

# Services That Need Preauthorization



## AMBULANCE

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

## ANESTHESIA

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

## DME

Code	Description
A4290	Sacral nerve stim test lead <b>Clinical Policy:</b> Urinary Tract Dysfunction Management
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only <b>Clinical Policy:</b> Electrical Tumor Treatment Fields
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each <b>Clinical Policy:</b> Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
C1762	Conn tiss, human(inc fascia) <b>Clinical Policy:</b> Wound Care
C1763	Conn tiss, non-human <b>Clinical Policy:</b> Wound Care
C1767	Generator, neuro non-recharg <b>Clinical Policy:</b> Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain; Tinnitus Treatments; Trigeminal Neuralgia Treatments; Urinary Tract Dysfunction Management; Vagus Nerve Stimulation; Hypoglossal Nerve Neurostimulation
C1770	Imaging coil, MR, insertable <b>Clinical Policy:</b> Trigeminal Neuralgia Treatments
C1772	Infusion pump, programmable <b>Clinical Policy:</b> Infusion Pumps

C1776	Joint device (implantable) <b>Clinical Policy:</b> Distal Interphalangeal (DIP), Metacarpophalangeal (MCP), and Proximal Interphalangeal (PIP) Joint Implants; Minimally Invasive Fusion of the Sacroiliac Joint; Total Ankle Arthroplasty Replacement; Total Hip Shoulder Arthroplasty and Joint Resurfacing, Elbow Arthroplasty
C1778	Wire for a nerve stimulator <b>Clinical Policy:</b> Hypoglossal Nerve Neurostimulation; Urinary Tract Dysfunction Management; Spinal Cord Stimulation for Pain including Dorsal Root Ganglion (DRG) Stimulation; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation
C1782	Morcellator <b>Clinical Policy:</b> Fibroid Treatment
C1787	Patient progr, neurostim <b>Clinical Policy:</b> Spinal Cord Stimulation for Pain; Trigeminal Neuralgia Treatments; Spasticity Management; Hypoglossal Nerve Neurostimulation; Epilepsy Surgery; Deep Brain, Cortical, and Cerebellar Stimulation
C1816	Receiver/transmitter, neuro <b>Clinical Policy:</b> Vagus Nerve Stimulation; Urinary Tract Dysfunction Management; Tinnitus Treatments; Deep Brain, Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation; Trigeminal Neuralgia Treatments; Spasticity Management; Spinal Cord Stimulation for Pain including Dorsal Root Ganglion (DRG) Stimulation; Epilepsy Surgery
C1820	Generator neuro rechg bat sy <b>Clinical Policy:</b> Spinal Cord Stimulation for Pain; Trigeminal Neuralgia Treatments; Spasticity Management; Urinary Tract Dysfunction Management; Epilepsy Surgery; Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system <b>Clinical Policy:</b> Spinal Cord Stimulation for Pain
C1883	Adaptor/extension, pacind lead or neurostimulator lead (implantable) <b>Clinical Policy:</b> Urinary Tract Dysfunction Management; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation; Spinal Cord Stimulation for Pain
C1891	Infusion pump, nonprogrammable, permanent <b>Clinical Policy:</b> Infusion Pumps
C1897	Lead, neurostim test kit <b>Clinical Policy:</b> Headaches Invasive Procedures; Urinary Tract Dysfunction Management; Trigeminal Neuralgia Treatments; Spinal Cord Stimulation for Pain; Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery
C2618	Probe/needle, cryo <b>Clinical Policy:</b> Cryoablation
C2626	Infusion pump, nonprogrammable, temporary <b>Clinical Policy:</b> Infusion Pumps
C2634	Brachytherapy source, nonstranded, high activity,

iodine-125, greater than 1.01 mCi (NIST), per source

**Clinical Policy:** Brachytherapy

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

**Clinical Policy:** Brachytherapy

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

**Clinical Policy:** Brachytherapy

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C2637 Brachytherapy source, nonstranded, ytterbium-169, per source

**Clinical Policy:** Brachytherapy

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C2638 Brachytherapy source, stranded, iodine-125, per source

**Clinical Policy:** Brachytherapy

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C2639 Brachytherapy source, nonstranded, iodine-125, per source

**Clinical Policy:** Brachytherapy

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C2640 Brachytherapy source, stranded, palladium-103, per source

**Clinical Policy:** Brachytherapy

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C2641 Brachytherapy source, nonstranded, palladium-103, per source

**Clinical Policy:** Brachytherapy

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C2642 Brachytherapy source, stranded, cesium-131, per source

**Clinical Policy:** Brachytherapy

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C2643 Brachytherapy source, nonstranded, cesium-131, per source

**Clinical Policy:** Brachytherapy

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C2644 Brachytherapy source, cesium-131 chloride solution, per mCi

**Clinical Policy:** Brachytherapy

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C2645 Brachytherapy planar source, palladium-103, per sq mm

**Clinical Policy:** Brachytherapy

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C2698 Brachytherapy source, stranded, not otherwise specified, per source

**Clinical Policy:** Brachytherapy

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C2699 Brachytherapy source, nonstranded, not otherwise specified, per source

**Clinical Policy:** Brachytherapy

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C2725 Placement of endorectal intracavitary applicator for high intensity brachytherapy

**Clinical Policy:** Brachytherapy

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

**Clinical Policy:** Brachytherapy

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C8957 Prolonged IV infusion

**Clinical Policy:** Infusion Pumps

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C9161 Injection Aflibercept HD 1 MG

**Clinical Policy:** Specialty tier B

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C9726 Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure

**Clinical Policy:** Brachytherapy; Intraoperative Radiation Therapy (IORT)

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C9728 Placement of interstitial device(s) for radiation therapy/surgery guidance, for other than the following sites: abdomen, pelvis, prostate, retroperitoneum, thorax

**Clinical Policy:** Brachytherapy

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C9794 Therapeutic radiology simulation-aided field setting

**Clinical Policy:** Radiation

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E0193 Powered air flotation bed

**Clinical Policy:** Pressure Reducing Support Surfaces

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E0194 Air fluidized bed

**Clinical Policy:** Pressure Reducing Support Surfaces

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E0277 Powered pres-redu air matts

**Clinical Policy:** Pressure Reducing Support Surfaces

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E0371 Nonpower mattress overlay

**Clinical Policy:** Pressure Reducing Support Surfaces

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E0372 Powered air mattress overlay

**Clinical Policy:** Pressure Reducing Support Surfaces

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E0604 Hosp grade elec breast pump

**Clinical Policy:** Breast Pump Human Pasteurized Milk (HPM)

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E0630 Patient lift hydraulic

**Clinical Policy:** Seat Lifts and Patient Lifts

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E0638 Standing frame sys

**Clinical Policy:** Standing Systems and Gait Trainers - Auth Required

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E0650 Pneuma compresor non-segment

**Clinical Policy:** Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

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E0651 Pneum compressor segmental

**Clinical Policy:** Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

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E0652 Pneum compres w/cal pressure

**Clinical Policy:** Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

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E0655 Pneumatic appliance half arm

**Clinical Policy:** Lymphedema Diagnosis and Treatment

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E0656 Segmental pneumatic appliance for use with pneumatic compressor, trunk

**Clinical Policy:** Lymphedema Diagnosis and Treatment

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E0657 Segmental pneumatic appliance for use with pneumatic compressor, chest

**Clinical Policy:** Lymphedema Diagnosis and Treatment

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E0658 Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest

**Clinical Policy:** Intermittent Pneumatic Compression

E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest	<b>Clinical Policy:</b> Intermittent Pneumatic Compression
E0660	Pneumatic appliance full leg	<b>Clinical Policy:</b> Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0665	Pneumatic appliance full arm	<b>Clinical Policy:</b> Lymphedema Diagnosis and Treatment
E0666	Pneumatic appliance half leg	<b>Clinical Policy:</b> Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0667	Seg pneumatic appl full leg	<b>Clinical Policy:</b> Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0668	Seg pneumatic appl full arm	<b>Clinical Policy:</b> Lymphedema Diagnosis and Treatment
E0669	Seg pneumatic appli half leg	<b>Clinical Policy:</b> Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0671	Pressure pneum appl full leg	<b>Clinical Policy:</b> Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0672	Pressure pneum appl full arm	<b>Clinical Policy:</b> Lymphedema Diagnosis and Treatment
E0673	Pressure pneum appl half leg	<b>Clinical Policy:</b> Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0676	Inter limb compress dev NOS	<b>Clinical Policy:</b> Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	<b>Clinical Policy:</b> Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	<b>Clinical Policy:</b> Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	<b>Clinical Policy:</b> Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	<b>Clinical Policy:</b> Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
E0747	Elec osteogen stim not spine	<b>Clinical Policy:</b> Bone Growth Stimulators
E0748	Elec osteogen stim spinal	<b>Clinical Policy:</b> Bone Growth Stimulators

E0749	Elec osteogen stim implanted	<b>Clinical Policy:</b> Bone Growth Stimulators
E0760	Osteogen ultrasound stimltor	<b>Clinical Policy:</b> Bone Growth Stimulators
E0766	Electrical stimulation device used for cancer treatment	<b>Clinical Policy:</b> Electrical Tumor Treatment Fields
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	<b>Clinical Policy:</b> Infusion Pumps
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	<b>Clinical Policy:</b> Infusion Pumps
E0782	Non-programble infusion pump	<b>Clinical Policy:</b> Infusion Pumps
E0783	Programmable infusion pump	<b>Clinical Policy:</b> Infusion Pumps
E0784	Ext amb infusn pump insulin	<b>Clinical Policy:</b> Diabetes Tests, Programs and Supplies; Infusion Pumps
E0785	Implantable intraspinal catheter used with implantable infusion pump, replacement	<b>Clinical Policy:</b> Infusion Pumps
E0786	Implantable programmable infusion pump, replacement	<b>Clinical Policy:</b> Infusion Pumps
E0983	Add pwr joystick	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E0984	Add pwr tiller	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E0986	Man w/c push-rim powr system	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E1002	Pwr seat tilt	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E1003	Pwr seat recline	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E1004	Pwr seat recline mech	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E1005	Pwr seat recline pwr	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E1006	Pwr seat combo w/o shear	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E1007	Pwr seat combo w/shear	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters
E1008	Pwr seat combo pwr shear	<b>Clinical Policy:</b> Wheelchairs and Power Operated Vehicles, Scooters

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

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

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

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

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

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

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

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E1032 Wheelchair accessory, manual swingaway, mounting hardware, joystick  
**Clinical Policy:** Manual Wheelchairs

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E1034 Wheelchair accessory, manual swingaway, mounting hardware, lateral trunk  
**Clinical Policy:** Manual Wheelchairs

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

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E1060 Wheelchair detachable arms  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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E1171 Amputee wheelchair, fixed full-length arms, without footrests or legrest  
**Manual Wheelchairs** and Power Operated Vehicles, Scooters

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

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

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

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

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

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

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

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

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

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E1224 Wheelchair spec size w/ leg

**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

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

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

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

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

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E1229 Wheelchair, pediatric size  
**Clinical Policy:** Manual Wheelchairs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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E1392 Portable oxygen concentrator  
**Clinical Policy:** Oxygen

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

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

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E1803 Dynamic adjustable elbow extension only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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E1804 Dynamic adjustable elbow flexion only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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

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E1807 Dynamic adjustable wrist extension only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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E1808 Dynamic adjustable wrist flexion only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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

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E1813 Dynamic adjustable knee extension only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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E1814 Dynamic adjustable knee flexion only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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E1822 Dynamic adjustable ankle extension only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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E1823 Dynamic adjustable ankle flexion only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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E1825 Adjust finger ext/flex devc

**Clinical Policy:** CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints

E1826 Dynamic adjustable finger extension only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

E1827 Dynamic adjustable finger flexion only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

E1828 Dynamic adjustable toe extension only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

E1829 Dynamic adjustable toe flexion only device, includes soft interface material  
**Clinical Policy:** Mechanical Stretching Devices

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

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

E2201 Man w/ch acc seat w $\geq$ 20<24 Wheelchairs and Power Operated Vehicles, Scooters  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

E2326 Breath tube kit  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

E2327 Head control interface mech  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

E2328 Head/extremity control inter  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

E2329 Head control nonproportional  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

E2330 Head control proximity switc  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

E2331 Attendant control  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

E2340 W/c 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

E2359 Power wheelchair accessory, group 34 sealed lead acid battery  
**Clinical Policy:** Power Wheelchairs and Scooters

E2361 Power wheelchair accessory, 22 NF sealed lead acid battery  
**Clinical Policy:** Power Wheelchairs and Scooters

E2363 Power wheelchair accessory, group 24 sealed lead acid battery  
**Clinical Policy:** Power Wheelchairs and Scooters

E2365 Power wheelchair accessory, U-1 sealed lead acid battery  
**Clinical Policy:** Power Wheelchairs and Scooters

E2371 Power wheelchair accessory, group 27 sealed lead acid battery  
**Clinical Policy:** Power Wheelchairs and Scooters

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E2372 Gr27 non-sealed leadacid  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

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E2378 Pw actuator replacement  
**Clinical Policy:** Wheelchairs and Power Operated Vehicles, Scooters

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E2397 Power wheelchair accessory, lithium-based battery  
**Clinical Policy:** Power Wheelchairs and Scooters

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

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E2500 Digital speech recorder  
**Clinical Policy:** Speech Generating Devices

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E2502 Digital speech recorder  
**Clinical Policy:** Speech Generating Devices

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E2504 Digital speech recorder  
**Clinical Policy:** Speech Generating Devices

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E2506 Digital speech recorder  
**Clinical Policy:** Speech Generating Devices

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E2508 Typed input speech synthesizer  
**Clinical Policy:** Speech Generating Devices

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E2510 Speech synthesizer  
**Clinical Policy:** Speech Generating Devices

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E2512 Speaking device mounting kit  
**Clinical Policy:** Speech Generating Devices

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E2599 Add-on for speaking device  
**Clinical Policy:** Speech Generating Devices

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

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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

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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

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

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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

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

---

E8000 Gait trainer, pediatric size, posterior support  
**Clinical Policy:** Standing Systems and Gait Trainers - Auth Required

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

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

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

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K0001 Standard wheelchair  
**Clinical Policy:** Manual Wheelchairs

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

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

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

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

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

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

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

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

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

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

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

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

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

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

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

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

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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

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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

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

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

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

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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

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

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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

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

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

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

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

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

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

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

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L1007 Scoliosis orthosis (SO), sagittal-coronal control provided by a rigid lateral frame, extends from axilla, to trochanter, includes all accessory pads, straps, and interface, custom fabricated  
**Clinical Policy:** Spinal Orthosis & Idiopathic Scoliosis

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L1200 Furnsh initial orthosis only  
**Clinical Policy:** Spinal Orthoses

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

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L3901 A custom-made hinge splint for a wrist-hand-finger

brace  
**Clinical Policy:** Upper Extremity Orthoses

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

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

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

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L3976 Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), abduction positioning (airplane design), thoracic component and support bar, without joints  
**Clinical Policy:** Upper Extremity Orthoses

---

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

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

---

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

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

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

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

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

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L8684 Radiofrequency transmitter for use with implantable sacral root neurostim receiver for bowel and bladder management, replacement  
**Clinical Policy:** Urinary Tract Dysfunction Management

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

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

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

## MATERNITY

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

59076 Fetal shunt placement w/us  
**Clinical Policy:** Fetal Surgery

## MEDICAL - DIAGNOSTIC

**Code** **Description**  
91110 Gi tract capsule endoscopy  
**Clinical Policy:** Capsule Endoscopy

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

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

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

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

92640 Analysis auditory brainstem implant, w programming  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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

