

# 2023-01-01 Health Care Services Requiring Preauthorization

## Legal notices

LICENSE FOR USE OF CURRENT PROCEDURAL TERMINOLOGY, FOURTH EDITION  
(CPT®)

Current Procedural Terminology (CPT®) codes, descriptions, and other data are copyright 1966, 1970, 1973, 1977, 1981, 1983-2022 by the American Medical Association. All rights reserved.

CPT® is a registered trademark of the American Medical Association.

You, your employees and agents are authorized to use CPT solely for your own personal use in directly participating in the Sendero Health Plans, Inc. preauthorization process. You acknowledge that AMA holds all copyright, trademark and other rights in CPT.

U.S. GOVERNMENT RIGHTS. CPT CODES ARE COMMERCIAL TECHNICAL DATA AND/OR COMPUTER DATA BASES AND/OR COMMERCIAL COMPUTER SOFTWARE DOCUMENTATION, AS APPLICABLE, WHICH WERE Developed exclusively at private expense by the American Medical Association, 330 North Wabash Avenue, Chicago, Illinois 60611-5885. U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-7015 (b) (2) (November 1995) and/or subject to the restrictions of DFARS 227.7202-1 (a) (June 1995) and DFARS 227-7202-3 (a) (June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14 (June 1987) and FAR 52.227-19 (June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

The CPT data may not be sold, duplicated, or given away in whole or in part without the expressed written consent of the American Medical Association.

Refer also to the Sendero Quick Reference Guide and Prior Authorization List Guidance document located on the Preauthorization tab on the Sendero Web Site Provider pages.

Sendero also publishes an interactive online Code Lookup Tool to search for codes requiring preauthorization. Find it at [www.senderohealth.com/preauthorizationsearch](http://www.senderohealth.com/preauthorizationsearch).

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0002U	ONCOLOGY (COLORECTAL), QUANT ASSMNT OF 3 URINE METABOLITES (ASCORBIC ACID, SUCCINIC ACID, CARNITINE) BY LIQUID CHROM W/TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING ACQUISITION, ALGORITHM REPORTED AS LIKELIHOOD OF ADENOMATOUS POLY	1/1/2022
0003U	ONCOLOGY (OVARIAN) BIOCHEMICAL ASSAYS OF FIVE PROTEINS (APOLIPOPROTEIN A-1, CA 125 II, FOLLICLE STIMULATING HORMONE, HUMAN EPIDIDYMIS PROTEIN 4, TRANSFERRIN), UTILIZING SERUM, ALGORITHM REPORTED AS A LIKELIHOOD SCORE	1/1/2022
0004M	SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALIVA, PROGNOSTIC ALGORITHM REPORTED AS A RISK SCORE	1/1/2022
0005U	ONCOLOGY (PROSTATE) GENE EXPRESSION PROFILE BY REAL-TIME RT-PCR OF 3 GENES (ERG, PCA3, AND SPDEF), URINE, ALGORITHM REPORTED AS RISK SCORE	1/1/2022
0006M	ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOCELLULAR CARCINOMA TUMOR TISSUE, WITH ALPHA-FETOPROTEIN LEVEL, ALGORITHM REPORTED AS A RISK CLASSIFIER [HEPRODX]	1/1/2022
0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A NOMOGRAM OF TUMOR DISEASE INDEX [NETEST]	1/1/2022
0009M	FETAL ANEUPLOIDY (TRISOMY 21, AND 18) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA, ALGORITHM REPORTED AS A RISK SCORE FOR EACH TRISOMY	1/1/2022
0011M	ONCOLOGY, PROSTATE CANCER, MRNA EXPRESSION ASSAY OF 12 GENES (10 CONTENT AND 2 HOUSEKEEPING), RT-PCR TEST UTILIZING BLOOD PLASMA AND/OR URINE, ALGORITHMS TO PREDICT HIGH-GRADE PROSTATE CANCER RISK	1/1/2022
0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND XCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA	1/1/2022
0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING RECURRENT UROTHELIAL CARCINOMA	1/1/2022
0015M	ADRENAL CORTICAL TUMOR, BIOCHEMICAL ASSAY OF 25 STEROID MARKERS, UTILIZING 24-HYPHENHOUR URINE SPECIMEN AND CLINICAL PARAMETERS, PROGNOSTIC ALGORITHM REPORTED AS A CLINICAL RISK AND INTEGRATED CLINICAL STEROID RISK FOR ADRENAL CORTICAL CARCINOMA, ADENOMA,	1/1/2022
0016M	ONCOLOGY (BLADDER), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 209 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS MOLECULAR SUBTYPE (LUMINAL, LUMINAL INFILTRATED, BASAL, BASAL CLAUDIN-LOW, NEUROENDOCRINE-LIKE)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	1/1/2022
0019U	ONCOLOGY, RNA, GENE EXPRESSION BY WHOLE TRANSCRIPTOME SEQUENCING, FORMALIN-FIXED PARAFFIN EMBEDDED TISSUE OR FRESH FROZEN TISSUE, PREDICTIVE ALGORITHM REPORTED AS POTENTIAL TARGETS FOR THERAPEUTIC AGENTS	1/1/2022
0021U	ONCOLOGY (PROSTATE), DETECTION OF 8 AUTOANTIBODIES (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-ROPPORIN, DESMOCOLLIN, AURKAIP-1, CSNK2A2), MULTIPLEXED IMMUNOASSAY AND FLOW CYTOMETRY SERUM, ALGORITHM REPORTED AS RISK SCORE	1/1/2022
0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP2C9, CYP4F2, VKORC1, RS12777823)	1/1/2022
0031U	CYP1A2 (CYTOCHROME P450 FAMILY 1, SUBFAMILY A, MEMBER 2) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, *1F, *1K, *6, *7)	1/1/2022
0032U	COMT (CATECHOL-O-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, C.472G>A (RS4680) VARIANT	1/1/2022
0033U	HTR2A (5-HYDROXYTRYPTAMINE RECEPTOR 2A), HTR2C (5-HYDROXYTRYPTAMINE RECEPTOR 2C) (EG, CITALOPRAM METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, HTR2A RS7997012 [C.614-2211T>C], HTR2C RS3813929 [C.-759C>T] AND RS1414334 [C.551-3008C>G])	1/1/2022
0034U	TPMT (THIOPURINE S-METHYLTRANSFERASE), NUDT15 (NUDIX HYDROXYLASE 15) (E.G. THIOPURINE METABOLISM) GENE ANALYSIS, COMMON VARIANTS (I.E. TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	1/1/2022
0037U	TARGETED GENOMIC SEQUENCE ANALYSIS, SOLID ORGAN NEOPLASM, DNA ANALYSIS OF 324 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN	1/1/2022
