty and Rhinoplasty

NON-STANDARD BENEFIT

Code	Description
V5030	Body-worn hearing aid air Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5040	Body-worn hearing aid bone Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5050	Hearing aid monaural in ear Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5060	Behind ear hearing aid Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5100	Body-worn bilat hearing aid Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5120	Body-worn binaur hearing aid Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5130	In ear binaural hearing aid Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5140	Behind ear binaur hearing ai Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5170	Within ear cros hearing aid Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5180	Behind ear cros hearing aid Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5210	In ear bicros hearing aid Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5220	Behind ear bicros hearing ai Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5242	Hearing aid, monaural, cic Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5243	Hearing aid, monaural, itc Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5244	Hearing aid, prog, mon, cic Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)
V5245	Hearing aid, prog, mon, itc Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

30430 Revision of nose
Clinical Policy: Cosmetic Surgery; Septoplasty and Rhinoplasty

30435 Revision of nose
Clinical Policy: Cosmetic Surgery; Septoplasty and Rhinoplasty

30450 Revision of nose
Clinical Policy: Cosmetic Surgery; Septoplasty and Rhinoplasty

30460 Revision of nose
Clinical Policy: Cosmetic Surgery; Septoplasty and Rhinoplasty

30462 Revision of nose
Clinical Policy: Cosmetic Surgery; Septoplasty and Rhinoplasty

31611 Surgery/speech prosthesis
Clinical Policy: Voice therapy

32701 Thorax stereo rad targetw/tx
Clinical Policy: Stereotactic Radiosurgery

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

SURGERY - URINARY SYSTEM

Code	Description
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
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

V5246 Hearing aid, prog, mon, ite
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5247 Hearing aid, prog, mon, bte
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5248 Hearing aid, binaural, cic
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5249 Hearing aid, binaural, itc
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5250 Hearing aid, prog, bin, cic
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5251 Hearing aid, prog, bin, itc
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5252 Hearing aid, prog, bin, ite
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5253 Hearing aid, prog, bin, bte
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5254 Hearing id, digit, mon, cic
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5255 Hearing aid, digit, mon, itc
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5256 Hearing aid, digit, mon, ite
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5257 Hearing aid, digit, mon, bte
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5258 Hearing aid, digit, bin, cic
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5259 Hearing aid, digit, bin, itc
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5260 Hearing aid, digit, bin, ite
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5261 Hearing aid, digit, bin, bte
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5262 Hearing aid, disp, monaural
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5263 Hearing aid, disp, binaural
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5266 Battery for hearing device
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5267 Hearing aid sup/access/dev
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5275 Ear impression
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)

V5298 Hearing aid noc
Clinical Policy: Hearing Aids (Brigham City, Canyons School District, Jordan School District, USBA)