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

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

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

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

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

93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation  
**Clinical Policy:** Cardiac Catheter Ablation and Radioablation; Cryoablation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

95718	EEG monitoring/videorecord	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95719	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95720	EEG monitoring/videorecord	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95721	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95722	EEG monitoring/videorecord	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95723	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95724	EEG monitoring/videorecord	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95725	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95726	EEG monitoring/videorecord	<b>Clinical Policy:</b> Ambulatory EEG and Video EEG Monitoring
95800	Slp stdy unattended	<b>Clinical Policy:</b> Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
95801	Slp stdy unatnd w/anal	<b>Clinical Policy:</b> Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
95805	Multiple sleep latency test	<b>Clinical Policy:</b> Multiple Sleep Latency Test (MSLT) and Maintenance Wakefulness Test (MWT); Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
95806	Sleep study unatt&resp efft	<b>Clinical Policy:</b> Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
95807	Sleep study attended	<b>Clinical Policy:</b> Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
95808	Polysom any age 1-3> param	<b>Clinical Policy:</b> Noninvasive Positive Pressure Ventilation; Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
95810	Polysom 6/> yrs 4/> param	<b>Clinical Policy:</b> Noninvasive Positive Pressure Ventilation; Obstructive Sleep Apnea in Adults - Diagnosis and Treatment
95811	Polysom 6/>yrs cpap 4/> parm	<b>Clinical Policy:</b> Noninvasive Positive Pressure Ventilation;

## Obstructive Sleep Apnea in Adults - Diagnosis and Treatment

95940	Monitoring the function of the brain and spinal cord during surgery	<b>Clinical Policy:</b> Evoked Potential Studies including Intraoperative Monitoring; Vagus Nerve Stimulation
95941	Monitoring the function of the brain and spinal cord during surgery addition	<b>Clinical Policy:</b> Evoked Potential Studies including Intraoperative Monitoring; Vagus Nerve Stimulation
95961	Electrode stimulation brain	<b>Clinical Policy:</b> Quantitative EEG (Brain Mapping); Trigeminal Neuralgia Treatments
95962	Electrode stim brain add-on	<b>Clinical Policy:</b> Quantitative EEG (Brain Mapping); Trigeminal Neuralgia Treatments
95965	Meg spontaneous	<b>Clinical Policy:</b> Magnetic Source Imaging Magnetoencephalography
95966	Meg evoked single	<b>Clinical Policy:</b> Magnetic Source Imaging Magnetoencephalography
95967	Meg evoked each addl	<b>Clinical Policy:</b> Magnetic Source Imaging Magnetoencephalography
G0453	Cont intraop neuro monitor	<b>Clinical Policy:</b> Evoked Potential Studies Incl Intraoperative Monitoring
G0562	Therapeutic radiology simulation-aided field setting; complex,	<b>Clinical Policy:</b> Radiation Therapy
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions	<b>Clinical Policy:</b> Stereotactic Body Radiotherapy and Stereotactic Radiosurgery

## MISCELLANEOUS MEDICAL

Code	Description	Clinical Policy
0402T	Collagen crosslinking cornea	<b>Clinical Policy:</b> Vision Surgery and Vision Screening for Medical Diseases or Injury
0479T	Fractional ablative laser fenestration of burn and traumatic scars, each additional 100 cm <sup>2</sup> , infant and children	<b>Clinical Policy:</b> Carbon Dioxide Laser for Actinic Lesions and Other Selected Indications
0480T	Fractional ablative laser fenestration of burn and traumatic scars, first 100 cm <sup>2</sup> , infant and children	<b>Clinical Policy:</b> Carbon Dioxide Laser for Actinic Lesions and Other Selected Indications
0552T	Low-level laser therapy	<b>Clinical Policy:</b> Cold Laser and High-Power Laser Therapies
77790	Supervision, handling, loading of radiation source	<b>Clinical Policy:</b> Brachytherapy
96041	Genetic counseling; 30 minutes	

**Clinical Policy:** Genetic Testing

96547 Intraop Hipec Px 1st 60 min

**Clinical Policy:** Hyperthermia

96548 Intraop Hipec Px each additional 30 min

**Clinical Policy:** Hyperthermia

97153 Adaptive behavior treatment by protocol each 15 minutes

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

97605 Neg press wound tx &lt;/=50 cm

**Clinical Policy:** Negative Pressure Wound therapy

97606 Neg press wound tx &gt;50 cm

**Clinical Policy:** Negative Pressure Wound therapy

99183 Hyperbaric oxygen therapy

**Clinical Policy:** Hyperbaric Oxygen therapy; Tinnitus Treatments

99304 Initial nursing facility care, per day 25 min

**Clinical Policy:** Skilled Nursing Facility Care

99305 Initial nursing facility care, per day 35 min

**Clinical Policy:** Skilled Nursing Facility Care

99306 Initial nursing facility care, per day 45 min

**Clinical Policy:** Skilled Nursing Facility Care

99307 Subsequent nursing facility care, per day 10 min

**Clinical Policy:** Skilled Nursing Facility Care

99308 Subsequent nursing facility care, per day 15 min

**Clinical Policy:** Skilled Nursing Facility Care

99309 Subsequent nursing facility care, per day 30 min

**Clinical Policy:** Skilled Nursing Facility Care

99310 Subsequent nursing facility care, per day 45 min

**Clinical Policy:** Skilled Nursing Facility Care

99315 Nursing facility discharge management 30 min or less

**Clinical Policy:** Skilled Nursing Facility Care

99316 Nursing facility discharge management 30 min or more

**Clinical Policy:** Skilled Nursing Facility Care

A9593 Gallium Ga-68 PSMA-11, diagnostic, (UCSF), 1 mCi

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

A9594 Gallium Ga-68 PSMA-11, diagnostic, (UCLA), 1 mCi

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

A9596 Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

A9800 Gallium Ga-68 gozetotide, diagnostic, (Locametz), 1 mCi

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications

B4164 Parenteral nutrition solution; carbohydrates

**Clinical Policy:** Nutritional Support

B4168 Parenteral nutrition solution; amino acid

**Clinical Policy:** Nutritional Support

B4172 Parenteral nutrition solution; amino acid

**Clinical Policy:** Nutritional Support

B4176 Parenteral nutrition solution; amino acid

**Clinical Policy:** Nutritional Support

B4178 Parenteral nutrition solution; amino acid

**Clinical Policy:** Nutritional Support

B4180 Parenteral nutrition solution; carbohydrates

**Clinical Policy:** Nutritional Support

B4185 Parenteral nutrition solution; not otherwise specified

**Clinical Policy:** Nutritional Support

B4189 Parenteral nutrition solution: compounded amino acid and carbohydrates w/ electrolytes

**Clinical Policy:** Nutritional Support

B4193 Parenteral nutrition solution: compounded amino acid and carbohydrates w/ electrolytes

**Clinical Policy:** Nutritional Support

B4197 Parenteral nutrition solution: compounded amino acid and carbohydrates w/ electrolytes

**Clinical Policy:** Nutritional Support

B4199 Parenteral nutrition solution: compounded amino acid and carbohydrates w/ electrolytes

**Clinical Policy:** Nutritional Support

B4216 Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day

**Clinical Policy:** Nutritional Support

B4220 Parenteral nutrition supply kit; premix, per day

**Clinical Policy:** Nutritional Support

B4222 Parenteral nutrition supply kit; home mix, per day

**Clinical Policy:** Nutritional Support

B4224 Parenteral nutrition administration kit, per day

**Clinical Policy:** Nutritional Support

B5000 Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Amirosyn RF,

NephAmine, RenAmine - premix

**Clinical Policy:** Nutritional Support

B5100 Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-

premix

**Clinical Policy:** Nutritional Support

B5200 Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain

amino acids-FreAmine-HBC-premix

**Clinical Policy:** Nutritional Support

C1715	Brachytherapy needle	<b>Clinical Policy:</b> Brachytherapy
C1716	Brachytherapy source, nonstranded, gold-198, per source	<b>Clinical Policy:</b> Brachytherapy
C1717	Brachytherapy source, nonstranded, high dose rate iridium-192, per source	<b>Clinical Policy:</b> Brachytherapy
C1719	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source	<b>Clinical Policy:</b> Brachytherapy
C1728	Catheter, brachytherapy seed administration	<b>Clinical Policy:</b> Brachytherapy
G0277	Hbot, full body chamber, 30m	<b>Clinical Policy:</b> Hyperbaric Oxygen therapy; Tinnitus Treatments
G0398	Home sleep study test, type II	<b>Clinical Policy:</b> Obstructive Sleep Apnea in Adults-Diagnosis and Treatment
G0399	Home sleep study test, type III	<b>Clinical Policy:</b> Obstructive Sleep Apnea in Adults-Diagnosis and Treatment
Q5001	Hospice or home health care provided in patient's home/residence	<b>Clinical Policy:</b> Hospice
Q5002	Hospice or home health care provided in assisted living facility	<b>Clinical Policy:</b> Hospice
Q5003	Hospice care provided in nursing long-term care facility (LTC) or nonskilled nursing facility (NF)	<b>Clinical Policy:</b> Hospice
Q5004	Hospice care provided in skilled nursing facility (SNF)	<b>Clinical Policy:</b> Hospice
Q5005	Hospice care provided in inpatient hospital	<b>Clinical Policy:</b> Hospice
Q5006	Hospice care provided in inpatient hospice facility	<b>Clinical Policy:</b> Hospice
Q5007	Hospice care provided in long-term care facility	<b>Clinical Policy:</b> Hospice
Q5008	Hospice care provided in inpatient psychiatric facility	<b>Clinical Policy:</b> Hospice
S9126	Hospice care, in the home, per diem	<b>Clinical Policy:</b> Hospice
S9365	Home Infusion Therapy, total parenteral nutrition; one liter per day, per diem	<b>Clinical Policy:</b> Nutritional Support
S9366	Home Infusion Therapy, total parenteral nutrition; two liters per day, per diem	<b>Clinical Policy:</b> Nutritional Support

S9367	Home Infusion Therapy, total parenteral nutrition; three liters per day, per diem	<b>Clinical Policy:</b> Nutritional Support
S9368	Home Infusion Therapy, total parenteral nutrition; no more than three liters per day, per diem	<b>Clinical Policy:</b> Nutritional Support
V2790	Amniotic membrane	<b>Clinical Policy:</b> Amniotic Membrane and Limbal Stem Cell Transplantation for Corneal and Ocular Surface Conditions

NON-PRESCRIPTION DRUGS	
Code	Description
90283	Immune globulin (IgIV), human, for intravenous use <b>Clinical Policy:</b> See Pharmacy Pre-Auth
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each <b>Clinical Policy:</b> See Pharmacy Pre-Auth
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use <b>Clinical Policy:</b> See Pharmacy Pre-Auth
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each <b>Clinical Policy:</b> See Pharmacy Pre-Auth
96440	Chemotherapy intracavitary <b>Clinical Policy:</b> Hyperthermia in Cancer therapy
A9274	Disposable insulin system <b>Clinical Policy:</b> See Pharmacy Pre-Auth
A9513	Lutetium lu 177 dotatate ther <b>Clinical Policy:</b> See Pharmacy Pre-Auth
A9527	Iodine I-125, sodium iodide solution, therapeutic, per mCi <b>Clinical Policy:</b> Brachytherapy
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 mCi <b>Clinical Policy:</b> See Pharmacy Pre-Auth
A9606	Radium RA-223 dichloride, therapeutic, per UCI <b>Clinical Policy:</b> See Pharmacy Pre-Auth
A9607	Lutetium Lu 177 vipivotide tetraxetan <b>Clinical Policy:</b> See Pharmacy Pre-Auth
C9174	Injection, datopotamab deruxtecan-dlnk, 1 mg <b>Clinical Policy:</b> See Pharmacy Pre-Auth
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg <b>Clinical Policy:</b> See Pharmacy Pre-Auth
J0129	Abatacept injection <b>Clinical Policy:</b> See Pharmacy Pre-Auth
J0135	Adalimumab injection <b>Clinical Policy:</b> Graves' Ophthalmopathy Treatments
J0180	Agalsidase beta injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J0220 Injection, alglucosidase alfa, 10 mg

**Clinical Policy:** See Pharmacy Pre-Auth

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J0221 Lumizyme injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J0256 Alpha 1 proteinase inhibitor

**Clinical Policy:** See Pharmacy Pre-Auth

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J0470 Dimecaprol injection

**Clinical Policy:** Chelation therapy

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J0485 Belatacept injection

**Clinical Policy:** Kidney Transplantation

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J0490 Belimumab injection

**Clinical Policy:** Kidney Transplantation

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J0585 Injection, onabotulinumtoxinA

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

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J0586 AbobotulinumtoxinA

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

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J0587 Inj, rimabotulinumtoxinB

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

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J0588 Incobotulinumtoxin a

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

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J0600 Edetate calcium disodium inj

**Clinical Policy:** Chelation therapy

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J0638 Canakinumab injection

**Clinical Policy:** Chelation therapy

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J0691 Injection, lefamulin, 1 mg

**Clinical Policy:** See Pharmacy Pre-Auth

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J0725 Injection, chorionic gonadotropin, per 1,000 USP units

**Clinical Policy:** See Pharmacy Pre-Auth

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J0775 Collagenase, clost hist inj

**Clinical Policy:** Manipulation Under Anesthesia; Dupuytren's Contracture Treatments

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J0800 Corticotropin injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J0801 Injection, corticotropin (Acthar Gel), up to 40 units

**Clinical Policy:** See Pharmacy Pre-Auth

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J0802 Injection, corticotropin (ANI), up to 40 units

**Clinical Policy:** See Pharmacy Pre-Auth

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J0850 Cytomegalovirus imm IV /vial

**Clinical Policy:** See Pharmacy Pre-Auth

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J0895 Deferoxamine mesylate inj

**Clinical Policy:** Chelation therapy; Infusion Pumps

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J0897 Denosumab injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J1290 Ecallantide injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J1299 Injection, eculizumab, 2 mg

**Clinical Policy:** See Pharmacy Pre-Auth

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J1300 Eculizumab injection

**Clinical Policy:** Kidney Transplantation

---

J1301 Edaravone injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J1322 Elosulfase alfa, injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J1324 Enfuvirtide injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J1325 Epoprostenol injection

**Clinical Policy:** See Pharmacy Pre-Auth

---

J1326 Injection, zolbetuximab-clzb, 2 mg

**Clinical Policy:** See Pharmacy Pre-Auth

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J1438 Etanercept injection

**Clinical Policy:** Dry Eyes Treatments and Devices; Graves' Ophthalmopathy Treatments

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J1458 Galsulfase injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J1459 Inj IVIG privigen 500 mg

**Clinical Policy:** Graves' Ophthalmopathy Treatments

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J1556 Injection, immune globulin (Bivigam), 500 mg

**Clinical Policy:** See Pharmacy Pre-Auth

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J1557 Injection, immune globulin, (Gammplex), intravenous, nonlyophilized (e.g., liquid), 500 mg

**Clinical Policy:** See Pharmacy Pre-Auth

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J1559 Hizentra injection

**Clinical Policy:** See Pharmacy Pre-Auth

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J1561 Gamunex-C/Gammaked

**Clinical Policy:** Graves' Ophthalmopathy Treatments

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J1566 Immune globulin, powder

**Clinical Policy:** Graves' Ophthalmopathy Treatments

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J1568 Octagam Injection

**Clinical Policy:** Graves' Ophthalmopathy Treatments

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J1569 Gammagard Liquid injection