0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST-PROCESSING OF PARAMETRIC MAPS WITH DETERMINATION OF CEREBRAL BLOOD FLOW, CEREBRAL BLOOD VOLUME, AND MEAN TRANSIT TIME	1/1/2022
0045U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE SCORE	1/1/2022
0048U	ONCOLOGY (SOLID ORGAN NEOPLASIA), DNA, TARGETED SEQUENCING OF PROTEIN-CODING EXONS OF 468 CANCER-ASSOCIATED GENES, INCLUDING INTERROGATION FOR SOMATIC MUTATIONS AND MICROSATELLITE INSTABILITY, MATCHED WITH NORMAL SPECIMENS, UTILIZING FORMALIN-FIXED PARAFF	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0050U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOGENOUS LEUKEMIA, DNA ANALYSIS, 194 GENES, INTERROGATION FOR SEQUENCE VARIANTS, COPY NUMBER VARIANTS OR REARRANGEMENTS	1/1/2022
0052U	LIPOPROTEIN, BLOOD, HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS, INCLUDING ALL FIVE MAJOR LIPOPROTEIN CLASSES AND SUBCLASSES OF HDL, LDL, AND VLDL BY VERTICAL AUTO PROFILE ULTRACENTRIFUGATION	1/1/2022
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON FLUOROSCOPIC IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDANCE BASED ON CT/MRI IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022
0055U	CARDIOLOGY (HEART TRANSPLANT), CELL-FREE DNA, PCR ASSAY OF 96 DNA TARGET SEQUENCES (94 SINGLE NUCLEOTIDE POLYMORPHISM TARGETS AND TWO CONTROL TARGETS), PLASMA	1/1/2022
0057U	ONCOLOGY (SOLID ORGAN NEOPLASIA), MRNA, GENE EXPRESSION PROFILING BY MASSIVELY PARALLEL SEQUENCING FOR ANALYSIS OF 51 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A NORMALIZED PERCENTILE RANK	1/1/2022
0058U	ONCOLOGY (MERKEL CELL CARCINOMA), DETECTION OF ANTIBODIES TO THE MERKEL CELL POLYOMA VIRUS ONCOPROTEIN (SMALL T ANTIGEN), SERUM, QUANTITATIVE	1/1/2022
0059U	ONCOLOGY (MERKEL CELL CARCINOMA), DETECTION OF ANTIBODIES TO THE MERKEL CELL POLYOMA VIRUS CAPSID PROTEIN (VP1), SERUM, REPORTED AS POSITIVE OR NEGATIVE	1/1/2022
0063U	NEUROLOGY (AUTISM), 32 AMINES BY LC-MS/MS, USING PLASMA, ALGORITHM REPORTED AS METABOLIC SIGNATURE ASSOCIATED WITH AUTISM SPECTRUM DISORDER	1/1/2022
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE CERVICAL, THORACIC OR LUMBAR SPINE	1/1/2022
0066U	PLACENTAL ALPHA-MICRO GLOBULIN-1 (PAMG-1), IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION, CERVICO-VAGINAL FLUID, EACH SPECIMEN	1/1/2022
0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMARKERS (MATRIX METALLOPROTEINASE-HYPHEN1 [MMP-HYPHEN1], CARCINOEMBRYONIC ANTIGEN-HYPHENRELATED CELL ADHESION MOLECULE 6 [CEACAM6], HYALURONOGLUCOSAMINIDASE [HYAL1], HIGHLY EXPR	1/1/2022
0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-HYPHENPCR EXPRESSION PROFILING OF MIR-HYPHEN31-HYPHEN3P, FORMALIN-HYPHENFIXED PARAFFIN-HYPHENEMBEDDED TISSUE, ALGORITHM REPORTED AS AN EXPRESSION SCORE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME LESS THAN 200 CC OF TISSUE	1/1/2022
0072T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME GREATER OR EQUAL TO 200 CC OF TISSUE	1/1/2022
0075T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; INITIAL VESSEL	1/1/2022
0076T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL ARTERY STENT(S), INCLUDING RADIOLOGIC SUPERVISION AND INTERPRETATION, OPEN OR PERCUTANEOUS; EACH ADDITIONAL VESSEL	1/1/2022
0080U	ONCOLOGY (LUNG), MASS SPECTROMETRIC ANALYSIS OF GALECTIN-3-BINDING PROTEIN AND SCAVENGER RECEPTOR CYSTEINE-RICH TYPE 1 PROTEIN M130, WITH FIVE CLINICAL RISK FACTORS (AGE, SMOKING STATUS, NODULE DIAMETER, NODULE-SPICULATION STATUS AND NODULE LOCATION), UTI	1/1/2022
0087U	CARDIOLOGY (HEART TRANSPLANT), MRNA GENE EXPRESSION PROFILING BY MICROARRAY OF 1283 GENES, TRANSPLANT BIOPSY TISSUE, ALLOGRAFT REJECTION AND INJURY ALGORITHM REPORTED AS A PROBABILITY SCORE	1/1/2022
0088U	TRANSPLANTATION MEDICINE (KIDNEY ALLOGRAFT REJECTION), MICROARRAY GENE EXPRESSION PROFILING OF 1494 GENES, UTILIZING TRANSPLANT BIOPSY TISSUE, ALGORITHM REPORTED AS A PROBABILITY SCORE FOR REJECTION	1/1/2022
0089U	ONCOLOGY (MELANOMA), GENE EXPRESSION PROFILING BY RTQPCR, PRAME AND LINC00518, SUPERFICIAL COLLECTION USING ADHESIVE PATCH(ES)	1/1/2022
0090U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 23 GENES (14 CONTENT AND 9 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (I.E. BENIGN, INDETERMINATE, MALIGNANT)	1/1/2022
0091U	ONCOLOGY (COLORECTAL) SCREENING, CELL ENUMERATION OF CIRCULATING TUMOR CELLS, UTILIZING WHOLE BLOOD, ALGORITHM, FOR THE PRESENCE OF ADENOMA OR CANCER, REPORTED AS A POSITIVE OR NEGATIVE RESULT	1/1/2022
0092U	ONCOLOGY (LUNG), THREE PROTEIN BIOMARKERS, IMMUNOASSAY USING MAGNETIC NANOSENSOR TECHNOLOGY, PLASMA, ALGORITHM REPORTED AS RISK SCORE FOR LIKELIHOOD OF MALIGNANCY	1/1/2022
0094U	GENOME (E.G. UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME), RAPID SEQUENCE ANALYSIS	1/1/2022
0097U	GASTROINTESTINAL PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 22 TARGETS (CAMPYLOBACTER [C. JEJUNI/C. COLI/C. UPSALIENSIS], CLOSTRIDIUM DIFFICILE [C. DIFFICILE] TOXIN A/B, PLESIOMONAS SHIGE	1/1/2022
0100	ALL-INCLUSIVE ROOM AND BOARD PLUS ANCILLARY	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANTATION OF INTRAOCULAR RETINAL ELECTRODE ARRAY, WITH VITRECTOMY	1/1/2022
0101	ALL-INCLUSIVE ROOM AND BOARD	1/1/2022
0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY	1/1/2022
0101U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE	1/1/2022
0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INVOLVING LATERAL HUMERAL EPICONDYLE	1/1/2022
0102U	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLV	1/1/2022
0103U	HEREDITARY OVARIAN CANCER (EG, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN IND	1/1/2022