**Clinical Policy:** Graves' Ophthalmopathy Treatments

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J1572 Flebogamma injection  
**Clinical Policy:** Graves' Ophthalmopathy Treatments

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J1628 Guselkumab, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1743 Idursulfase injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1745 Infliximab not biosimil 10mg  
**Clinical Policy:** Graves' Ophthalmopathy Treatments

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J1749 Injection, iloprost, 0.1 mcg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1750 Inj iron dextran  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1756 Iron sucrose injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1786 Injection, esmolol HCl, 10 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1826 Injection, interferon beta-1a, 30 mcg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1930 Lanreotide injection  
**Clinical Policy:** Graves' Ophthalmopathy Treatments

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J1931 Injection, laronidase, 0.1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1932 Injection, lanreotide, (Cipla), 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J1950 Leuprolide acetate /3.75 MG  
**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments

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J1954 Leuprolide acetate, 7.5 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2170 Mecasermin injection See Pharmacy Pre-Auth  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2182 Injection, mepolizumab, 1mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2212 Methylnaltrexone injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2267 Injection, mirikizumab-mrkz, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2278 Ziconotide injection  
**Clinical Policy:** Infusion Pumps

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J2315 Naltrexone, depot form  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2323 Natalizumab injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2326 Injection, nusinersen, 0.1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2329 Injection, ublituximab-xiiv, 1mg

**Clinical Policy:** See Pharmacy Pre-Auth

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J2350 Injection, ocrelizumab, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2353 Octreotide injection, depot  
**Clinical Policy:** Graves' Ophthalmopathy Treatments; Liver and Other Neoplasms – Treatment Approaches

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J2354 Octreotide inj, non-depot  
**Clinical Policy:** Graves' Ophthalmopathy Treatments; Liver and Other Neoplasms – Treatment Approaches

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J2355 Injection, oprelvekin, 5 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2357 Omalizumab injection  
**Clinical Policy:** Allergy Testing and Allergy Immunotherapy

---

J2503 Pegaptanib sodium injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2778 Ranibizumab injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2793 Injection, riloncept, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2796 Romiplostim injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2802 Injection, romiplostim, 1 mcg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2916 Na ferric gluconate complex  
**Clinical Policy:** See Pharmacy Pre-Auth

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J2941 Somatropin injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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

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

---

J3110 Teriparatide injection  
**Clinical Policy:** See Pharmacy Pre-Auth

---

J3262 Tocilizumab injection  
**Clinical Policy:** Graves' Ophthalmopathy Treatments

---

J3285 Treprostinil injection  
**Clinical Policy:** Iontophoresis

---

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

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

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

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J3385 Velaglucerase alfa  
**Clinical Policy:** See Pharmacy Pre-Auth

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

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

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

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J7183 Wilate injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J7185 Xyntha inj  
**Clinical Policy:** See Pharmacy Pre-Auth

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

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

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

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J7189 Factor viia  
**Clinical Policy:** See Pharmacy Pre-Auth

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J7190 Factor viii  
**Clinical Policy:** See Pharmacy Pre-Auth

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

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J7193 Factor IX non-recombinant  
**Clinical Policy:** See Pharmacy Pre-Auth

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

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

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

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

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

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

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

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

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

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J7686 Treprostinil, non-comp unit  
**Clinical Policy:** Iontophoresis

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J9011 Injection, datopotamab deruxtecan-dlnk, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9019 Erwinaze injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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

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

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J9034 Injection, bendamustine HCl (Bendeka), 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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

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

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J9043 Cabazitaxel injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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

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J9055 Cetuximab injection  
**Clinical Policy:** Genetic Testing - Tumor Markers

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

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

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J9173 Durvalumab, 10 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9207 Injection, ixabepilone, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9217 Leuprolide acetate suspnsion  
**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments

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J9218 Leuprolide acetate injeciton  
**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments

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J9225 Histrelin implant (Vantas), 50 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9226 Supprelin LA implant  
**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments

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J9228 Ipilimumab injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9229 Inotuzumab ozogamicin, 0.1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9271 Inj pembrolizumab  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9272 Injection, dostarlimab-gxly, 10mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9299 Injection, nivolumab, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9301 Obinutuzumab inj  
**Clinical Policy:** See Pharmacy Pre-Auth

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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

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J9330 Temsirolimus injection  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9334 Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9352 Injection trabectedin 0.1mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9400 Injection, ziv-aflibercept, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J3358 Injection, fam-trastuzumab deruxtecan-nxki, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9276 Injection, zanidatamab-hrii, 2 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9289 Injection, nivolumab, 2 mg and hyaluronidase-nvhy  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9341 Injection, thiotepa (Tepylute), 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9342 Injection, thiotepa, not otherwise specified, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9382 Injection, zenocutuzumab-zbco, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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J9999 Chemotherapy drug  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q0138 Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q0139 Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q2026 Radiesse injection  
**Clinical Policy:** Vocal Cord Paralysis Insufficiency Treatments

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Q2041 An infusion of axicabtagene ciloleucel  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q2043 Sipuleucel-T, minimum of 50 million autologous

CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q2053 Brexucabtagene autoleucel/CAR T-cell typically given IV for the treatment of mantle cell lymphoma  
**Clinical Policy:** Non Prescription Drugs

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Q2054 Modified and selected immune cells (white blood cells) used in the treatment of lymphoma  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q2058 Obecabtagene autoleucel, 10 up to 400 million CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q3001 Radioelements for brachytherapy, any type, each  
**Clinical Policy:** Brachytherapy

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Q3027 Injection, interferon beta-1a, 1 mcg for intramuscular use  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q3028 Injection, interferon beta-1a, 1 mcg for subcutaneous use  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q4074 Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5104 Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5119 Injection, rituximab-pvvr, biosimilar (Ruxience)  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5126 Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5138 Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5148 Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5149 Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5150 Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5157 Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5158 Injection, denosumab-bnht (Bomynta/Conexence), biosimilar, 1 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

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Q5159 Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg

**Clinical Policy:** See Pharmacy Pre-Auth

S0088 Imatinib 100 mg  
**Clinical Policy:** See Pharmacy Pre-Auth

#### NON-STANDARD BENEFIT

Code	Description
0205T	Inirs each vessel add-on <b>Clinical Policy:</b> Infrared therapy and/or Cold Laser and High-Power Laser therapies
55860	Exposure of prostate, any approach, for insertion of radioactive substance <b>Clinical Policy:</b> Brachytherapy
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) <b>Clinical Policy:</b> Brachytherapy
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes <b>Clinical Policy:</b> Brachytherapy
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed <b>Clinical Policy:</b> Brachytherapy
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy <b>Clinical Policy:</b> Brachytherapy
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple <b>Clinical Policy:</b> Brachytherapy
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application <b>Clinical Policy:</b> Brachytherapy
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy <b>Clinical Policy:</b> Brachytherapy
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy <b>Clinical Policy:</b> Brachytherapy
58970 (State only)	Follicle puncture for oocyte retrieval, any method <b>Clinical Policy:</b> Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing
58974	Embryo transfer, intrauterine <b>Clinical Policy:</b> Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing
59000	Amniocentesis; diagnostic <b>Clinical Policy:</b> Genetic Testing – Invasive Prenatal Diagnostic Testing
59001	Amniocentesis; therapeutic amniotic fluid reduction <b>Clinical Policy:</b> Genetic Testing – Invasive Prenatal Diagnostic Testing

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

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

89254 (State only) Oocyte identification from follicular fluid  
**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

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

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

S4015 Complete IVF nos case rate  
**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

S4016 Frozen in vitro fertilization cycle, case rate  
**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

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

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

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

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

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

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

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

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

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

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

V5172 Hearing aid monaural in canal

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

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V5181 Hearing aid, mon, bte

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

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V5211 Hearing aid, bin, ite

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

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V5212 Hearing aid, bin, ite

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

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V5213 Hearing aid, bin, ite

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

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V5214 Hearing aid, bin, itc

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

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V5215 Hearing aid, bin, itc

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

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V5221 Hearing aid, bin, bte

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

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V5242 Hearing aid, monaural, cic

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

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V5243 Hearing aid, monaural, itc

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

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V5244 Hearing aid, prog, mon, cic

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

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V5245 Hearing aid, prog, mon, itc

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

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V5246 Hearing aid, prog, mon, ite

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

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V5247 Hearing aid, prog, mon, bte

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

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V5248 Hearing aid, binaural, cic

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

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V5249 Hearing aid, binaural, itc

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

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V5250 Hearing aid, prog, bin, cic

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

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V5251 Hearing aid, prog, bin, itc

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

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V5252 Hearing aid, prog, bin, ite

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

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V5253 Hearing aid, prog, bin, bte

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

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V5254 Hearing id, digit, mon, cic

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

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V5255 Hearing aid, digit, mon, itc

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

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V5256 Hearing aid, digit, mon, ite

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

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V5257 Hearing aid, digit, mon, bte

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

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V5258 Hearing aid, digit, bin, cic

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

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V5259 Hearing aid, digit, bin, itc

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

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V5260 Hearing aid, digit, bin, ite

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

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V5261 Hearing aid, digit, bin, bte

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

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V5262 Hearing aid, disp, monaural

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

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V5263 Hearing aid, disp, binaural

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

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V5264 Ear mold or insert

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

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V5265 Ear mold or insert, disposable

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

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V5267 Hearing aid sup/access/dev

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

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V5275 Ear impression

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

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V5298 Hearing aid noc  
**Clinical Policy:** Hearing Aids (Not covered for SL County or Consumer Plus); Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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V5336 Repair/modification of augmentative communicative system/device  
**Clinical Policy:** Speech Generating Devices

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#### OP PSYCH-ALCOHOL/DRUG ABUSE

Code	Description
90867	Tcranial magn stim tx plan <b>Clinical Policy:</b> Migraine and Cluster Headache Nonsurgical Management; Spasticity Management; Speech therapy; Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation

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90868	Tcranial magn stim tx deli <b>Clinical Policy:</b> Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation
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90869	Tcran magn stim redetemin <b>Clinical Policy:</b> Migraine and Cluster Headache Nonsurgical Management; Spasticity Management; Speech therapy; Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation
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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)

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#### PATHOLOGY AND LABORATORY

Code	Description
0047U	Oncology prostate <b>Clinical Policy:</b> Prostate Cancer Prognosis Policy

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0172U	Genetic test of tumor cells <b>Clinical Policy:</b> Genetic Testing
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81105	Hpa-1 Genotyping <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81106	Hpa-2 Genotyping <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81107	HPA-3 Genotyping <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81108	HPA-4 Genotyping <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81109	HPA-5 Genotyping <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81110	HPA-6 Genotyping <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81111	HPA-9 Genotyping <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81112	HPA15 Genotyping <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81120	Idh1 common variants <b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing
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81121	Idh2 common variants <b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing
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81161	Dmd (Dystrophin) Deletion Analysis, And Duplication Analysis, If Permed <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81162	Brca1&2 seq & full dup/del <b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
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81163	HBB GENE DUP/DEL VARIANTS <b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
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81164	HBB FULL GENE SEQUENCE <b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
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81165	Brca1 Gene Full Seq Alys <b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
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81166	Brca1 Gene Full Dup/Del Alys <b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
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81167	Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene A <b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
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81170	ABL1 Gene <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81171	Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]) (Eg, Spinocerebellar At <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81172	Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81173	Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha 1 A) (Eg, Spinocerebella <b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
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81174 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella)  
**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

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81175 ASXL1 Full Gene Sequence  
**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

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81176 ASXL1 Gene target Seq Alys  
**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

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

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

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

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

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

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

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

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

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

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

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

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## Testing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

81212	Brca1&2 185&5385&6174 var	<b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81215	Brca1 gene known fam variant	<b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81216	Brca2 gene full sequence	<b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81217	Brca2 gene known fam variant	<b>Clinical Policy:</b> Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing
81218	Cebpa gene full sequence	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81219	Calr gene com variants	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing; Genetic Testing - Comparative Genomic Hybridization
81220	Cftr gene com variants	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing
81221	Cftr gene known fam variants	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81222	Cftr gene dup/delet variants	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81223	Cftr gene full sequence	<b>Clinical Policy:</b> Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81224	Cftr gene intron poly t	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing
81225	Cyp2c19 gene com variants	<b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing
81226	Cyp2d6 gene com variants	<b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing
81228	Cytogen micrarray copy nmb	<b>Clinical Policy:</b> Genetic Testing - Comparative Genomic Hybridization (CGH); Recurrent Pregnancy Loss; Genetic Testing; Genetic Testing - Comparative Genomic Hybridization
81229	Cytogen m array copy no&sn	<b>Clinical Policy:</b> Genetic Testing - Comparative Genomic Hybridization (CGH); Genetic Testing - Invasive Prenatal Diagnostic Testing; Recurrent Pregnancy Loss; Genetic Testing
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene anal	

		<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; ev	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81235	Egfr gene com variants	<b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing
81236	EZH2 gene analysis, full gene sequence	<b>Clinical Policy:</b> Master Policy; Genetic Testing
81237	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg, Diffus	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	<b>Clinical Policy:</b> Master Policy; Genetic Testing
81239	Dmpk (Dm1 Protein Kinase) (Eg, Myotonic Dystrophy Type 1) Gene Analysis; Cha	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81240	F2 gene	<b>Clinical Policy:</b> Genetic Testing - Thrombophilias - Factor V Leiden and Prothrombin Gene Mutations; Recurrent Pregnancy Loss; Genetic Testing
81241	F5 gene	<b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Thrombophilias - Factor V Leiden and Prothrombin Gene Mutations; Recurrent Pregnancy Loss; Genetic Testing
81242	Fancc gene	<b>Clinical Policy:</b> Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing
81243	Fmr1 gene detection	<b>Clinical Policy:</b> Genetic Testing - Prenatal Screening and Diagnostic Testing; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing
81244	Fmr1 gene characterization	<b>Clinical Policy:</b> Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Tumor Markers; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing
81245	Flt3 gene	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers; Genetic Testing
81246	Flt3 gene analysis	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers; Genetic Testing
81247	G6PD gene analysis; common variant	<b>Clinical Policy:</b> Master Policy; Genetic Testing
81248	G6PD gene analysis; known familial variant	<b>Clinical Policy:</b> Master Policy; Genetic Testing

81249	G6PD gene analysis; full gene sequence	<b>Clinical Policy:</b> Master Policy; Genetic Testing
81250	G6pc gene	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81251	Gba gene	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81252	Gjb2 gene full sequence	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81253	Gjb2 gene known fam variants	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81254	Gjb6 gene com variants	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81255	Hexa gene	<b>Clinical Policy:</b> Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing
81256	Hfe gene	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81257	Hba1/hba2 gene	<b>Clinical Policy:</b> Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing
81258	Hba1/hba2 gene fam vrnt	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81259	Hba1/hba2 full gene sequence	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81260	Ikbkap gene	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81261	Igh gene rearrange amp meth	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers; Genetic Testing
81262	Igh gene rearrang dir probe	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81263	Igh vari regional mutation	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81264	Igk rearrangeabn clonal pop	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers; Genetic Testing
81265	Str markers specimen anal	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81266	Str markers spec anal addl	