0106T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING TOUCH PRESSURE STIMULI TO ASSESS LARGE DIAMETER SENSATION	1/1/2022
0106U	GASTRIC EMPTYING, SERIAL COLLECTION OF 7 TIMED BREATH SPECIMENS, NON-RADIOISOTOPE CARBON-13 (13C) SPIRULINA SUBSTRATE, ANALYSIS OF EACH SPECIMEN BY GAS ISOTOPE RATIO MASS SPECTROMETRY, REPORTED AS RATE OF 13CO2 EXCRETION	1/1/2022
0107T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING VIBRATION STIMULI TO ASSESS LARGE DIAMETER FIBER SENSATION	1/1/2022
0108T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	1/1/2022
0109T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE FIBER SENSATION AND HYPERALGESIA	1/1/2022
0110	ROOM & BOARD-PRIVATE (ONE BED)-GENERAL	1/1/2022
0110T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; USING OTHER STIMULI TO ASSESS SENSATION	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0111	ROOM & BOARD-PRIVATE (ONE BED)-MEDICAL/SURGICAL/GYN	1/1/2022
0111T	LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES	1/1/2022
0112	ROOM & BOARD-PRIVATE (ONE BED)-OB	1/1/2022
0113	ROOM & BOARD-PRIVATE (ONE BED)-PEDIATRIC	1/1/2022
0114	INPATIENT MENTAL HEALTH	1/1/2022
0116	INPATIENT SUBSTANCE ABUSE 1 DAY	1/1/2022
0117	ROOM & BOARD-PRIVATE (ONE BED)-ONCOLOGY	1/1/2022
0118	ROOM & BOARD-PRIVATE (ONE BED)-REHABILITATION	1/1/2022
0119	ROOM & BOARD-PRIVATE (ONE BED)-OTHER	1/1/2022
0120	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-GENERAL	1/1/2022
0120U	ONCOLOGY (B-HYPHENCELL LYMPHOMA CLASSIFICATION), MRNA, GENE EXPRESSION PROFILING BY FLUORESCENT PROBE HYBRIDIZATION OF 58 GENES (45 CONTENT AND 13 HOUSEKEEPING GENES), FORMALIN-HYPHENFIXED PARAFFIN-HYPHENEMBEDDED TISSUE, ALGORITHM REPORTED AS LIKELIHOOD F	1/1/2022
0121	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-MEDICAL/SURGICAL/GYN	1/1/2022
0122	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-OB	1/1/2022
0123	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-PEDIATRIC	1/1/2022
0124	INPATIENT MENTAL HEALTH	1/1/2022
0126	INPATIENT SUBSTANCE ABUSE 1 DAY	1/1/2022
0126T	COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY HEART DISEASE RISK FACTOR ASSESSMENT	1/1/2022
0127	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-ONCOLOGY	1/1/2022
0128	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-REHABILITATION	1/1/2022
0129	ROOM & BOARD-SEMIPRIVATE (TWO-BEDS)-OTHER	1/1/2022
0130	ROOM & BOARD-THREE AND FOUR BEDS-GENERAL	1/1/2022
0130U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), TARGETED MRNA SEQUENCE ANALYSIS PANEL (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, AND TP53) (LIST SEPARATELY IN	1/1/2022
0131	ROOM & BOARD-THREE AND FOUR BEDS-MEDICAL/SURGICAL/GYN	1/1/2022
0132	ROOM & BOARD-THREE AND FOUR BEDS-OB	1/1/2022
0133	ROOM & BOARD-THREE AND FOUR BEDS-PEDIATRIC	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0134	INPATIENT MENTAL HEALTH	1/1/2022
0136	INPATIENT SUBSTANCE ABUSE 1 DAY	1/1/2022
0136U	ATM (ATAXIA TELANGIECTASIA MUTATED) (EG, ATAXIA TELANGIECTASIA) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022
0137	ROOM & BOARD-THREE AND FOUR BEDS-ONCOLOGY	1/1/2022
0137U	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022
0138	ROOM & BOARD-THREE AND FOUR BEDS-REHABILITATION	1/1/2022
0139	ROOM & BOARD-THREE AND FOUR BEDS-OTHER	1/1/2022
0139U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 6 CENTRAL CARBON METABOLITES (IE, AKETOGLUTARATE, ALANINE, LACTATE, PHENYLALANINE, PYRUVATE, AND SUCCINATE), LC-MS/MS, PLASMA, ALGORITHMIC ANALYSIS WITH RESULT REPORTED AS NEGATIVE O	1/1/2022
0140	ROOM & BOARD-DELUXE PRIVATE-GENERAL	1/1/2022
0141	ROOM & BOARD-DELUXE PRIVATE-MEDICAL/SURGICAL/GYN	1/1/2022
0142	ROOM & BOARD-DELUXE PRIVATE-OB	1/1/2022
0143	ROOM & BOARD-DELUXE PRIVATE-PEDIATRIC	1/1/2022
0144	INPATIENT MENTAL HEALTH	1/1/2022
0146	INPATIENT SUBSTANCE ABUSE 1 DAY	1/1/2022
0147	ROOM & BOARD-DELUXE PRIVATE-ONCOLOGY	1/1/2022
0148	ROOM & BOARD-DELUXE PRIVATE-REHABILITATION	1/1/2022
0149	ROOM & BOARD-DELUXE PRIVATE-OTHER	1/1/2022
0150	ROOM & BOARD-WARD-GENERAL	1/1/2022
0151	ROOM & BOARD-WARD-MEDICAL/SURGICAL/GYN	1/1/2022
0152	ROOM & BOARD-WARD-OB	1/1/2022
0153	ROOM & BOARD-WARD-PEDIATRIC	1/1/2022
0154	INPATIENT MENTAL HEALTH	1/1/2022
0156	INPATIENT SUBSTANCE ABUSE 1 DAY	1/1/2022
0156U	COPY NUMBER (E.G. INTELLECTUAL DISABILITY, DYSMORPHOLOGY), SEQUENCE ANALYSIS [SHORT MULTIPLY AGGREGATED SEQUENCE HOMOLOGIES (SMASH) (MARVEL GENOMICS)]	1/1/2022
0157	ROOM & BOARD-WARD-ONCOLOGY	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (E.G. FAMILIAL ADENOMATOSIS POLYPOSIS [FAP]) MRNA SEQUENCE ANALYSIS[SHORT MULTIPLY AGGREGATED SEQUENCE HOMOLOGIES (SMASH) (MARVEL GENOMICS)]	1/1/2022
0158	INPATIENT REHABILITATION 1 DAY	1/1/2022
0159	ROOM & BOARD-WARD-OTHER	1/1/2022
0160	ROOM & BOARD-OTHER-GENERAL	1/1/2022
0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL (MLH1, MSH2, MSH6, PMS2) [SHORT MULTIPLY AGGREGATED SEQUENCE HOMOLOGIES (SMASH) (MARVEL GENOMICS)]	1/1/2022
0164	ROOM & BOARD-OTHER-STERILE ENVIRONMENT	1/1/2022
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR	1/1/2022
0167	ROOM & BOARD-OTHER-SELF-CARE	1/1/2022
0169	ROOM & BOARD-OTHER-OTHER	1/1/2022
0170	NURSERY - GENERAL	1/1/2022
0171	NURSERY-NEWBORN-LEVEL I	1/1/2022
0172	NURSERY-NEWBORN-LEVEL II	1/1/2022
0172U	ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS, DNA, FORMALIN-FIXED PARAFFIN-EMBEDDED T	5/15/2023
0173	NURSERY-NEWBORN-LEVEL III	1/1/2022
0173U	PSYCHIATRY (IE, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, INCLUDES VARIANT ANALYSIS OF 14 GENES	8/15/2023
0174	NURSERY-NEWBORN-LEVEL IV	1/1/2022