		<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81267	Chimerism anal no cell selec	<b>Clinical Policy:</b> Genetic Testing
81268	Chimerism anal w/cell select	<b>Clinical Policy:</b> Genetic Testing
81269	Hba1/hba2 gene dup/del vrnts	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81270	Jak2 gene	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers; Genetic Testing
81271	Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Evaluation To Detec	<b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing
81272	Kit gene targeted seq analys	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81273	Kit gene analys d816 variant	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81274	Htt (Huntingtin) (Eg, Huntington Disease) Gene Analysis; Characterization Of	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81275	Kras gene variants exon 2	<b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing
81276	Kras gene addl variants	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers; Genetic Testing
81284	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Evaluation To Detect A	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81285	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Characterization Of A	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81286	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Full Gene Sequence	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81287	MGMT Gene Methylation Anal	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81288	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Promoter Methylation Analysis	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers; Genetic Testing
81289	Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis;	

Known Familial Variant

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81290 Mcoln1 gene

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81292 Mlh1 gene full seq

**Clinical Policy:** Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81293 Mlh1 gene known variants

**Clinical Policy:** Genetic Testing - Colon Cancer; Genetic Testing

81294 Mlh1 gene dup/delete variant

**Clinical Policy:** Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81295 Msh2 gene full seq

**Clinical Policy:** Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81296 Msh2 gene known variants

**Clinical Policy:** Genetic Testing - Colon Cancer; Genetic Testing

81297 Msh2 gene dup/delete variant

**Clinical Policy:** Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81298 Msh6 gene full seq

**Clinical Policy:** Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81299 Msh6 gene known variants

**Clinical Policy:** Genetic Testing - Colon Cancer; Genetic Testing

81300 Msh6 gene dup/delete variant

**Clinical Policy:** Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing - Tumor Markers; Genetic Testing

81301 Microsatellite instability

**Clinical Policy:** Genetic Testing - Colon Cancer; Genetic Testing

81302 Mecp2 gene full seq

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing

81303 Mecp2 gene known variant

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing

81304 Mecp2 gene dup/delet variant

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing

81305 Myd88 (Myeloid Differentiation Primary Response 88) (Eg, Waldenstrom'S Macro

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81306 Nudt15 Gene Common Variants

**Clinical Policy:** Genetic Testing - Inflammatory Bowel Disease Laboratory Tests (Serological Testing for IBD); Genetic Testing

81307 PALB2 full gene

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

81308 PALB2 known variant

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

81309 PIK3CA colon/breast cancer gene analysis

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

81310 Npm1 gene

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81311 Nras gene variants exon 2&3

**Clinical Policy:** Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81312 Pabpn1 (Poly[A] Binding Protein Nuclear 1) (Eg, Oculopharyngeal Muscular Dys

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81314 Pdgfra gene

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81315 Pml/raralpha com breakpoints

**Clinical Policy:** Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing

81316 Pml/raralpha 1 breakpoint

**Clinical Policy:** Genetic Testing - Tumor Markers; Genetic Testing

81317 Pms2 gene full seq analysis

**Clinical Policy:** Colorectal Cancer Screening; Genetic Testing - Colon Cancer; Genetic Testing

81318 Pms2 known familial variants

**Clinical Policy:** Genetic Testing - Colon Cancer; Genetic Testing

81319 Pms2 gene dup/delet variants

**Clinical Policy:** Genetic Testing - Colon Cancer; Genetic Testing

81320 Plcg2 (Phospholipase C Gamma 2) (Eg, Chronic Lymphocytic Leukemia) Gene Anal

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81321 Pten gene full sequence

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81322 Pten gene known fam variant

**Clinical Policy:** Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81323 Pten gene dup/delet variant

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Tumor Markers; Genetic Testing

81324 Pmp22 gene dup/delet

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

## Testing

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

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

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

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

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81330 Smpd1 gene common variants  
**Clinical Policy:** Genetic Testing

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

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

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81333 TGFB1 (transforming growth factor beta-induced) (e.g., corneal dystrophy) gen  
**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

81377	Hla ii type 1 ag equiv lr	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81378	Hla i & ii typing hr	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81379	Hla i typing complete hr	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81380	Hla i typing 1 locus hr	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81381	Hla i typing 1 allele hr	<b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing
81382	Hla ii typing 1 loc hr	<b>Clinical Policy:</b> Celiac Disease Laboratory Testing (Genetic Testing); Genetic Testing
81383	Hla ii typing 1 allele hr	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81400	Mopath procedure level 1	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Recurrent Pregnancy Loss; Genetic Testing
81401	Mopath procedure level 2	<b>Clinical Policy:</b> Genetic Testing - Colon Cancer; Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Inflammatory Bowel Disease Laboratory; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Recurrent Pregnancy Loss; Genetic Testing
81402	Mopath procedure level 3	<b>Clinical Policy:</b> Recurrent Pregnancy Loss; Genetic Testing
81403	Mopath procedure level 4	<b>Clinical Policy:</b> Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing
81404	Mopath procedure level 5	<b>Clinical Policy:</b> Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing
81405	Mopath procedure level 6	<b>Clinical Policy:</b> Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Miscellaneous Diagnoses; Genetic

81406	Mopath procedure level 7	<b>Clinical Policy:</b> Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Breast Cancer Prognosis; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing
81407	Mopath procedure level 8	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing
81408	Mopath procedure level 9	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - Prenatal Screening and Diagnostic Testing; Recurrent Pregnancy Loss; Genetic Testing
81410	Aortic dysfunction/dilation	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81411	Aortic dysfunction/dilation	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81412	Ashkenazi jewish assoc dis	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81413	Car ion chnnp1 inc 10 gns	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81414	Car ion chnnp1 inc 2 gns	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81419	Epilepsy genomic sequence	<b>Clinical Policy:</b> Master Policy; Genetic Testing
81420	Fetal chromosomal aneuploidy	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Serum Marker Screening for Down Syndrome; Genetic Testing
81434	Hereditary retinal disorders	<b>Clinical Policy:</b> Master Policy; Genetic Testing
81435	Hereditary colon ca dsordrs	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81436	Hereditary colon ca dsordrs	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81437	Hereditary neuroendocrine tumor disorders	<b>Clinical Policy:</b> Master Policy; Genetic Testing

81439	Inherited cardmyphy 5 gns	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81441	Inherited bone marrow failure syndromes	<b>Clinical Policy:</b> Master Policy; Genetic Testing
81442	Noonan spectrum disorders	<b>Clinical Policy:</b> Master Policy; Genetic Testing
81443	Genetic Testing For Severe Inherited Conditions (Eg, Cystic Fibrosis, Ashken	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81448	Hrdtry perph neurphy panel	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81479	Unlisted molecular pathology	<b>Clinical Policy:</b> Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Comparative Genomic Hybridization (CGH); Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Inflammatory Bowel Disease Laboratory Tests; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug toxicity and Response; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - Prostate Cancer Screening, Detection, and Disease Monitoring; Genetic Testing - Serum Marker Screening for Down Syndrome; Genetic Testing - Tumor Markers; Genetic Testing - Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing
81503	Onco (ovar) five proteins	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers
81507	Fetal aneuploidy (trisomy 21, 18, and 13)	<b>Clinical Policy:</b> Genetic Testing – Serum Marker Screening for Down Syndrome
81518	Breast Cancer Index	<b>Clinical Policy:</b> Genetic Testing - Breast Cancer Prognosis
81519	Oncology breast mrna	<b>Clinical Policy:</b> Genetic Testing - Breast Cancer Prognosis; Genetic Testing - Tumor Markers
81538	Oncology lung	<b>Clinical Policy:</b> Genetic Testing - Tumor Markers
81541	Oncology prostate	<b>Clinical Policy:</b> Prostate Cancer Prognosis Policy
81542	Oncology prostate	<b>Clinical Policy:</b> Prostate Cancer Prognosis Policy
81595	Cardiology hrt trnspl mrna	<b>Clinical Policy:</b> Heart Transplantation; Laboratory Testing for Transplantation Rejection
81599	Unlisted maaa	<b>Clinical Policy:</b> Genetic Testing - Prostate Cancer Screening, Detection, and Disease Monitoring; Molecular Markers in Fine Needle Aspirates of the Thyroid
83006	Growth stimulation gene 2	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses
87903	Phenotype dna hiv w/culture	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses
88235	Issue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells	<b>Clinical Policy:</b> Genetic Testing – Invasive Prenatal Diagnostic Testing
88245	Chromosome analysis 20-25	<b>Clinical Policy:</b> Mammography and MRI of the Breast; Recurrent Pregnancy Loss
88248	Chromosome analysis 50-100	<b>Clinical Policy:</b> Master Policy
88249	Chromosome analysis 100	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses
88261	Chromosome analysis 5	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses
88262	Chromosome analysis 15-20	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses
88263	Chromosome analysis 45	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses
88264	Chromosome analysis 20-25	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	<b>Clinical Policy:</b> Genetic Testing – Invasive Prenatal Diagnostic Testing
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	<b>Clinical Policy:</b> Genetic Testing – Invasive Prenatal Diagnostic Testing
88271	Cytogenetics dna probe	<b>Clinical Policy:</b> Celiac Disease Laboratory Testing (Genetic Testing); Cervical Cancer Screening and Diagnosis; Colorectal Cancer Screening; Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing - Tumor Markers; Mammography and MRI of the Breast; Recurrent Pregnancy Loss; Genetic Testing – Invasive Prenatal Diagnostic Testing
88272	Cytogenetics 3-5	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing
88273	Cytogenetics 10-30	<b>Clinical Policy:</b> Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing
88274	Cytogenetics 25-99	<b>Clinical Policy:</b> Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing – Invasive Prenatal Diagnostic Testing
88275	Cytogenetics 100-300	<b>Clinical Policy:</b> Celiac Disease Laboratory Testing (Genetic Testing); Cervical Cancer Screening and Diagnosis; Colorectal Cancer Screening; Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity

and Response; Genetic Testing - Tumor Markers; Mammography and MRI of the Breast; Recurrent Pregnancy Loss; Genetic Testing – Invasive Prenatal Diagnostic Testing

88280 Chromosome karyotype study

**Clinical Policy:** Recurrent Pregnancy Loss

88283 Chromosome banding study

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses

88285 Chromosome count additional

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses

88289 Chromosome study additional

**Clinical Policy:** Recurrent Pregnancy Loss

88291 Cyto/molecular report

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

88299 Cytogenetic study

**Clinical Policy:** Genetic Testing - Miscellaneous Diagnoses

88364 Insitu hybridization (fish)

**Clinical Policy:** Cervical Cancer Screening and Diagnosis; Genetic Testing - Tumor Markers

88366 Insitu hybridization (fish)

**Clinical Policy:** Cervical Cancer Screening and Diagnosis; Genetic Testing - Tumor Markers

88375 Optical endomicroscopy interp

**Clinical Policy:** Cervical Cancer Screening and Diagnosis; Genetic Testing - Tumor Markers

89258 (State only) Cryopreservation; embryo(s)

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

89259 (State only) Cryopreservation; sperm

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

89264 (State only) Sperm identification from testis tissue, fresh or cryopreserved

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

89335 (State only) Cryopreservation, reproductive tissue, testicular

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

89337 (State only) Cryopreservation, mature oocyte(s)

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

89342 (State only) Storage (per year); embryo(s)

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

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

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

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

ovarian

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

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

**Clinical Policy:** Assisted Reproductive Technology, including Fertility Preservation and Preimplantation Genetic Testing

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

## PDN/HH

Code	Description
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S9355	HIT chelation diem
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**Clinical Policy:** Chelation therapy; Infusion Pumps

S9379	HIT noc per diem
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**Clinical Policy:** Skilled Home Private Duty Nursing Care

## PROSTHETICS

Code	Description
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C1789	Prosthesis, breast (implantable)
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**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

C1815	Pros, urinary sph, imp
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**Clinical Policy:** Urinary Tract Dysfunction Management

C9363	Integra Meshed Bil Wound Mat
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**Clinical Policy:** Wound Care

L5000	Partial foot, shoe insert with longitudinal arch, toe filler
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**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5010	Mold socket ank hgt w/ toe f
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**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5020	Tibial tubercle hgt w/ toe f
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**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5050	Ank symes mold sckt sach ft
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**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5060	Symes met fr leath socket ar
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**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5100	Molded socket shin sach foot
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**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5105	Plast socket jts/thgh lacer
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**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5150 Mold sockt ext knee shin sach  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5160 Mold socket bent knee shin s  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5200 Kne sing axis fric shin sach  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5210 No knee/ankle joints w/ ft b  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5220 No knee joint with artic ali  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5230 Fem focal defic constant fri  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5250 Hip canad sing axi cons fric  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5270 Tilt table locking hip sing  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5280 Hemipelvect canad sing axis  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5301 Below knee (BK), molded socket, shin, SACH foot  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5312 Knee disart, SACH ft, endo  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5321 Above knee (AK), molded socket, open end, SACH foot  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5331 Hip disarticulation, Canadian type, molded socket  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5341 Hemipelvectomy, Canadian type, molded socket  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5500 Init bk ptb plaster direct  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5505 Init ak ischal plstr direct  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5510 Prep BK ptb plaster molded  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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L5616 Ak univ multiplex sys frict  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices

Lower Limb

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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

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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

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

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

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

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

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

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

---

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

---

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

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

---

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

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

---

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

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L5657 Addition to lower extremity prosthesis, manual/  
automated adjustable air, fluid, gel or equal socket insert for limb  
volume management, any materials  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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

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

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

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

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

---

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

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

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

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

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

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

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

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

---

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

---

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

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

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

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L5682 Below knee thigh lacer, gluteal/ischial, molded  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

---

L5683 BK/AK Custom fabricated socket insert for other than  
congenital or atypical traumatic amputee  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5684 Below knee fork strap  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5685 BK suspension/sealing sleeve with or without valve  
any material  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5686 Below knee back check (extension control)  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5688 Below knee waist belt, webbing  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5690 Below knee waist belt, padded and lined  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5692 Above knee pelvic control belt, light  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5694 Ak pelvic control belt pad/l  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5695 Ak sleeve susp neoprene/equa  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5696 Ak/knee disartic pelvic join  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5697 Ak/knee disartic pelvic band  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5698 Above knee or knee disarticulation, Silesian bandage  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5699 All lower extremity prostheses, shoulder harness  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5700 Replace socket below knee  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5701 Replace socket above knee  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5702 Replace socket hip  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5703 Replace socket ankle  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5704 Custom shaped protective cover, below knee  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5705 Custom shape cover AK  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5706 Custom shape cvr knee disart  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5707 Custom shape cvr hip disart  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5710 Knee-shin system single axis manual lock  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5711 Knee-shin system, single axis, manual lock, ultra-light material  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5712 Knee-shin system, single axis, friction swing and stance phase control (safety knee)  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5714 Knee-shin system, single axis, friction swing and stance phase control (safety knee)  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5716 Knee-shin exo mech stance ph  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5718 Knee-shin exo frct swg & sta  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5722 Knee-shin pneum swg frct exo  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5724 Knee-shin exo fluid swing ph  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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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

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

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

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

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

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

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

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

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

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

---

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

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

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

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

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

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

Lower Limb

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L5827 Endoskeletal knee-shin system, single axis

**Clinical Policy:** Prosthetic Devices: Lower Limb

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

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5830 Knee-shin system single axis pneumatic/swing phase control

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5840 Knee-shin system four-bar linkage or multiaxial, pneumatic swing phase control

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5845 Knee-shin system stance flexion feature adjustable

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5848 Knee-shin system fluid stance extension dampening feature with or without adjustability

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5850 Endo ak/hip knee extens assi

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5855 Hip disarticulation, mechanical hip extension assist

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5856 Knee-shin system microprocessor control feature swing and stance phase