0174U	ONCOLOGY (SOLID TUMOR), MASS SPECTROMETRIC 30 PROTEIN TARGETS, FORMALIN- FIXED PARAFFIN-EMBEDDED TISSUE, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS LIKELY, UNLIKELY, OR UNCERTAIN BENEFIT OF 39 CHEMOTHERAPY AND TARGETED THERAPEUTIC ONCOLOGY AGENTS	1/1/2022
0175U	PSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES	8/15/2023
0177U	ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4,5-BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS OF 11 GENE VARIANTS UTILIZING PLASMA, REPORTED AS PIK3CA GENE MUTATION STATUS 5/26/23-OH STATES "COULD BE APPROPRIATE IN SOME SET	8/15/2023
0179	NURSERY-OTHER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0179U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), CELL-FREE DNA, TARGETED SEQUENCE ANALYSIS OF 23 GENES (SINGLE NUCLEOTIDE VARIATIONS, INSERTIONS AND DELETIONS, FUSIONS WITHOUT PRIOR KNOWLEDGE OF PARTNER/BREAKPOINT, COPY NUMBER VARIATIONS), WITH REPORT OF SIGNIFICAN	8/15/2023
0180	LEAVE OF ABSENCE-GENERAL	1/1/2022
0182	LEAVE OF ABSENCE-PATIENT CONVENIENCE	1/1/2022
0183	LEAVE OF ABSENCE-THERAPEUTIC LEAVE	1/1/2022
0185	LEAVE OF ABSENCE-NURSING HOME (FOR HOSPITALIZATION)	1/1/2022
0189	LEAVE OF ABSENCE-OTHER LEAVE OF ABSENCE	1/1/2022
0190	SUBACUTE CARE-GENERAL	1/1/2022
0191	SUBACUTE CARE-LEVEL I	1/1/2022
0192	SUBACUTE CARE-LEVEL II	1/1/2022
0193	SUBACUTE CARE-LEVEL III	1/1/2022
0194	SUBACUTE CARE-LEVEL IV	1/1/2022
0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT	1/1/2022
0199	SUBACUTE CARE-OTHER SUBACUTE CARE	1/1/2022
0200	INTENSIVE CARE-GENERAL	1/1/2022
0200T	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), UNILATERAL INJECTION(S), INCLUDING THE USE OF A BALLOON OR MECHANICAL DEVICE (IF UTILIZED), 1 OR MORE NEEDLES	1/1/2022
0201	INTENSIVE CARE-SURGICAL	1/1/2022
0201T	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, INCLUDING THE USE OF A BALLOON OR MECHANICAL DEVICE (IF UTILIZED), 2 OR MORE NEEDLES	1/1/2022
0202	INTENSIVE CARE-MEDICAL	1/1/2022
0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (E.G. FACET JOINT[S] REPLACEMENT), INCLUDING FACETECTOMY, LAMINECTOMY, FORAMINOTOMY, AND VERTEBRAL COLUMN FIXATION, INJECTION OF BONE CEMENT, WHEN PERFORMED, INCLUDING FLUOROSCOPY, SINGLE LEVEL, LUMBAR SPINE	1/1/2022
0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (E.G. FACET JOINT[S] REPLACEMENT), INCLUDING FACETECTOMY, LAMINECTOMY, FORAMINOTOMY, AND VERTEBRAL COLUMN FIXATION, INJECTION OF BONE CEMENT, WHEN PERFORMED, INCLUDING FLUOROSCOPY, SINGLE LEVEL, LUMBAR SPINE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (E.G. FACET JOINT[S] REPLACEMENT), INCLUDING FACETECTOMY, LAMINECTOMY, FORAMINOTOMY, AND VERTEBRAL COLUMN FIXATION, INJECTION OF BONE CEMENT, WHEN PERFORMED, INCLUDING FLUOROSCOPY, SINGLE LEVEL, LUMBAR SPINE	1/1/2022
0203	INTENSIVE CARE-PEDIATRIC	1/1/2022
0204U	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 593 GENES (INCLUDING BRAF, RAS, RET, PAX8, AND NTRK) FOR SEQUENCE VARIANTS AND REARRANGEMENTS, UTILIZING FINE NEEDLE ASPIRATE, REPORTED AS DETECTED OR NOT DETECTED	1/1/2021
0206	INTENSIVE CARE-INTERMEDIATE ICU	1/1/2022
0207	INTENSIVE CARE-BURN CARE	1/1/2022
0207T	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL	1/1/2022
0208	INTENSIVE CARE-TRAUMA	1/1/2022
0209	INTENSIVE CARE-OTHER INTENSIVE CARE	1/1/2022
0210	CORONARY CARE-GENERAL	1/1/2022
0211	CORONARY CARE-MYOCARDIAL INFARCTION	1/1/2022
0211U	ONCOLOGY (PAN-HYPHENTUMOR), DNA AND RNA BY NEXT-HYPHENGENERATION SEQUENCING, UTILIZING FORMALIN-HYPHENFIXED PARAFFIN-HYPHENEMBEDDED TISSUE, INTERPRETATIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER ALTERATIONS, TUMOR MUTATIONAL BURDEN, AND MICROSAT	1/1/2022
0212	CORONARY CARE-PULMONARY CARE	1/1/2022
0212U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-HYPHENUNIQUELY MAPPABLE REGIONS,	1/1/2022
0213	CORONARY CARE-HEART TRANSPLANT	1/1/2022
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL	1/1/2022
0214	CORONARY CARE-INTERMEDIATE CCU	1/1/2022
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SECOND LEVEL	1/1/2022
0214U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE EXOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-HYPHENUNIQUELY MAPPABLE REGIONS, B	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	1/1/2022
0215U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE EXOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD O	1/1/2022
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL	1/1/2022
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SECOND LEVEL	1/1/2022
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S)	1/1/2022
0218U	NEUROLOGY (MUSCULAR DYSTROPHY), DMD GENE SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA, IDENTIFICATION AND CHARACTERIZATION OF GENETIC VARIANTS	1/1/2022
0219	CORONARY CARE-OTHER CORONARY CARE	1/1/2022
0219T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; CERVICAL (E.G., NUFIX [NUTECH SPINE, INC.] OR TRUFUSE®)	1/1/2022
0220T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; THORACIC (E.G., NUFIX [NUTECH SPINE, INC.] OR TRUFUSE®)	1/1/2022
0220U	ONCOLOGY (BREAST CANCER), IMAGE ANALYSIS WITH ARTIFICIAL INTELLIGENCE ASSESSMENT OF 12 HISTOLOGIC AND IMMUNOHISTOCHEMICAL FEATURES, REPORTED AS A RECURRENCE SCORE	1/1/2022
0221T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; LUMBAR (E.G., NUFIX [NUTECH SPINE, INC.] OR TRUFUSE®)	1/1/2022
0222T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE GRAFT(S) OR SYNTHETIC DEVICE(S), SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT	1/1/2022
0226U	SURROGATE VIRAL NEUTRALIZATION TEST (SVNT) FOR DETECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) ANTIBODIES IN PLASMA SPECIMEN BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0227U	PRESUMPTIVE DRUG TESTING FOR 30 OR MORE DRUGS OR METABOLITES IN URINE BY LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION AND SAMPLE VALIDATION	1/1/2022
0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, W/ ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL	1/1/2022
0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; SINGLE LEVEL	1/1/2022
0228U	ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES WITH MACHINE LEARNING, UTILIZING FIRST MORNING VOIDED URINE, ALGORITHM REPORTED AS LIKELIHOOD OF PROSTATE CANCER	1/1/2022
0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, W/ ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; EACH ADDITIONAL LEVEL	1/1/2022
0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, CERVICAL OR THORACIC; EACH ADDITIONAL LEVEL	1/1/2022
0229U	BCAT1 (BRANCHED CHAIN AMINO ACID TRANSAMINASE 1) OR IKZF1 (IKAROS FAMILY ZINC FINGER 1) (E.G. COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	1/1/2022
0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, W/ ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL	1/1/2022
0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL	1/1/2022
0230U	ANDROGEN RECEPTOR (AR) FULL GENE SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	1/1/2022
0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, W/ ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; EACH ADDITIONAL LEVEL	1/1/2022
0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; EACH ADDITIONAL LEVEL	1/1/2022
0231U	CACNA1A (CALCIUM VOLTAGE-HYPHENGATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, MOBILE EL	1/1/2022
0232T	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN PERFORMED	1/1/2022
0232U	CSTB (CYSTATIN B) (EG, PROGRESSIVE MYOCLONIC EPILEPSY TYPE 1A, UNVERRICHT-LUNDBORG DISEASE), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0233U	FXN (FRATAXIN) (E.G. FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGION	1/1/2022
0234U	MECP2 (METHYL CPG BINDING PROTEIN 2) (E.G. RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS	1/1/2022
0235U	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-HYPHEN	1/1/2022
0236U	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEME	1/1/2022
0237U	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A	1/1/2022
0238U	ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIO	1/1/2022
0239U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	1/1/2022
0242U	TARGETED GENOMIC SEQUENCE PANEL 55-74 GENES, PROPRIETARY	1/1/2022
0243U	BIOCHEMICAL ASSAY OF PLACENTAL-GROWTH FACTOR BY TIME-RESOLVED FLUORESCENCE IMMUNOASSAY IN MATERNAL SERUM, PREDICTIVE ALGORITHM REPORTED AS RISK SCORE FOR PREECLAMPSIA	1/1/2022
0244U	ONCOLOGY (SOLID ORGAN), DNA, COMPREHENSIVE GENOMIC PROFILING, 257 GENES, INTERROGATION FOR SINGLE-NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, GENE REARRANGEMENTS, TUMOR-MUTATIONAL BURDEN AND MICROSATELLITE INSTABILITY, UTILIZING FO	1/1/2022
0245U	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE	1/1/2022
0246U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF AT LEAST 16 BLOOD GROUPS WITH PHENOTYPE PREDICTION OF AT LEAST 51 RED BLOOD CELL ANTIGENS	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0248U	ONCOLOGY (BRAIN), SPHEROID CELL CULTURE IN A 3D MICROENVIRONMENT, 12 DRUG PANEL, TUMOR-RESPONSE PREDICTION FOR EACH DRUG	1/1/2022
0249U	ONCOLOGY (BREAST), SEMIQUANTITATIVE ANALYSIS OF 32 PHOSPHOPROTEINS AND PROTEIN ANALYTES, INCLUDES LASER CAPTURE MICRODISSECTION, WITH ALGORITHMIC ANALYSIS AND INTERPRETATIVE REPORT	1/1/2022
0250U	ONCOLOGY (SOLID ORGAN NEOPLASM), TARGETED GENOMIC SEQUENCE DNA ANALYSIS OF 505 GENES, INTERROGATION FOR SOMATIC ALTERATIONS (SNVS [SINGLE NUCLEOTIDE VARIANT], SMALL INSERTIONS AND DELETIONS, ONE AMPLIFICATION, AND FOUR TRANSLOCATIONS), MICROSATELLITE INST	1/1/2022
0251U	DETECTION OF HEPCIDIN-25 BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) IN PLASMA	1/1/2022
0252U	FETAL ANEUPLOIDY SHORT TANDEM-REPEAT COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF CONCEPTION, REPORTED AS NORMAL (EUPLOIDY), MONOSOMY, TRISOMY, OR PARTIAL DELETION/DUPLICATION, MOSAICISM, AND SEGMENTAL ANEUPLOIDY	1/1/2022
0256U	TRIMETHYLAMINE/TRIMETHYLAMINE N-OXIDE (TMA/TMAO) PROFILING BY TANDEM MASS SPECTROMETRY (MS/MS) IN URINE, WITH ALGORITHMIC ANALYSIS AND INTERPRETIVE REPORT	1/1/2022
0257U	VERY LONG CHAIN ACYL-COENZYME A (COA) DEHYDROGENASE (VLCAD) LEUKOCYTE ENZYME ACTIVITY IN WHOLE BLOOD	1/1/2022
0258U	AUTOIMMUNE (PSORIASIS), MRNA, NEXTGENERATION SEQUENCING, GENE EXPRESSION PROFILING OF 50-100 GENES, SKIN-SURFACE COLLECTION USING ADHESIVE PATCH, ALGORITHM REPORTED AS LIKELIHOOD OF RESPONSE TO PSORIASIS BIOLOGICS	1/1/2022
0259U	NEPHROLOGY (CHRONIC KIDNEY DISEASE), NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY MEASUREMENT OF MYO-INOSITOL, VALINE, AND CREATININE, ALGORITHMICALLY COMBINED WITH CYSTATIN C (BY IMMUNOASSAY) AND DEMOGRAPHIC DATA TO DETERMINE ESTIMATED GLOMERULAR FILTRATION R	1/1/2022
0260U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING	1/1/2022
0261U	ONCOLOGY (COLORECTAL CANCER), IMAGE ANALYSIS WITH ARTIFICIAL INTELLIGENCE ASSESSMENT OF 4 HISTOLOGIC AND IMMUNOHISTOCHEMICAL FEATURES (CD3 AND CD8 WITHIN TUMOR-STROMA BORDER AND TUMOR CORE), TISSUE, REPORTED AS IMMUNE RESPONSE AND RECURRENCE-RISK SCORE	1/1/2022
0262U	ONCOLOGY (SOLID TUMOR), GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 7 GENE PATHWAYS (ER, AR, PI3K, MAPK, HH, TGFB, NOTCH), FORMALIN-FIXED PARAFFINEMBEDDED (FFPE), ALGORITHM REPORTED AS GENE PATHWAY ACTIVITY SCORE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0263T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, 1 LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; COMPLETE PROCEDURE INCLUDING UNILATERAL OR BILATERAL BONE MARROW HARVEST	1/1/2022