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5857 Knee-shin system microprocessor control feature swing phase only

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5858 Knee-shin system microprocessor control feature stance phase only

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5910 Below knee alignable system

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5920 Endo ak/hip alignable system

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5925 Above knee, knee disarticulation or hip disarticulation, manual lock

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5926 Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional

rotation unit, any type

**Clinical Policy:** Prosthetic Devices Lower Limb

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L5930 Endo high activity knee control frame

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5940 Endo bk ultra-light material

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5950 Above knee ultra-light material (titanium, carbon fiber or equal)

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5960 Hip disarticulation, ultra-light material (titanium, carbon fiber or equal)

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5961 Endo poly hip, pneu/hyd/rot

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb

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L5962 Below knee flex cover system

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5964 Above knee flex cover system

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5966 Hip disarticulation flexible protective outer surface covering system

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5968 Multiaxial ankle with swing phase active dorsiflexion feature

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5970 Foot, external keel, SACH foot

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5971 Solid ankle cushion heel (SACH) foot replacement only

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

---

L5972 Foot flexible keel

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

---

L5974 Single axis ankle/foot

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

---

L5975 Combination single axis ankle and flexible keel foot

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5976 Energy storing foot

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L5978 Multi-axial ankle/foot  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5979 Multi-axial ankle/ft prosth  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5980 Flex foot system  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5981 Flex-walk sys low ext prosth  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5982 Axial rotation unit  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5984 Endoskeletal axial rotation  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5985 Lwr ext dynamic prosth pylon  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5986 Multi-axial rotation unit  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5987 Shank ft w vert load pylon  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5988 Vertical shock reducing pylo  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5990 User adjustable heel height  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L5999 Lower extremity prosthesis not otherwise specified  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices  
Lower Limb

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L6000 Part hand thumb rem  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized  
Prosthetic Limbs

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L6010 Partial hand, little and/or ring finger remaining  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized  
Prosthetic Limbs

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L6020 Partial hand, no finger remaining  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized  
Prosthetic Limbs

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L6028 Partial hand including fingers, flexible or non-flexible  
interface  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6029 Upper extremity addition, test socket/interface,  
partial hand including fingers  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6030 Upper extremity addition, external frame, partial  
hand including fingers  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6031 Replacement socket/interface, partial hand including  
fingers  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6032 Addition to upper extremity prosthesis, partial hand  
including fingers, ultralight material  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6033 Addition to upper extremity prosthesis, partial hand  
including fingers, acrylic material  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6034 Partial hand, finger, and thumb prosthesis without  
prosthetic digit(s)/thumb, amputation at transmetacarpal level,  
including flexible or non-flexible interface, molded to patient model,  
for use without external power and/or passive prosthetic digit/  
thumb, not including inserts described by L6692  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6035 Single prosthetic digit, mechanical, can include  
metacarpophalangeal (MCP), proximal interphalangeal (PIP), and/  
or distal interphalangeal (DIP) joint(s), with or without locking  
mechanism, can include flexion or extension assist, any material,  
attachment, initial issue or replacement  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6036 Prosthetic thumb, mechanical, can include  
metacarpophalangeal (MCP), interphalangeal (IP) joint(s), with or  
without locking mechanism, can include flexion or extension assist,  
any material, attachment, initial issue or replacement  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6039 Passive prosthetic digit or thumb prosthesis not  
including hand restoration partial hand, full or partial, custom made,  
any material, initial or replacement, per single passive prosthetic digit  
or thumb  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6037 Immediate postsurgical or early fitting, application of  
initial rigid dressing  
**Clinical Policy:** Prosthetic Devices: Lower Limb

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L6050 Wrist disarticulation, molded socket, flexible elbow  
hinges, triceps pad  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized  
Prosthetic Limbs

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L6055 Wrist disarticulation, molded socket with expandable  
interface, flexible elbow hinges, triceps pad  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized  
Prosthetic Limbs

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L6100 Elb mold sock flex hinge pad  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized  
Prosthetic Limbs

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L6110 Elbow mold sock suspension t  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized  
Prosthetic Limbs

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L6120 Elbow mold doub spl t soc ste  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized

## Prosthetic Limbs

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L6130 Elbow stump activated lock h  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6200 Elbow mold outsid lock hinge  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6205 Elbow molded w/ expand inter  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6250 Elbow inter loc elbow forarm  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6300 Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6310 Shoulder disarticulation, passive restoration (complete prosthesis)  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6320 Shoulder disarticulation, passive restoration (shoulder cap only)  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6350 Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

---

L6360 Interscapular thoracic, passive restoration (complete prosthesis)  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6370 Interscapular thoracic, passive restoration (shoulder cap only)  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6380 Initial fitting for an artificial hand and wrist, including dressing, alignment and component suspension, with one cast change  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6382 Initial fitting for an arm prosthesis, at or above the elbow, including dressing, alignment and component suspension, with one cast change  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6384 Initial fitting for a full arm or full arm with shoulder prosthesis, including dressing, alignment and component suspension, with one cast change  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6386 Postop ea cast chg & realign

## Clinical Policy: Computerized Prosthetic Limbs

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L6388 Postop applicat rigid dsg on  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6400 Below elbow prosth tiss shap  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6450 Elb disart prosth tiss shap  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6500 Above elbow prosth tiss shap  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6580 Wrist/elbow bowden cable mol  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6582 Wrist/elbow bowden cbl dir f  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6584 Elbow fair lead cable molded  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6586 Elbow fair lead cable dir fo  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6588 Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6590 Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6600 Polycentric hinge pair  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6605 Single pivot hinge pair  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6610 Flexible metal hinge pair  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized

## Prosthetic Limbs

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

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L6615 Upper extremity addition, disconnect locking wrist unit  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6616 Upper extremity addition, additional disconnect insert for locking wrist unit, each  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6620 Flexion/extension wrist unit  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6621 Flex/ext wrist w/wo friction  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6623 Spring-ass rot wrst w/ latch  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6624 Flex/ext/rotation wrist unit  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6625 Rotation wrst w/ cable lock  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6628 Quick disconn hook adapter o  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6629 Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6630 Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6632 Latex suspension sleeve each  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6635 Upper extremity addition, lift assist for elbow  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6637 Nudge control elbow lock  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6638 Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6640 Shoulder abduction joint pai  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6641 Upper extremity addition, excursion amplifier, pulley type  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6642 Upper extremity addition, excursion amplifier, lever type  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6645 Shoulder flexion-abduction j  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6646 Multipo locking shoulder jnt  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6647 Shoulder lock actuator  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6648 Ext pwrld shlder lock/unlock  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6650 Shoulder universal joint  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6655 Standard control cable extra  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6660 Heavy duty control cable  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6665 Teflon or equal cable lining  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6670 Upper extremity addition, hook to hand, cable adapter  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6672 Harness chest/shlder saddle  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6675 Harness figure of 8 sing con  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6676 Harness figure of 8 dual con  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6677 UE triple control harness  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6682 Test sock elbw disart/above

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6684 Test socket shldr disart/tho  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6686 Suction socket  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6687 Frame typ socket bel elbow/w  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6688 Frame typ sock above elb/dis  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6689 Frame typ socket shoulder di  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6690 Frame typ sock interscap-tho  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6691 Removable insert each  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6692 Silicone gel insert or equal  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6693 Lockingelbow forearm cntrbal  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6694 Elbow socket ins use w/lock  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6695 Elbow socket ins use w/o lck  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6696 Cus elbo skt in for con/atyp  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6697 Cus elbo skt in not con/atyp  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6698 Below/above elbow lock mech  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6700 Upper extremity addition, external powered feature, myoelectronic control module  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6703 Term dev, passive hand mitt  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

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L6704 Term dev, sport/rec/work att  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

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L6706 Term dev mech hook vol open  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

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L6707 Term dev mech hook vol close

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

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L6708 Term dev mech hand vol open  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

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L6709 Term dev mech hand vol close  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

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L6711 Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6712 Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6713 Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6714 Ped term dev, hand, vol clos  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6715 Term device, multi art digit  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6721 Hook/hand, hvy dty, vol open  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric

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L6722 Hook/hand, hvy dty, vol clos  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6880 Elec hand ind art digits  
**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric

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L6805 Term dev modifier wrist unit  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6810 Term dev precision pinch dev  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

---

L6881 Term dev auto grasp feature  
**Clinical Policy:** Computerized Prosthetic Limbs

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L6883 Replc sockt below e/w disa  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6884 Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power  
**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6885 Replc sockt shldr dis/interc

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6890 Prefab glove for term device

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6895 Custom glove for term device

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6900 Hand restorat thumb/1 finger

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6905 Hand restoration multiple fi

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6910 Hand restoration no fingers

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6915 Hand restoration replacmnt g

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L6920 Wrist disarticul switch ctrl

**Clinical Policy:** Computerized Prosthetic Limbs

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L6925 Wrist disart myoelectronic c

**Clinical Policy:** Computerized Prosthetic Limbs

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L6930 Below elbow switch control

**Clinical Policy:** Computerized Prosthetic Limbs

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L6935 Below elbow myoelectronic ct

**Clinical Policy:** Computerized Prosthetic Limbs

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L6940 Elbow disarticulation switch

**Clinical Policy:** Computerized Prosthetic Limbs

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L6945 Elbow disart myoelectronic c

**Clinical Policy:** Computerized Prosthetic Limbs

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L6950 Above elbow switch control

**Clinical Policy:** Computerized Prosthetic Limbs

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L6955 Above elbow myoelectronic ct

**Clinical Policy:** Computerized Prosthetic Limbs

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L6960 Shldr disartic switch contro

**Clinical Policy:** Computerized Prosthetic Limbs

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L6965 Shldr disartic myoelectronic

**Clinical Policy:** Computerized Prosthetic Limbs

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L6970 Interscapular-thor switch ct

**Clinical Policy:** Computerized Prosthetic Limbs

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L6975 Interscap-thor myoelectronic

**Clinical Policy:** Computerized Prosthetic Limbs

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L7007 Adult electric hand

**Clinical Policy:** Computerized Prosthetic Limbs

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L7008 Pediatric electric hand

**Clinical Policy:** Computerized Prosthetic Limbs

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L7009 Adult electric hook

**Clinical Policy:** Computerized Prosthetic Limbs

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L7040 Prehensile actuator

**Clinical Policy:** Computerized Prosthetic Limbs

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L7045 Pediatric electric hook

**Clinical Policy:** Computerized Prosthetic Limbs

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L7170 Electronic elbow hosmer swit

**Clinical Policy:** Computerized Prosthetic Limbs

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L7400 Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L7401 Add UE prost a/e ultlite mat

**Clinical Policy:** Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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L7402 Add UE prost s/d ultlite mat

**Clinical Policy:** Computerized Prosthetic Limbs

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L7403 Add UE prost b/e acrylic

**Clinical Policy:** Computerized Prosthetic Limbs

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L7404 Add UE prost a/e acrylic

**Clinical Policy:** Computerized Prosthetic Limbs

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L7405 Add UE prost s/d acrylic

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

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L7406 Addition to upper extremity, user adjustable, mechanical, residual limb volume management system

**Clinical Policy:** Prosthetic Devices: Lower Limb

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L7499 Upper extremity prosthesis, not otherwise specified

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric

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L7510 Repair of prosthetic device, repair or replace minor parts

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L7520 Repair prosthetic device, labor component, per 15 minutes

**Clinical Policy:** Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

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L8600 Implant breast silicone/eq

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy; Mammography and MRI of the Breast; Pectus Excavatum and Poland's Syndrome

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L8614 Cochlear device

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8615 Coch implant headset replace

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8616 Microphone for hearing aid  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8617 Transmitter coil, hearing aid  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8618 Transmitter cable, hearing aid  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8619 Coch imp ext proc/contr rplc  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8623 A replacement lithium ion battery for the speech processor component of an implanted cochlear hearing aid  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8624 A replacement lithium ion battery for a speech processor component mounted at ear level, for an implanted cochlear hearing aid  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8627 Coch implant component replace  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8628 Coch implant component replace  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8629 Transmitter coil, hearing aid, replace  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8630 Metacarpophalangeal joint implant  
**Clinical Policy:** Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants

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L8631 Metacarpal phalangeal joint replacement, two or more pieces, metal  
**Clinical Policy:** Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants

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L8658 Interphalangeal joint spacer  
**Clinical Policy:** Distal Interphalangeal (DIP), MCP, and PIP Joint Implants

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L8659 Interphalangeal finger joint replacement, two or more pieces, metal  
**Clinical Policy:** Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants

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L8679 Imp neurosti pls gn any type  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Hypoglossal Nerve Neurostimulation

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L8685 Implt nrostm pls gen sng rec  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal

Root Ganglion Stimulation; Urinary Tract Dysfunction Management; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation

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L8686 Implt nrostm pls gen sng non  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Tract Dysfunction Management; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation; Hypoglossal Nerve Neurostimulation

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L8687 Implt nrostm pls gen dua rec  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Tract Dysfunction Management; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation

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L8688 Implt nrostm pls gen dua non  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Tract Dysfunction Management; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation; Hypoglossal Nerve Neurostimulation

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L8690 Aud osseo dev, int/ext comp  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8691 Aoi snd proc repl excl actua  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8692 Non-osseointegrated snd proc  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8693 Aud osseo dev, abutment  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8694 Aoi transducer/actuator repl  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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L8698 Misc used with tot art heart  
**Clinical Policy:** Heart Transplantation

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L9900 O&P supply/accessory/service  
**Clinical Policy:** Computerized Prosthetic Limbs

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Q1004 Ntiol category 4  
**Clinical Policy:** Intraocular Lens Implant; Vision Surgery and Vision Screening for Medical Diseases Or Injury

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Q4100 Skin substitute, NOS  
**Clinical Policy:** Wound Care

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Q4101 Apligraf  
**Clinical Policy:** Wound Care

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Q4102 Oasis wound matrix  
**Clinical Policy:** Wound Care

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Q4104 Integra BMWD  
**Clinical Policy:** Wound Care

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Q4105	Integra drt or omnigraft	<b>Clinical Policy:</b> Wound Care
Q4106	Dermagraft	<b>Clinical Policy:</b> Wound Care
Q4107	Graftjacket	<b>Clinical Policy:</b> Wound Care
Q4108	Integra matrix	<b>Clinical Policy:</b> Wound Care
Q4110	PriMatrix, per sq cm	<b>Clinical Policy:</b> Wound Care
Q4112	Cymetra injectable	<b>Clinical Policy:</b> Vocal Cord Paralysis Insufficiency Treatments; Wound Care
Q4116	AlloDerm	<b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
Q4121	Theraskin	<b>Clinical Policy:</b> Wound Care
Q4122	ermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	<b>Clinical Policy:</b> Wound Care; Breast Reconstruction Following Mastectomy or Lumpectomy
Q4124	Oasis tri-layer wound matrix	<b>Clinical Policy:</b> Wound Care; Breast Reconstruction Following Mastectomy or Lumpectomy
Q4128	FlexHD, or AllopatchHD, per sq cm	<b>Clinical Policy:</b> Wound Care
Q4132	Grafix core, grafixpl core	<b>Clinical Policy:</b> Wound Care
Q4133	Grafix prime grafix pl prime	<b>Clinical Policy:</b> Wound Care
Q4151	AmnioBand or Guardian, per sq cm	<b>Clinical Policy:</b> Wound Care
Q4168	AmnioBand, 1 mg	<b>Clinical Policy:</b> Wound Care
Q4182	Transcyte, per sq centimeter	<b>Clinical Policy:</b> Wound Care
Q4186	Epifix, Per Sq Cm *Epifix® Amniotic Membrane	<b>Clinical Policy:</b> Wound Care
Q4203	Derma-Gide, per sq cm	<b>Clinical Policy:</b> Wound Care
S1040	Cranial remolding orthosis	<b>Clinical Policy:</b> Cranial Orthotic Devices for Plagiocephaly
S8421	Ready gradient sleeve/glov	<b>Clinical Policy:</b> Lymphedema Diagnosis and Treatment
S8422	Custom grad sleeve med	<b>Clinical Policy:</b> Lymphedema Diagnosis and Treatment