0263U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 16 CENTRAL CARBON METABOLITES (IE, A-KETOGLUTARATE, ALANINE, LACTATE, PHENYLALANINE, PYRUVATE, SUCCINATE, CARNITINE, CITRATE, FUMARATE, HYPOXANTHINE, INOSINE, MALATE, S-SULFOCYSTEINE	1/1/2022
0264T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, 1 LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; COMPLETE PROCEDURE EXCLUDING BONE MARROW HARVEST	1/1/2022
0264U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING	1/1/2022
0265T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, 1 LEG, INCLUDING ULTRASOUND GUIDANCE, IF PERFORMED; UNILATERAL OR BILATERAL BONE MARROW HARVEST ONLY FOR INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL	1/1/2022
0265U	RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, BLOOD, FROZEN AND FORMALIN-FIXED PARAFFINEMBEDDED (FFPE) TISSUE, SALIVA, BUCCAL SWABS OR CELL LINES, IDENTIFICATION OF SINGLE NUCLEOTIDE AND COPY NUMB	1/1/2022
0266T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL OR BILATERAL LEAD PLACEMENT, INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)	1/1/2022
0266U	UNEXPLAINED CONSTITUTIONAL OR OTHER HERITABLE DISORDERS OR SYNDROMES, TISSUE-SPECIFIC GENE EXPRESSION BY WHOLE-TRANSCRIPTOME AND NEXT-GENERATION SEQUENCING, BLOOD, FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE OR FRESH FROZEN TISSUE, REPORTED AS PRESENCE	1/1/2022
0267T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)	1/1/2022
0267U	RARE CONSTITUTIONAL AND OTHER HERITABLE DISORDERS, IDENTIFICATION OF COPY NUMBER VARIATIONS, INVERSIONS, INSERTIONS, TRANSLOCATIONS, AND OTHER STRUCTURAL VARIANTS BY OPTICAL GENOME MAPPING AND WHOLE GENOME SEQUENCING	1/1/2022
0268T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0268U	HEMATOLOGY (ATYPICAL HEMOLYTIC UREMIC SYNDROME [AHUS]), GENOMIC SEQUENCE ANALYSIS OF 15 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022
0269T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL OR BILATERAL LEAD PLACEMENT, INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)	1/1/2022
0269U	HEMATOLOGY (AUTOSOMAL DOMINANT CONGENITAL THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 14 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022
0270T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)	1/1/2022
0270U	HEMATOLOGY (CONGENITAL COAGULATION DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 20 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022
0271T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE INTERROGATION, PROGRAMMING, AND REPOSITIONING, WHEN PERFORMED)	1/1/2022
0271U	HEMATOLOGY (CONGENITAL NEUTROPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022
0272T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC ITERATIVE COMMUNICATION WITH THE IMPLANTABLE DEVICE TO MONITOR DEVICE DIAGNOSTICS AND PROGRAMMED THERAPY VALUES, WITH INTERPRETATION AND REPORT	1/1/2022
0272U	HEMATOLOGY (GENETIC BLEEDING DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 51 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID, COMPREHENSIVE	1/1/2022
0273T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC ITERATIVE COMMUNICATION WITH THE IMPLANTABLE DEVICE TO MONITOR DEVICE DIAGNOSTICS AND PROGRAMMED THERAPY VALUES, WITH INTERPRETATION AND REPORT	1/1/2022
0273U	HEMATOLOGY (GENETIC HYPERFIBRINOLYSIS, DELAYED BLEEDING), GENOMIC SEQUENCE ANALYSIS OF 8 GENES (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAUI), BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022
0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY), ANY METHOD, UNDER INDIRECT IMAGE GUIDANCE (EG, FLUOROSCOPIC, CT), SINGL	1/1/2022
0274U	HEMATOLOGY (GENETIC PLATELET DISORDERS), GENOMIC SEQUENCE ANALYSIS OF 43 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTRALAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (W/ OR W/OUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY) ANY METHOD UNDER INDIRECT IMAGE GUIDANCE (E.G. FLUOROSCOPIC, CT), W/ OR	1/1/2022
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTRALAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH OR WITHOUT LIGAMENTOUS RESECTION, DISCECTOMY, FACETECTOMY AND/OR FORAMINOTOMY) ANY METHOD UNDER INDIRECT IMAGE GUIDANCE (E.G. FLUOROSCOPIC, CT), WITH O	1/1/2022
0276U	HEMATOLOGY (INHERITED THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022
0277U	HEMATOLOGY (GENETIC PLATELET FUNCTION DISORDER), GENOMIC SEQUENCE ANALYSIS OF 31 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY), EACH TREATMENT SESSION (INCLUDES PLACEMENT OF ELECTRODES)	1/1/2022
0278U	HEMATOLOGY (GENETIC THROMBOSIS), GENOMIC SEQUENCE ANALYSIS OF 12 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID	1/1/2022
0279U	HEMATOLOGY (VON WILLEBRAND DISEASE [VWD]), VON WILLEBRAND FACTOR (VWF) AND COLLAGEN III BINDING BY ENZYME-LINKED IMMUNOSORBENT ASSAYS (ELISA), PLASMA, REPORT OF COLLAGEN III BINDING	1/1/2022
0281U	DETECTION OF VON WILLEBRAND PROPEPTIDE BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) IN PLASMA, WITH DIAGNOSTIC REPORT OF VON WILLEBRAND FACTOR (VWF) PROPEPTIDE ANTIGEN LEVEL	1/1/2022
0282U	RED BLOOD CELL ANTIGEN TYPING, DNA, GENOTYPING OF 12 BLOOD GROUP SYSTEM GENES TO PREDICT 44 RED BLOOD CELL ANTIGEN PHENOTYPES	1/1/2022
0285U	EVALUATION OF RESPONSE TO RADIATION BY MEASUREMENT OF CELL-FREE DNA BY QUANTITATIVE BRANCHED CHAIN DNA AMPLIFICATION IN PLASMA SPECIMEN, REPORTED AS RADIATION TOXICITY SCORE IN ONCOLOGY	1/1/2022