S8423 Custom grad sleeve heavy  
**Clinical Policy:** Lymphedema Diagnosis and Treatment

S8424 Ready gradient sleeve  
**Clinical Policy:** Lymphedema Diagnosis and Treatment

S8425 Custom grad glove med  
**Clinical Policy:** Lymphedema Diagnosis and Treatment

S8426 Custom grad glove heavy  
**Clinical Policy:** Lymphedema Diagnosis and Treatment

S8427 Ready gradient glove  
**Clinical Policy:** Lymphedema Diagnosis and Treatment

S8428 Ready gradient gauntlet  
**Clinical Policy:** Lymphedema Diagnosis and Treatment

## RADIOLOGY - DIAGNOSTIC

Code	Description
70554	Fmri brain by tech <b>Clinical Policy:</b> Deep Brain, Cortical, and Cerebellar Stimulation; Functional Magnetic Resonance Imaging (fMRI), Brain
70555	Fmri brain by phys/psych <b>Clinical Policy:</b> Functional Magnetic Resonance Imaging (fMRI), Brain
77261	Therapeutic radiology treatment planning; simple <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy
77262	Therapeutic radiology treatment planning; intermediate <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy
77263	Therapeutic radiology treatment planning; complex <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy
77280	Therapeutic radiology simulation-aided field setting; simple <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy
77285	Therapeutic radiology simulation-aided field setting; intermediate <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy
77290	Therapeutic radiology simulation-aided field setting; complex <b>Clinical Policy:</b> Radiation Treatment ; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure) <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy
77295	3-dimensional radiotherapy plan, including dose-volume histograms <b>Clinical Policy:</b> Radiation Treatment ; Stereotactic Body Radiotherapy

and Stereotactic Radiosurgery; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy

77300 Calculation of the radiation dose to be delivered to a tumor; may be repeated during the course of treatment.

**Clinical Policy:** Radiation Treatment ; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy

77306 Teletherapy isodose plan; simple

**Clinical Policy:** Radiation Treatment

77307 Teletherapy isodose plan; complex

**Clinical Policy:** Radiation Treatment

## RADIOLOGY - THERAPEUTIC

### Code Description

77014 Computed tomography guidance for placement of radiation therapy fields

**Clinical Policy:** Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

77299 Radiation therapy planning

**Clinical Policy:** Capsule Endoscopy; Electrical Tumor Treatment Fields

77301 Radiotherapy dose plan imrt

**Clinical Policy:** Intensity Modulated Radiation therapy; Epilepsy Surgery; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

77316 Brachytherapy isodose plan; simple

**Clinical Policy:** Brachytherapy

77317 Brachytherapy isodose plan; intermediate

**Clinical Policy:** Brachytherapy

77318 Brachytherapy isodose plan; complex

**Clinical Policy:** Brachytherapy

77321 Special teletherapy port plan, particles, hemibody, total body

**Clinical Policy:** Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

77331 Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician

**Clinical Policy:** Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy

77332 Treatment devices, design and construction; simple (simple block, simple bolus)

**Clinical Policy:** Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy

77333 Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)

**Clinical Policy:** Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy

77334 Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)

**Clinical Policy:** Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy

77336 Quality assurance services for radiation therapy, provided by a medical technician.

**Clinical Policy:** Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy

77338 Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

**Clinical Policy:** Intensity Modulated Radiation therapy; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery ; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

77370 Special medical radiation physics consultation

**Clinical Policy:** Radiation Treatment ; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy

77371 Srs multisource

**Clinical Policy:** Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery

77372 Srs linear based

**Clinical Policy:** Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery

77373 Sbrt delivery Stereotactic

**Clinical Policy:** Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Epilepsy Surgery

77385 Ntsty modul rad tx dlvr simpl

**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; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

77401 Radiation treatment delivery, superficial and/or ortho voltage, per day

**Clinical Policy:** Radiation Treatment

77402 Radiation treatment delivery, => 1 MeV; simple

**Clinical Policy:** Radiation Treatment

77407 Radiation treatment delivery, => 1 MeV; intermediate

**Clinical Policy:** Radiation Treatment

77412 Radiation treatment delivery, => 1 MeV; complex

**Clinical Policy:** Radiation Treatment

77417 Therapeutic radiology port image(s)

**Clinical Policy:** Radiation Treatment

77423 Neutron beam tx complex

**Clinical Policy:** Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

77424 Intraoperative radiation treatment delivery, x-ray, single treatment session

**Clinical Policy:** Intraoperative Radiation Therapy (IORT)

77425 Intraoperative radiation treatment delivery, electrons, single treatment session

**Clinical Policy:** Intraoperative Radiation Therapy (IORT)

77427	Radiation treatment management, 5 treatments <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy	77763	Intracavitary radiation source application; complex <b>Clinical Policy:</b> Brachytherapy
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy	77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel <b>Clinical Policy:</b> Brachytherapy
77432	Stereotactic radiation trmt <b>Clinical Policy:</b> Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery	77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions <b>Clinical Policy:</b> Brachytherapy
77435	Sbrt management <b>Clinical Policy:</b> Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Epilepsy Surgery	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel <b>Clinical Policy:</b> Brachytherapy
77469	Intraoperative radiation treatment management <b>Clinical Policy:</b> Intraoperative Radiation Therapy (IORT)	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels <b>Clinical Policy:</b> Brachytherapy
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) <b>Clinical Policy:</b> Radiation Treatment; Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy; Brachytherapy	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels <b>Clinical Policy:</b> Brachytherapy
77520	Proton trmt simple w/o comp <b>Clinical Policy:</b> Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy	77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed <b>Clinical Policy:</b> Brachytherapy
77522	Proton trmt simple w/comp <b>Clinical Policy:</b> Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy	77789	Surface application of low dose rate radionuclide source <b>Clinical Policy:</b> Brachytherapy
77523	Proton trmt intermediate <b>Clinical Policy:</b> Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study, single study; with concurrently acquired computed tomography transmission scan <b>Clinical Policy:</b> Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)
77525	Proton treatment complex <b>Clinical Policy:</b> Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy	78430	Myocardial imaging, positron emission tomography (PET), perfusion study; single study, at rest or stress, with concurrently acquired computed tomography transmission scan <b>Clinical Policy:</b> Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)
77600	Hyperthermia treatment <b>Clinical Policy:</b> Hyperthermia in Cancer therapy	78431	Myocardial imaging, positron emission tomography (PET), perfusion study; multiple studies at rest and stress, with concurrently acquired computed tomography transmission scan <b>Clinical Policy:</b> Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)
77605	Hyperthermia treatment <b>Clinical Policy:</b> Hyperthermia in Cancer therapy	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study, dual radiotracer <b>Clinical Policy:</b> Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)
77610	Hyperthermia treatment <b>Clinical Policy:</b> Hyperthermia in Cancer therapy	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study, dual radiotracer; with concurrently acquired computed tomography transmission scan
77615	Hyperthermia treatment <b>Clinical Policy:</b> Hyperthermia in Cancer therapy		
77620	Hyperthermia treatment <b>Clinical Policy:</b> Hyperthermia in Cancer therapy		
77750	Infusion or instillation of radioelement solution <b>Clinical Policy:</b> Brachytherapy		
77761	Intracavitary radiation source application; simple <b>Clinical Policy:</b> Brachytherapy		
77762	Intracavitary radiation source application; intermediate <b>Clinical Policy:</b> Brachytherapy		

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78434 Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78459 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study, single study

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78491 Myocardial imaging, positron emission tomography (PET), perfusion study; single study, at rest or stress

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78492 Myocardial imaging, positron emission tomography (PET), perfusion study; multiple studies at rest and stress

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78608 Brain imaging, positron emission tomography (PET); metabolic evaluation

**Clinical Policy:** Positron Emission Tomography (PET) for Neurologic Disorders (Park City School District)

78609 Brain imaging, positron emission tomography (PET); perfusion evaluation

**Clinical Policy:** Positron Emission Tomography (PET) for Neurologic Disorders (Park City School District)

78612 Positron emission tomography (PET) imaging; skull base to mid-thigh

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78613 Positron emission tomography (PET) imaging; whole body

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78614 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78615 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

78616 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

**Clinical Policy:** Positron Emission Tomography (PET) for Cardiac and Oncologic Indications (Park City School District)

79445 Nuclear rx intra-arterial

**Clinical Policy:** Liver Directed Therapy

C2616 Brachytx, non-str,Yttrium-90

**Clinical Policy:** Brachytherapy; Liver Directed Therapy

G6001 Ultrasonic guidance for placement of radiation therapy fields

**Clinical Policy:** Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy

**Clinical Policy:** Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

G6015 Radiation tx delivery imrt

**Clinical Policy:** Intensity Modulated Radiation therapy

G6016 Delivery comp imrt

**Clinical Policy:** Intensity Modulated Radiation therapy

G6017 Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment

**Clinical Policy:** Proton Beam, Neutron Beam, and Carbon Ion Radiotherapy

## SURGERY - AUDITORY SYSTEM

Code	Description
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69705 Nasopharyngoscopy, surgical, with dilation of eustachian tube

**Clinical Policy:** Balloon Sinus Ostial Dilation for Chronic Sinusitis and Eustachian Tube Dilation

69706 Nasopharyngoscopy, surgical, with dilation of eustachian tube

**Clinical Policy:** Balloon Sinus Ostial Dilation for Chronic Sinusitis and Eustachian Tube Dilation

69710 Implant/replace hearing aid

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

69711 Remove/repair hearing aid

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

69714 Implant temple bone w/stimul

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

69716 Temple bone implant

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

69717 Temple bone implant revision

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

69719 Revise temple bone implant

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

69726 Remove temple bone implant

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

69727 Transmitter coil, hearing aid

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

69728 Remove entire osseointegrated implant

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69729 Implant osseointegrated implant

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69730 Replace osseointegrated implant

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69930 Implant cochlear device

**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA); Tinnitus Treatments

## SURGERY - CARDIOVASCULAR SYSTEM

Code	Description
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33268	Exclusion of left atrial appendage
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**Clinical Policy:** Cardiac Devices and Procedures for Occlusion of Left Atrial Appendage

33340	Close off pouch near heart
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**Clinical Policy:** Cardiac Devices and Procedures for Occlusion of Left Atrial Appendage

33927	Impltj tot rplcmt hrt sys
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**Clinical Policy:** Heart Transplantation

33928	Rmvl & rplcmt tot hrt sys
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**Clinical Policy:** Heart Transplantation

33929	Rmvl rplcmt hrt sys f/trnspl
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**Clinical Policy:** Heart Transplantation

33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation
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**Clinical Policy:** Heart-Lung Transplantation

33935	Transplantation heart/lung
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**Clinical Policy:** Heart-Lung Transplantation

33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues
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**Clinical Policy:** Heart-Lung Transplantation

33945	Heart transplant, with or without recipient cardiectomy
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**Clinical Policy:** Heart-Lung Transplantation

33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
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**Clinical Policy:** Heart Transplantation

33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle
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**Clinical Policy:** Heart Transplantation

33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
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**Clinical Policy:** Heart Transplantation

33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass
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**Clinical Policy:** Heart Transplantation

36465	Treatment for varicose vein
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**Clinical Policy:** Varicose Veins

36466	Treatment for varicose vein
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**Clinical Policy:** Varicose Veins

36475	Endovenous rf 1st vein
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**Clinical Policy:** Pelvic Congestion Syndrome Treatments; Varicose Veins

36476	Endovenous rf vein add-on
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**Clinical Policy:** Varicose Veins

36478	Endovenous laser 1st vein
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**Clinical Policy:** Varicose Veins

36479	Endovenous laser vein addon
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**Clinical Policy:** Pelvic Congestion Syndrome Treatments; Varicose Veins

36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
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**Clinical Policy:** Varicose Veins

36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
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**Clinical Policy:** Varicose Veins

37243	Vasc embolize/occlude organ
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**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments; Fibroid Treatment; Liver Directed Therapy

37500	Endoscopy ligate perf veins
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**Clinical Policy:** Varicose Veins

## SURGERY - DIGESTIVE SYSTEM

Code	Description
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42145	Repair palate pharynx/uvula
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**Clinical Policy:** Obstructive Sleep Apnea in Adults - Diagnosis and Treatment

42160	Treatment mouth roof lesion
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**Clinical Policy:** Obstructive Sleep Apnea in Adults - Diagnosis and Treatment

41899	Surgery on the bony ridge that supports the teeth and gums (dentoalveolar structure).
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**Clinical Policy:** General Anesthesia; MAC for Oral Surgery and Dental Service

42890	Partial removal of pharynx
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**Clinical Policy:** Obstructive Sleep Apnea in Adults - Diagnosis and Treatment

43497	Lower esophageal myotomy, transoral
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**Clinical Policy:** BPeroral Endoscopic Myotomy (POEM) for Treatment

of Esophageal Achalasia

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43644 Laparoscopy, surgical, gastric restrictive procedure  
**Clinical Policy:** Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

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43775 Laparoscopy, surgical, gastric restrictive procedure  
**Clinical Policy:** Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

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43846 Gastric restrictive procedure, with gastric bypass for morbid obesity  
**Clinical Policy:** Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

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43848 Revision, open, of gastric restrictive procedure for morbid obesity  
**Clinical Policy:** Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

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43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction  
**Clinical Policy:** Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

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43865 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction  
**Clinical Policy:** Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

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44135 Intestine transplant cadaver  
**Clinical Policy:** Intestinal Transplantation

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44136 Intestine transplant live  
**Clinical Policy:** Intestinal Transplantation

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44137 Removal of transplanted intestinal allograft, complete  
**Clinical Policy:** Intestinal Transplantation

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44715 Prep of cadaver or living donor intestine allograft prior to transplantation  
**Clinical Policy:** Intestinal Transplantation

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44720 Reconstruction of cadaver or living donor intestine allograft prior to transplant, venous anastomosis  
**Clinical Policy:** Intestinal Transplantation

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44721 Reconstruction of cadaver or living donor intestine allograft prior to transplant, arterial anastomosis  
**Clinical Policy:** Intestinal Transplantation

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47135 Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age  
**Clinical Policy:** Liver Transplant

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47143 Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, without trisegment or lobe split  
**Clinical Policy:** Liver Transplant

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47144 Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, with trisegment split of whole liver graft into 2 partial liver grafts  
**Clinical Policy:** Liver Transplant

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47145 Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, with lobe split of whole liver graft into 2 partial liver grafts  
**Clinical Policy:** Liver Transplant

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47146 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis  
**Clinical Policy:** Liver Transplant

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47147 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis  
**Clinical Policy:** Liver Transplant

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47370 Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency  
**Clinical Policy:** Radiofrequency Tumor Ablation; Liver Directed Therapy

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47371 Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical  
**Clinical Policy:** Liver Directed Therapy

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47380 Open ablate liver tumor rf  
**Clinical Policy:** Liver Directed Therapy; Radiofrequency Tumor Ablation

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47381 Open ablate liver tumor cryo  
**Clinical Policy:** Cryoablation; Liver Directed Therapy; Radiofrequency Tumor Ablation