0286U	CENTROSOMAL PROTEIN, 72-KDA (CEP72), NUDIX HYDROLASE 15 (NUDT15) AND THIOPURINE S-METHYLTRANSFERASE (TPMT) GENE ANALYSIS FOR DETECTION OF COMMON VARIANTS	1/1/2022
0287U	DNA AND MRNA NEXT-GENERATION SEQUENCING ANALYSIS OF 112 GENES IN FINE NEEDLE ASPIRATE OF THYROID TISSUE, ALGORITHMIC PREDICTION OF THYROID CANCER RECURRENCE, REPORTED AS CATEGORICAL RISK RESULT (LOW, INTERMEDIATE, HIGH)	1/1/2022
0288U	ONCOLOGY (LUNG), MRNA, QUANTITATIVE PCR ANALYSIS OF 11 GENES (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) AND 3 REFERENCE GENES (ESD, TBP, YAP1), FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TUMOR TISSUE, ALGORITHMIC INTERPRETATION	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0289U	GENE EXPRESSION PROFILING BY MRNA SEQUENCING OF 24 GENES ASSOCIATED WITH ALZHEIMER DISEASE IN WHOLE BLOOD SPECIMEN, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	1/1/2022
0290U	GENE EXPRESSION PROFILING BY MRNA SEQUENCING OF 36 GENES ASSOCIATED WITH PAIN MANAGEMENT IN WHOLE BLOOD SPECIMEN, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	1/1/2022
0291U	GENE EXPRESSION PROFILING BY MRNA SEQUENCING OF 144 GENES ASSOCIATED WITH MOOD DISORDERS IN WHOLE BLOOD SPECIMEN, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	1/1/2022
0292U	GENE EXPRESSION PROFILING BY MRNA SEQUENCING OF 72 GENES ASSOCIATED WITH STRESS DISORDERS IN WHOLE BLOOD SPECIMEN, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	1/1/2022
0293U	GENE EXPRESSION PROFILING BY MRNA SEQUENCING OF 54 GENES ASSOCIATED WITH SUICIDAL IDEATION IN WHOLE BLOOD SPECIMEN, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	1/1/2022
0294U	GENE EXPRESSION PROFILING BY MRNA SEQUENCING OF 18 GENES ASSOCIATED WITH LONGEVITY AND MORTALITY RISK IN WHOLE BLOOD SPECIMEN, ALGORITHM REPORTED AS PREDICTIVE RISK SCORE	1/1/2022
0295U	ONCOLOGY (BREAST DUCTAL CARCINOMA IN SITU), PROTEIN EXPRESSION PROFILING BY IMMUNOHISTOCHEMISTRY OF 7 PROTEINS (COX2, FOXA1, HER2, KI-67, P16, PR, SIAH2), ITH 4 CLINICOPATHOLOGIC FACTORS (SIZE, AGE, MARGIN STATUS, PALPABILITY), UTILIZING FORMALIN-FIXED PA	1/1/2022
0296U	GENE EXPRESSION PROFILING BY RNA SEQUENCING OF AT LEAST 20 MOLECULAR FEATURES IN SALIVA SPECIMEN, ALGORITHM REPORTED AS POSITIVE OR NEGATIVE FOR SIGNATURE ASSOCIATED WITH ORAL AND/OR OROPHARYNGEAL MALIGNANCY	1/1/2022
0297U	WHOLE GENOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS IN BLOOD SPECIMEN WITH COMPARATIVE SEQUENCE ANALYSES AND VARIANT IDENTIFICATION	1/1/2022
0298U	WHOLE TRANSCRIPTOME SEQUENCING OF PAIRED MALIGNANT AND NORMAL RNA SPECIMENS IN BLOOD SPECIMEN WITH COMPARATIVE SEQUENCE ANALYSES AND EXPRESSION LEVEL AND CHIMERIC TRANSCRIPT IDENTIFICATION	1/1/2022
0299U	WHOLE GENOME SEQUENCING AND OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS IN BLOOD SPECIMEN WITH COMPARATIVE STRUCTURAL VARIANT IDENTIFICATION	1/1/2022
0300I	WHOLE GENOME SEQUENCING AND OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS IN BLOOD SPECIMEN WITH COMPARATIVE SEQUENCE ANALYSES AND VARIANT IDENTIFICATION	1/1/2022
0300U	ONCOLOGY (PAN TUMOR), WHOLE GENOME SEQUENCING AND OPTICAL GENOME MAPPING OF PAIRED MALIGNANT AND NORMAL DNA SPECIMENS, FRESH TISSUE, BLOOD, OR BONE MARROW, COMPARATIVE SEQUENCE ANALYSES AND VARIANT IDENTIFICATION	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0304U	FUNCTIONAL ASSESSMENT OF RED BLOOD CELL (RBC) ADHESION TO ENDOTHELIAL ADHESION MOLECULES IN NORMOXIC WHOLE BLOOD SPECIMEN, W/ ALGORITHMIC ANALYSIS AND RESULT REPORTED AS RBC ADHESION INDEX	5/15/2023
0308U	CARDIOLOGY (CORONARY ARTERY DISEASE [CAD]), ANALYSIS OF 3 PROTEINS (HIGH SENSITIVITY [HS] TROPONIN, ADIPONECTIN, AND KIDNEY INJURY MOLECULE-1 [KIM-1]) WITH 3 CLINICAL PARAMETERS (AGE, SEX, HISTORY OF CARDIAC INTERVENTION), PLASMA, ALGORITHM REPORTED AS A	1/1/2022
0309U	CARDIOLOGY (CARDIOVASCULAR DISEASE), ANALYSIS OF 4 PROTEINS (NT-PROBNP, OSTEOPOINTIN, TISSUE INHIBITOR OF METALLOPROTEINASE-1 [TIMP-1], AND KIDNEY INJURY MOLECULE-1 [KIM-1]), PLASMA, ALGORITHM REPORTED AS A RISK SCORE FOR MAJOR ADVERSE CARDIAC EVENT	1/1/2022
0310U	PEDIATRICS (VASCULITIS, KAWASAKI DISEASE [KD]), ANALYSIS OF 3 BIOMARKERS (NT-PROBNP, C-REACTIVE PROTEIN, AND T-UP TAKE), PLASMA, ALGORITHM REPORTED AS A RISK SCORE FOR KD	1/1/2022
0313U	ONCOLOGY (PANCREAS), DNA AND MRNA NEXT-GENERATION SEQUENCING ANALYSIS OF 74 GENES AND ANALYSIS OF CEA (CEACAM5) GENE EXPRESSION, PANCREATIC CYST FLUID, ALGORITHM REPORTED AS A CATEGORICAL RESULT (IE, NEGATIVE, LOW PROBABILITY OF NEOPLASIA OR POSITIVE, HIGH)	1/1/2022
0314U	ONCOLOGY (CUTANEOUS MELANOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 35 GENES (32 CONTENT AND 3 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (IE, BENIGN, INTERMEDIATE, MALIGNANT)	1/1/2022
0315U	ONCOLOGY (CUTANEOUS SQUAMOUS CELL CARCINOMA), MRNA GENE EXPRESSION PROFILING BY RT-PCR OF 40 GENES (34 CONTENT AND 6 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS A CATEGORICAL RISK RESULT (IE, CLASS 1, CLASS 2)	1/1/2022
0316U	EVALUATION OF OSPA PROTEIN IN URINE SPECIMEN FOR DETECTION OF BORRELIA BURGDORFERI (LYME DISEASE)	5/15/2023
0317U	FOUR-PROBE FLUORESCENCE IN SITU HYBRIDIZATION (FISH) (3Q29, 3P22.1, 10Q22.3, 10CEN) ASSAY IN WHOLE BLOOD SPECIMEN, PREDICTIVE ALGORITHM-GENERATED EVALUATION REPORTED AS DECREASED OR INCREASED RISK FOR LUNG CANCER	1/1/2022
0318U	WHOLE GENOME METHYLATION ANALYSIS BY MICROARRAY FOR 50 OR MORE GENES ASSOCIATED WITH CONGENITAL EPIGENETIC DISORDERS IN BLOOD SPECIMEN	1/1/2022
0319U	RNA EXPRESSION BY SELECT TRANSCRIPTOME SEQUENCING IN PRE-KIDNEY TRANSPLANT PERIPHERAL BLOOD SPECIMEN, ALGORITHM REPORTED AS RISK SCORE FOR EARLY ACUTE REJECTION	5/15/2023