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47382 Percut ablate liver rf  
**Clinical Policy:** Liver Directed Therapy; Radiofrequency Tumor Ablation

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47383 Perq abltj lvr cryoablation  
**Clinical Policy:** Liver Directed Therapy

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48160 Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells  
**Clinical Policy:** Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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48551 Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues  
**Clinical Policy:** Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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48552 Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis  
**Clinical Policy:** Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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48554 Transplantation of pancreatic allograft  
**Clinical Policy:** Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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48556 Removal of transplanted pancreatic allograft  
**Clinical Policy:** Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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49327 Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance  
**Clinical Policy:** Brachytherapy

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49421 Insertion of tunneled intraperitoneal catheter for dialysis, open  
**Clinical Policy:** Brachytherapy

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50323 Backbench standard preparation of cadaver donor renal allograft prior to transplantation  
**Clinical Policy:** Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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50325 Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation  
**Clinical Policy:** Kidney Transplantation

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50327 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis  
**Clinical Policy:** Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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50328 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis  
**Clinical Policy:** Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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50329 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis  
**Clinical Policy:** Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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50340 Recipient nephrectomy  
**Clinical Policy:** Kidney Transplantation

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50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy  
**Clinical Policy:** Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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50365 Renal allotransplantation, implantation of graft; with recipient nephrectomy  
**Clinical Policy:** Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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50370 Removal of transplanted renal allograft  
**Clinical Policy:** Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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50380 Renal autotransplantation, reimplantation of kidney  
**Clinical Policy:** Kidney Transplantation

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50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency  
**Clinical Policy:** Radiofrequency Tumor Ablation

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0184T Exc rectal tumor endoscopic  
**Clinical Policy:** Transanal Endoscopic Microsurgery (TEMs)

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#### SURGERY - EYE AND OCULAR ADNEXA

Code	Description
65760	Revision of cornea <b>Clinical Policy:</b> Computerized Corneal Topography; Vision Surgery and Vision Screening for Medical Diseases or Injury
65767	Corneal tissue transplant <b>Clinical Policy:</b> Computerized Corneal Topography; Vision Surgery and Vision Screening for Medical Diseases or Injury

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65778 Cover eye w/membrane  
**Clinical Policy:** Amniotic Membrane and Limbal Stem Cell Transplantation for Corneal and Ocular Surface Conditions

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65779 Cover eye w/membrane suture  
**Clinical Policy:** Amniotic Membrane and Limbal Stem Cell Transplantation for Corneal and Ocular Surface Conditions

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65780 Ocular reconst transplant  
**Clinical Policy:** Amniotic Membrane and Limbal Stem Cell Transplantation for Corneal and Ocular Surface Conditions

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65781 Ocular reconst transplant  
**Clinical Policy:** Amniotic Membrane and Limbal Stem Cell Transplantation for Corneal and Ocular Surface Conditions

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65782 Ocular reconst transplant  
**Clinical Policy:** Amniotic Membrane and Limbal Stem Cell Transplantation for Corneal and Ocular Surface Conditions

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65785 Impltj ntrstrml crnl rng seg  
**Clinical Policy:** Intrastromal Corneal Ring Segments (INTACS); Vision Surgery and Vision Screening for Medical Diseases Or Injury

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#### SURGERY - FEMALE GENITAL SYSTEM

Code	Description
56620	Partial removal of vulva <b>Clinical Policy:</b> Cosmetic Surgery

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#### SURGERY - HEMIC AND LYMPHATIC

Code	Description
38204	Bl donor search management <b>Clinical Policy:</b> Donor Lymphocyte Infusion
38205	Harvest allogeneic stem cell <b>Clinical Policy:</b> Blood Product Injections for Selected Indications; Donor Lymphocyte Infusion; Ventricular Assist Devices
38206	Harvest auto stem cells <b>Clinical Policy:</b> Blood Product Injections for Selected Indications; Hematopoietic Stem Cell or Bone Marrow Transplantation; Ventricular Assist Devices
38207	Cryopreserve stem cells <b>Clinical Policy:</b> Donor Lymphocyte Infusion; Hematopoietic Stem Cell or Bone Marrow Transplantation
38208	Thaw preserved stem cells <b>Clinical Policy:</b> Hematopoietic Stem Cell Or Bone Marrow Transplantation
38209	Wash harvest stem cells <b>Clinical Policy:</b> Hematopoietic Stem Cell Or Bone Marrow Transplantation
38210	T-cell depletion of harvest <b>Clinical Policy:</b> Hematopoietic Stem Cell Or Bone Marrow Transplantation
38211	Tumor cell deplete of harvst <b>Clinical Policy:</b> Hematopoietic Stem Cell Or Bone Marrow Transplantation
38212	Rbc depletion of harvest <b>Clinical Policy:</b> Hematopoietic Stem Cell Or Bone Marrow

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Transplantation

38213 Platelet deplete of harvest  
**Clinical Policy:** Hematopoietic Stem Cell Or Bone Marrow Transplantation

38214 Volume deplete of harvest  
**Clinical Policy:** Hematopoietic Stem Cell Or Bone Marrow Transplantation

38215 Harvest stem cell concentrtr  
**Clinical Policy:** Donor Lymphocyte Infusion; Hematopoietic Stem Cell Or Bone Marrow Transplantation

38230 Bone marrow harvest allogene  
**Clinical Policy:** Donor Lymphocyte Infusion

38232 Bone marrow harvest autolog  
**Clinical Policy:** Blood Product Injections for Selected Indications; Dry Eye Treatments and Devices; Epilepsy Surgery; Hematopoietic Stem Cell or Bone Marrow Transplantation

38240 Transplnt allo hct/donor  
**Clinical Policy:** Dry Eye Treatments and Devices; Epilepsy Surgery; Hematopoietic Stem Cell or Bone Marrow Transplantation

38241 Transplnt autol hct/donor  
**Clinical Policy:** Blood Product Injections for Selected Indications; Dry Eye Treatments and Devices; Epilepsy Surgery; Hematopoietic Stem Cell or Bone Marrow Transplantation

38242 Transplnt allo lymphocytes  
**Clinical Policy:** Donor Lymphocyte Infusion; Epilepsy Surgery; Recurrent Pregnancy Loss; Hematopoietic Stem Cell or Bone Marrow Transplantation

38243 Transplj hematopoietic boost  
**Clinical Policy:** Hematopoietic Stem Cell or Bone Marrow Transplantation

41019 Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal)  
**Clinical Policy:** Brachytherapy

**SURGERY - INTEGUMENTARY SYSTEM**

Code	Description
11920	Tattooing; 6.0 sq cm or less <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy
11921	Tattooing; 6.1 to 20.0 sq cm <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy
11922	Tattooing; each add'l 20.0 sq cm <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy
11970	Replacement of tissue expander w/ implant <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy
11971	Removal of tissue expander w/o implant <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy

15271	Skin sub graft trnk/arm/leg <b>Clinical Policy:</b> Wound Care
15272	Skin sub graft t/a/l add-on <b>Clinical Policy:</b> Wound Care
15273	Skin sub grft t/arm/lg child <b>Clinical Policy:</b> Wound Care
15274	Skn sub grft t/a/l child add <b>Clinical Policy:</b> Wound Care
15275	Skin sub graft face/nk/hf/g <b>Clinical Policy:</b> Wound Care
15276	Skin sub graft face/nk/hf/g addl <b>Clinical Policy:</b> Wound Care
15277	Skn sub grft f/n/hf/g child <b>Clinical Policy:</b> Wound Care
15278	Skn sub grft f/n/hf/g ch add <b>Clinical Policy:</b> Wound Care
15769	Autologous soft tissue graft <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy
15770	Derma-fat-fascia graft <b>Clinical Policy:</b> Dupuytren's Contracture Treatments
15771	Autologous fat graft trnk/brst/s/a/l <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
15772	Autologous fat graft trnk/brst/s/a/l add <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
15777	Acellular derm matrix implt <b>Clinical Policy:</b> Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care
15830	Exc skin abd <b>Clinical Policy:</b> Abdominoplasty, Lipectomy, and Panniculectomy
15879	Suction assisted lipectomy; lower extremity <b>Clinical Policy:</b> Surgery - Integumentary System
17106	Destruction of skin lesions <b>Clinical Policy:</b> Pulsed Dye Laser Treatment; Site of Service Guidelines
17107	Destruction of skin lesions <b>Clinical Policy:</b> Pulsed Dye Laser Treatment; Site of Service Guidelines
17108	Destruction of skin lesions <b>Clinical Policy:</b> Pulsed Dye Laser Treatment
19296	Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to deliver radioactive material directly into or near the diseased tissue. <b>Clinical Policy:</b> Brachytherapy
19297	Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to

deliver radioactive material directly into or near the diseased tissue.

**Clinical Policy:** Brachytherapy

19298 Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to deliver radioactive material directly into or near the diseased tissue.

**Clinical Policy:** Brachytherapy

19303 Mastectomy, simple, complete

**Clinical Policy:** Prophylactic Mastectomy

19316 Mastopexy

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19318 Reduction of large breast

**Clinical Policy:** Reduction Mammoplasty (Salt Lake County)

19325 Enlarge breast with implant

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care

19328 Removal of breast implant

**Clinical Policy:** Breast Implant Removal

19330 Removal of implant material

**Clinical Policy:** Breast Implant Removal

19340 Immediate breast prosthesis

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome

19342 Delayed breast prosthesis

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome

19350 Nipple/areola reconstruction

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19357 Breast reconstruction

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care

19361 Breast reconstruction

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19362 Breast reconstruction

**Clinical Policy:** Breast Reconstruction

19364 Breast reconstruction

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19367 Breast reconstruction

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19368 Breast reconstruction

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19369 Breast reconstruction

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19370 Surgery of breast capsule

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19371 Removal of breast capsule

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy

19380 Revise breast reconstruction

**Clinical Policy:** Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care

C5271 Low cost skin substitute app

**Clinical Policy:** Wound Care

C5272 Low cost skin substitute app

**Clinical Policy:** Wound Care

C5273 Low cost skin substitute app

**Clinical Policy:** Wound Care

C5274 Low cost skin substitute app

**Clinical Policy:** Wound Care

C5275 Low cost skin substitute app

**Clinical Policy:** Wound Care

C5276 Low cost skin substitute app

**Clinical Policy:** Wound Care

C5277 Low cost skin substitute app

**Clinical Policy:** Wound Care

C5278 Low cost skin substitute app

**Clinical Policy:** Wound Care

C7509 Scope exam of lung, airway

**Clinical Policy:** Electromagnetic Navigation Bronchoscopy

C7510 Exam of lung and airway

**Clinical Policy:** Electromagnetic Navigation Bronchoscopy

C7511 Lung or airway biopsy

**Clinical Policy:** Electromagnetic Navigation Bronchoscopy

## SURGERY - MALE GENITAL SYSTEM

### Code Description

55706 Prostate saturation sampling

**Clinical Policy:** Prostate Biopsy Procedures

## SURGERY - MUSCULOSKELETAL

### Code Description

20527 Inj dupuytren cord w/enzyme

**Clinical Policy:** Dupuytren's Contracture Treatments

20555 Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application

**Clinical Policy:** Brachytherapy

20974 Electrical bone stimulation

**Clinical Policy:** Bone Growth Stimulators

20975 Electrical bone stimulation

**Clinical Policy:** Bone Growth Stimulators

20979	Us bone stimulation	<b>Clinical Policy:</b> Bone Growth Stimulators
21010	Arthrotomy, temporomandibular joint	<b>Clinical Policy:</b> Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)
21050	Condylectomy, temporomandibular joint (separate procedure)	<b>Clinical Policy:</b> Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	<b>Clinical Policy:</b> Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)
21070	Coronoidectomy (separate procedure)	<b>Clinical Policy:</b> Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)
21085	Prepare face/oral prosthesis	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21141	Lefort i-1 piece w/o graft	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21142	Lefort i-2 piece w/o graft	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21143	Lefort i-3/> piece w/o graft	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21145	Lefort i-1 piece w/ graft	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21146	Lefort i-2 piece w/ graft	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21147	Lefort i-3/> piece w/ graft	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21150	Lefort ii anterior intrusion	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21151	Lefort ii w/bone grafts	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21154	Lefort iii w/o lefort i	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21155	Lefort iii w/ lefort i	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21159	Lefort iii w/fhdw/o lefort i	

**Clinical Policy:** Orthognathic Surgery

21160	Lefort iii w/fhd w/ lefort i	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21188	Reconstruction of midface	<b>Clinical Policy:</b> Orthognathic Surgery
21193	Reconst lwr jaw w/o graft	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21194	Reconst lwr jaw w/graft	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21195	Reconst lwr jaw w/o fixation	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21196	Reconst lwr jaw w/fixation	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21198	Reconstr lwr jaw segment	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery
21199	Reconstr lwr jaw w/advance	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery
21206	Reconstruct upper jaw bone	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21208	Augmentation of facial bones	<b>Clinical Policy:</b> Bone Graft Substitutes for Use In Spinal Fusion and Bone Nonunion Repair; Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery
21209	Reduction of facial bones	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery
21210	Face bone graft	<b>Clinical Policy:</b> 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	<b>Clinical Policy:</b> Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery
21230	Rib cartilage graft	<b>Clinical Policy:</b> Orthognathic Surgery
21235	Ear cartilage graft	<b>Clinical Policy:</b> Orthognathic Surgery
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	

**Clinical Policy:** Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21242 Arthroplasty, temporomandibular joint, with allograft  
**Clinical Policy:** Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement  
**Clinical Policy:** Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21245 Reconstruction of jaw  
**Clinical Policy:** Dental Services and Oral and Maxillofacial Surgery

21246 Reconstruction of jaw  
**Clinical Policy:** Dental Services and Oral and Maxillofacial Surgery

21247 Reconstruct lower jaw bone  
**Clinical Policy:** Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21255 Reconstruct lower jaw bone  
**Clinical Policy:** Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21270 Augmentation cheek bone  
**Clinical Policy:** Orthognathic Surgery

21295 Revision of jaw muscle/bone  
**Clinical Policy:** Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21296 Revision of jaw muscle/bone  
**Clinical Policy:** Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21740 Reconstruction of sternum  
**Clinical Policy:** Pectus Excavatum and Poland's Syndrome

21742 Repair stern/nuss w/o scope  
**Clinical Policy:** Pectus Excavatum and Poland's Syndrome

21743 Repair sternum/nuss w/scope  
**Clinical Policy:** Pectus Excavatum and Poland's Syndrome

22856 Cerv artifc diskectomy  
**Clinical Policy:** Intervertebral Disc Prostheses

22857 Total disc arthroplasty anterior approach  
**Clinical Policy:** Intervertebral Disc Prostheses

22858 Second level cer diskectomy  
**Clinical Policy:** Intervertebral Disc Prostheses

22861 Revision including replacement of total disc arthroplasty  
**Clinical Policy:** Intervertebral Disc Prostheses

22862 Revision including replacement of total disc arthroplasty anterior approach  
**Clinical Policy:** Intervertebral Disc Prostheses

22864 Remove cerv artifc disc  
**Clinical Policy:** Intervertebral Disc Prostheses

22865 Removal of total disc arthroplasty, anterior approach

lumbar

**Clinical Policy:** Intervertebral Disc Prostheses

24361 Reconstruct elbow joint  
**Clinical Policy:** Elbow Arthroplasty

24362 Reconstruct elbow joint  
**Clinical Policy:** Elbow Arthroplasty

24363 Replace elbow joint  
**Clinical Policy:** Elbow Arthroplasty

24366 Reconstruct head of radius  
**Clinical Policy:** Elbow Arthroplasty

24370 Revise reconst elbow joint  
**Clinical Policy:** Elbow Arthroplasty

24371 Revise reconst elbow joint  
**Clinical Policy:** Elbow Arthroplasty

26040 Release palm contracture  
**Clinical Policy:** Dupuytren's Contracture Treatments

26341 Manipulation, palmar fascial cord post enzyme injection  
**Clinical Policy:** Dupuytren's Contracture Treatments

26531 Revise knuckle with implant  
**Clinical Policy:** Distal Interphalangeal (DIP), MCP, and PIP Joint Implants

26536 Revise/implant finger joint  
**Clinical Policy:** Distal Interphalangeal (DIP), MCP, and PIP Joint Implants

27279 Arthrodesis sacroiliac joint  
**Clinical Policy:** Back Pain - Invasive Procedures; Minimally Invasive Fusion of the Sacroiliac Joint

27280 Arthrodesis sacroiliac joint; open  
**Clinical Policy:** Minimally Invasive Fusion of the Sacroiliac Joint

27412 Autologous chondrocyte implantation, knee  
**Clinical Policy:** Autologous Chondrocyte Implantation, Allograft Transplant of the Extremities, Osteochondral Autografts (OATS or mosaicplasty), and Menaflex

27702 Reconstruct ankle joint  
**Clinical Policy:** Total Ankle Arthroplasty Replacement

27703 Reconstruction ankle joint  
**Clinical Policy:** Total Ankle Arthroplasty Replacement

27704 Removal of ankle implant  
**Clinical Policy:** Total Ankle Arthroplasty Replacement

28107 Remove/graft foot lesion  
**Clinical Policy:** Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28725 Fusion of foot bones  
**Clinical Policy:** Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex; Subtalar Arthroereisis

28730 Fusion of foot bones  
**Clinical Policy:** Autologous Chondrocyte Implantation, Allograft

Transplant of the Knee, Osteochondral Autografts, and Menaflex

28735 Fusion of foot bones  
**Clinical Policy:** Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28737 Revision of foot bones  
**Clinical Policy:** Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28740 Fusion of foot bones  
**Clinical Policy:** Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)  
**Clinical Policy:** Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

29804 Arthroscopy, temporomandibular joint, surgical  
**Clinical Policy:** Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

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

**SURGERY -NERVOUS SYSTEM**

**Code Description**  
 0164T Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar  
**Clinical Policy:** Intervertebral Disc Prostheses

0165T Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar  
**Clinical Policy:** Intervertebral Disc Prostheses

60660 Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency  
**Clinical Policy:** Radiofrequency Tumor Ablation

60661 Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency  
**Clinical Policy:** Radiofrequency Tumor Ablation

61720 Incise skull/brain surgery  
**Clinical Policy:** Epilepsy Surgery; Parkinson's Disease

61735 Incise skull/brain surgery  
**Clinical Policy:** Parkinson's Disease

61736 Laser interstitial thermal therapy (LITT)  
**Clinical Policy:** Laser Interstitial Thermal Therapy; Epilepsy Surgery

61737 Laser interstitial thermal therapy (LITT)  
**Clinical Policy:** Laser Interstitial Thermal Therapy; Epilepsy Surgery

61770 Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source  
**Clinical Policy:** Brachytherapy

61790 Treat trigeminal nerve  
**Clinical Policy:** Trigeminal Neuralgia Treatments

61796 Srs cranial lesion simple  
**Clinical Policy:** Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments; Epilepsy Surgery

61797 Srs cran les simple addl  
**Clinical Policy:** Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments; Epilepsy Surgery

61798 Srs cranial lesion complex  
**Clinical Policy:** Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments

61799 Srs cran les complex addl  
**Clinical Policy:** Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments

61800 Apply srs headframe add-on  
**Clinical Policy:** Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Epilepsy Surgery

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

61860 Implant neuroelectrodes  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Tinnitus Treatments; Trigeminal Neuralgia Treatments

61863 Implant neuroelectrode  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61864 Implant neuroelectrde addl  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61867 Implant neuroelectrode  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61868 Implant neuroelectrde addl  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61870 Implant neuroelectrodes  
**Clinical Policy:** Epilepsy Surgery; Headaches Invasive Procedures; Tinnitus Treatments

61880 Revise/remove neuroelectrode  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments

61885 Insrt/redo neurostim 1 array  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity

Management; Tinnitus Treatments; Trigeminal Neuralgia Treatments; Vagus Nerve Stimulation

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61886 Implant neurostim arrays  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments; Trigeminal Neuralgia Treatments

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61888 Revise/remove neuroreceiver  
**Clinical Policy:** Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments

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61889 Insertion of skull-mounted cranial neurostimulator pulse generator or receiver  
**Clinical Policy:** Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

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61891 Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver  
**Clinical Policy:** Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

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61892 Removal of skull-mounted cranial neurostimulator pulse generator or receiver  
**Clinical Policy:** Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

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62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc  
**Clinical Policy:** Back Pain - Invasive Procedures

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62350 Implant spinal canal cath  
**Clinical Policy:** Infusion Pumps

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62351 Implant spinal canal cath  
**Clinical Policy:** Infusion Pumps

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62360 Insert spine infusion device  
**Clinical Policy:** Infusion Pumps

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62361 Implant spine infusion pump  
**Clinical Policy:** Infusion Pumps

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62362 Implant spine infusion pump  
**Clinical Policy:** Infusion Pumps

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62365 Remove spine infusion device  
**Clinical Policy:** Infusion Pumps

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63620 Srs spinal lesion  
**Clinical Policy:** Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Epilepsy Surgery

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63621 Srs spinal lesion addl  
**Clinical Policy:** Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Epilepsy Surgery

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63650 Implant neuroelectrodes  
**Clinical Policy:** Headaches Invasive Procedures; Post Herpetic Neuralgia; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

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63655 Implant neuroelectrodes  
**Clinical Policy:** Headaches Invasive Procedures; Post Herpetic Neuralgia; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

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63661 Remove spine eltrd perq aray  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

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63662 Remove spine eltrd plate  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

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63663 Revise spine eltrd perq aray  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

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63664 Revise spine eltrd plate  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

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63685 Insrtr/redo spine n generator  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

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63688 Revise/remove neuroreceiver  
**Clinical Policy:** Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

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64505 N block sphenopalatine gangl  
**Clinical Policy:** Headaches Invasive Procedures; Migraine and Cluster Headache Nonsurgical Management; Peripheral and Sympathetic Nerve Blocks and Neurolysis

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64510 N block stellate ganglion  
**Clinical Policy:** Headaches Invasive Procedures; Post Herpetic Neuralgia; Peripheral and Sympathetic Nerve Blocks and Neurolysis

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64517 N block inj hypogas plxs  
**Clinical Policy:** Peripheral and Sympathetic Nerve Blocks and Neurolysis

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64520 N block lumbar/thoracic  
**Clinical Policy:** Peripheral and Sympathetic Nerve Blocks and Neurolysis

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64530 N block inj celiac pelus  
**Clinical Policy:** Peripheral and Sympathetic Nerve Blocks and Neurolysis

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64555 Implant neuroelectrodes  
**Clinical Policy:** Headaches Invasive Procedures; Post Herpetic Neuralgia

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64561 Implant neuroelectrodes  
**Clinical Policy:** Fecal Incontinence Treatments; Urinary Tract Dysfunction Management

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64566 Neuroeltrd stim post tibial  
**Clinical Policy:** Fecal Incontinence Treatments; Urinary Tract Dysfunction Management

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64568 Inc for vagus n elect impl  
**Clinical Policy:** Vagus Nerve Stimulation; Tinnitus Treatments; Headaches Invasive Procedures; Migraine and Cluster Headache

Nonsurgical Mgmt; Hypoglossal Nerve Stimulation

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64575 Implant neuroelectrodes  
**Clinical Policy:** Headaches Invasive Procedures; Post Herpetic Neuralgia

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64580 Implant neuroelectrodes  
**Clinical Policy:** Headaches Invasive Procedures

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64581 Implant neuroelectrodes  
**Clinical Policy:** Fecal Incontinence Treatments; Urinary Tract Dysfunction Management

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64582 Implant nerve stimulator  
**Clinical Policy:** Hypoglossal Nerve Neurostimulation

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64583 Replace implanted stimulator  
**Clinical Policy:** Hypoglossal Nerve Neurostimulation

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64584 Remove implanted stimulator  
**Clinical Policy:** Hypoglossal Nerve Neurostimulation

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64585 Revise/remove neuroelectrode  
**Clinical Policy:** Headaches Invasive Procedures; Urinary Tract Dysfunction Management

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64590 Insrt/redo pn/gastr stimul  
**Clinical Policy:** Fecal Incontinence Treatments; Gastric Pacing and Gastric Electrical Stimulation; Headaches Invasive Procedures; Urinary Tract Dysfunction Management

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64595 Revise/rmv pn/gastr stimul  
**Clinical Policy:** Gastric Pacing and Gastric Electrical Stimulation; Urinary Tract Dysfunction Management

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64628 Thermal destruction of intraosseous basivertebral nerve first 2  
**Clinical Policy:** Back Pain - Invasive Procedures

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64629 Thermal destruction of intraosseous basivertebral nerve additional  
**Clinical Policy:** Back Pain - Invasive Procedures

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64633 Destroy cerv/thor facet jnt  
**Clinical Policy:** Back Pain - Invasive Procedures; Headaches Invasive Procedures; Neurolysis; Site of Service Guidelines

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64634 Destroy c/th facet jnt addl  
**Clinical Policy:** Back Pain - Invasive Procedures; Headaches Invasive Procedures; Neurolysis; Site of Service Guidelines

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64635 Destroy lumb/sac facet jnt  
**Clinical Policy:** Back Pain - Invasive Procedures; Neurolysis; Site of Service Guidelines

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64636 Destroy l/s facet jnt addl  
**Clinical Policy:** Back Pain - Invasive Procedures; Neurolysis; Site of Service Guidelines

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64680 Injection treatment of nerve  
**Clinical Policy:** Post Herpetic Neuralgia; Peripheral and Sympathetic Nerve Blocks and Neurolysis

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69716 Temple bone implant  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69717 Temple bone implant revision  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

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69719 Revise temple bone implant  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

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69726 Remove temple bone implant  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

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69727 Remove temple bone implant  
**Clinical Policy:** Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

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0095T Rmvl artific disc addl crvcl  
**Clinical Policy:** Intervertebral Disc Prostheses

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0098T Rev artific disc addl  
**Clinical Policy:** Intervertebral Disc Prostheses

## SURGERY - OTHER

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Code	Description
G0339	Robot lin-radsurg com, first
<b>Clinical Policy:</b>	Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments

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G0340	Robt lin-radsurg fractx 2-5
<b>Clinical Policy:</b>	Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments

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S2053	Transplantation of small intestine and liver allograft
<b>Clinical Policy:</b>	Intestinal Transplantation

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S2054	Transplantation of multivisceral organs
<b>Clinical Policy:</b>	Intestinal Transplantation

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S2060	Lobar lung transplantation
<b>Clinical Policy:</b>	Heart-Lung Transplantation

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S2065	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor
<b>Clinical Policy:</b>	Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

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S2112	Knee arthroscop harv
<b>Clinical Policy:</b>	Autologous Chondrocyte Implantation, Allograft Transplant of the Extremities, Osteochondral Autografts (OATS or mosaicplasty), and Menaflex

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S2142	Cord blood-derived stem-cell
<b>Clinical Policy:</b>	Epilepsy Surgery; Hematopoietic Stem Cell or Bone Marrow Transplantation

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S2235	Implantation of auditory brain stem implant
<b>Clinical Policy:</b>	Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Aids (BAHA)

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S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
<b>Clinical Policy:</b>	Fetal Surgery

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S2402	Repari, congenital cystic adenomatoid malformation
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in the fetus, procedure performed in utero

**Clinical Policy:** Fetal Surgery

S2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero

**Clinical Policy:** Fetal Surgery

S2404 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero

**Clinical Policy:** Fetal Surgery

S2405 Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero

**Clinical Policy:** Fetal Surgery

S2411 Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome

**Clinical Policy:** Fetal Surgery

## SURGERY - RESPIRATORY SYSTEM

Code	Description
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30420	Reconstruction of nose
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**Clinical Policy:** Septoplasty and Rhinoplasty

30435	Revision of nose
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**Clinical Policy:** Septoplasty and Rhinoplasty

30450	Revision of nose
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**Clinical Policy:** Septoplasty and Rhinoplasty

31611	Surgery/speech prosthesis
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**Clinical Policy:** Voice therapy

31627	Navigational bronchoscopy
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**Clinical Policy:** Electromagnetic Navigation Bronchoscopy

32701	Thorax stereo rad targetw/tx
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**Clinical Policy:** Stereotactic Body Radiotherapy and Stereotactic Radiosurgery; Epilepsy Surgery

32850	Donor pneumonectomy
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**Clinical Policy:** Lung Transplantation

32851	Lung transplant single
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**Clinical Policy:** Lung Transplantation

32852	Lung transplant with bypass
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**Clinical Policy:** Lung Transplantation

32853	Lung transplant double
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**Clinical Policy:** Lung Transplantation

32854	Lung transplant with bypass
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**Clinical Policy:** Lung Transplantation

32994	Ablate pulm tumor perq crybl
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**Clinical Policy:** Cryoablation

32998	Ablate pulm tumor perq rf
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**Clinical Policy:** Cryoablation; Radiofrequency Tumor Ablation

33250	Operative ablation of supraventricular arrhythmogenic focus or pathway without cardiopulmonary bypass
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**Clinical Policy:** Cardiac Catheter Ablation and Radioablation

33251	Operative ablation of supraventricular
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arrhythmogenic focus or pathway with cardiopulmonary bypass

**Clinical Policy:** Cardiac Catheter Ablation and Radioablation

33254	Operative tissue ablation and reconstruction of atria, limited
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**Clinical Policy:** Cardiac Catheter Ablation and Radioablation; Cryoablation

33256	Operative tissue ablation and reconstruction of atria, extensive
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**Clinical Policy:** Cardiac Catheter Ablation and Radioablation; Cryoablation

33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure
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**Clinical Policy:** Cardiac Catheter Ablation and Radioablation; Cryoablation

33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure with cardiopulmonary bypass
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**Clinical Policy:** Cardiac Catheter Ablation and Radioablation; Cryoablation

33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
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**Clinical Policy:** Cardiac Catheter Ablation and Radioablation

## SURGERY - URINARY SYSTEM

Code	Description
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52441	Cystourethro w/implant
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**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments; Site of Service Guidelines

52442	Cystourethro w/addl implant
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**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments

53444	Insert tandem cuff
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**Clinical Policy:** Urinary Tract Dysfunction Management

53445	Insert uro/ves nck sphincter
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**Clinical Policy:** Urinary Tract Dysfunction Management

53446	Removal of inflatable urethral/bladder neck sphincter
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**Clinical Policy:** Urinary Tract Dysfunction Management

53447	Removal and replacement of inflatable urethral/bladder neck sphincter
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**Clinical Policy:** Urinary Tract Dysfunction Management

53449	Repair of inflatable urethral/bladder neck sphincter
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**Clinical Policy:** Urinary Tract Dysfunction Management

53860	Transurethral rf treatment
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**Clinical Policy:** Urinary Tract Dysfunction Management

C9739	Cystoscopy prostatic imp 1-3
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**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments

C9740	Cysto impl 4 or more
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**Clinical Policy:** Benign Prostatic Hypertrophy (BPH) Treatments