0321U	IDENTIFICATION OF 20 BACTERIAL AND FUNGAL GENITOURINARY PATHOGENS AND IDENTIFICATION OF 16 ASSOCIATED ANTIBIOTIC-RESISTANCE GENES BY MULTIPLEX AMPLIFIED DNA PROBE TECHNIQUE	5/15/2023



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0322U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE MEASUREMENTS OF 14 ACYL CARNITINES AND MICROBIOME-DERIVED METABOLITES, LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS), PLASMA, RESULTS REPORTED AS NEGATIVE OR POSITIVE FOR RISK OF ME	1/1/2022
0323U	IDENTIFICATION OF CENTRAL NERVOUS SYSTEM PATHOGENIC BACTERIA BY METAGENOMIC NEXT-GENERATION DNA SEQUENCING IN CEREBROSPINAL FLUID (CSF) SPECIMEN	5/15/2023
0324U	OVARIAN CANCER SPHEROID CELL CULTURE WITH 4-DRUG PANEL (CARBOPLATIN, DOXORUBICIN, GEMCITABINE, PACLITAXEL), REPORTED AS TUMOR CHEMOTHERAPY RESPONSE PREDICTION FOR EACH DRUG	1/1/2022
0325U	OVARIAN CANCER SPHEROID CELL CULTURE WITH POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS (NIRAPARIB, OLAPARIB, RUCAPARIB, VELPARIB), REPORTED AS TUMOR RESPONSE PREDICTION FOR EACH DRUG	1/1/2022
0326U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL FOR SOLID ORGAN NEOPLASM W/ CELL-FREE CIRCULATING DNA ANALYSIS OF 83 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR	5/15/2023
0328U	DEFINITIVE DRUG ASSAY FOR 120 OR MORE DRUGS AND METABOLITES BY QUANTITATIVE LIQUID CHROMATOGRAPHY W/ TANDEM MASS SPECTROMETRY (LC-MS/MS) IN URINE SPECIMIN, W/ SPECIMEN VALIDITY AND ALGORITHMIC ANALYSIS DESCRIBING DRUG OR METABOLITE AND PRESENCE OR ABS	5/15/2023
0329U	ONCOLOGY (NEOPLASIA), EXOME AND TRANSCRIPTOME SEQUENCE ANALYSIS FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS AND DELETIONS, GENE REARRANGEMENTS, ICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN UTILIZING DNA AND RNA FROM TUMOR WITH DNA FROM	1/1/2022
0330T	TEAR FILM IMAGING, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	1/1/2022
0331T	MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT;	1/1/2022
0331U	OPTICAL GENOME MAPPING FOR COPY NUMBER ALTERATIONS AND GENE REARRANGEMENTS ASSOCIATED WITH HEMATOLYMPHOID NEOPLASIA UTILIZING DNA FROM BLOOD SPECIMEN, WITH REPORT OF CLINICALLY SIGNIFICANT ALTERATIONS	1/1/2022
0332T	MYOCARDIAL SYMPATHETIC INNERVATION IMAGING, PLANAR QUALITATIVE AND QUANTITATIVE ASSESSMENT; WITH TOMOGRAPHIC SPECT	1/1/2022
0332U	GENETIC PROFILING OF 8 DNA-REGULATORY (EPIGENETIC) PAN-TUMOR MARKERS BY QUANTITATIVE POLYMERASE CHAIN REACTION (QPCR) IN WHOLE BLOOD SPECIMEN, REPORTED AS HIGH OR LOW PROBABILITY OF RESPONDING TO IMMUNE CHECKPOINT-INHIBITOR THERAPY	5/15/2023

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0333U	SURVEILLANCE FOR HEPATOCELLULAR CARCINOMA (HCC) IN LIVER CANCER IN HIGH-RISK PATIENTS BY ANALYSIS OF METHYLATION PATTERNS ON CIRCULATING CELL-FREE DNA (CFDNA) PLUS MEASUREMENT OF SERUM OF ALPHA-FETOPROTEIN/LENS CULINARIS AGGLUTININ-REACTIVE FRACTION OF AL	5/15/2023
0334U	TARGETED GENOMIC SEQUENCE DNA ANALYSIS IN SOLID ORGAN CANCER OF 84 OR MORE GENES IN FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TUMOR TISSUE, W/ INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTAB	5/15/2023
0335T	EXTRAOSSEOUS JOINT STABLJ	1/1/2022
0335U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, COPY NUMBER VARIANTS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, UNIPARENTAL DISOMY (UPD), INVERSIONS, ANEUPLOIDY, MITOCHONDRIAL	5/15/2023
0336U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, COPY NUMBER VARIANTS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, UNIPARENTAL DISOMY (UPD), INVERSIONS, ANEUPLOIDY, MITOCHONDRIAL	5/15/2023
0338T	TRANSCATHETER RENAL SYMPATHETIC DENERVATION, PERCUTANEOUS APPROACH INCLUDING ARTERIAL PUNCTURE, SELECTIVE CATHETER PLACEMENT(S) RENAL ARTERY(IES), FLUOROSCOPY, CONTRAST INJECTION(S), INTRAPROCEDURAL ROADMAPPING AND RADIOLOGICAL SUPERVISION AND INTERPRETAT	1/1/2022
0339T	TRANSCATHETER RENAL SYMPATHETIC DENERVATION, PERCUTANEOUS APPROACH INCLUDING ARTERIAL PUNCTURE, SELECTIVE CATHETER PLACEMENT(S) RENAL ARTERY(IES), FLUOROSCOPY, CONTRAST INJECTION(S), INTRAPROCEDURAL ROADMAPPING AND RADIOLOGICAL SUPERVISION AND INTERPRETAT	1/1/2022
0341U	FETAL ANEUPLOIDY DNA SEQUENCING COMPARATIVE ANALYSIS, FETAL DNA FROM PRODUCTS OF CONCEPTION, REPORTED AS NORMAL (EUPLOIDY), MONOSOMY, TRISOMY, OR PARTIAL DELETION/DUPLICATION, MOSAICISM, AND SEGMENTAL ANEUPLOID	5/15/2023
0342T	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION	1/1/2022
0342U	ONCOLOGY (PANCREATIC CANCER), MULTIPLEX IMMUNOASSAY OF C5, C4, CYSTATIN C, FACTOR B, OSTEOPROTEGERIN (OPG), GELSOLIN, IGFBP3, CA125 AND MULTIPLEX ELECTROCHEMILUMINESCENT IMMUNOASSAY (ECLIA) FOR CA19-9, SERUM, DIAGNOSTIC ALGORITHM REPORTED QUALITATIVELY AS	5/15/2023
0343U	EXOSOME-BASED ANALYSIS OF 442 SMALL NONCODING RNAS (SNCRNAS) BY QUANTITATIVE REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-QPCR) IN URINE SPECIMEN, REPORTED AS MOLECULAR EVIDENCE OF NO-, LOW-, INTERMEDIATE- OR HIGH-RISK OF PROSTATE CANCER	5/15/2023

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0344U	SEMIQUANTITATIVE EVALUATION OF 28 LIPID MARKERS FOR NONALCOHOLIC FATTY LIVER DISEASE BY LIQUID CHROMATOGRAPHY W/ TANDEM MASS SPECTROMETRY (LC-MS/MS), SERUM, REPORTED AS AT-RISK FOR NONALCOHOLIC STEATOHEPATITIS (NASH) OR NOT NASH	5/15/2023
0345U	GENOMIC ANALYSIS PANEL W/ VARIANT ANALYSIS OF 15 GENES, INCLUDING DELETION AND DUPLICATION ANALYSIS OF CYTOCHROME P450 2D6 (CYP2D6)	5/15/2023
0347T	PLACEMENT OF INTERSTITIAL DEVICE(S) IN BONE FOR RADIOSTEREOMETRIC ANALYSIS (RSA)	1/1/2022
0347U	DNA ANALYSIS OF 16 GENES ASSOCIATED W/ DRUG METABOLISM IN BUCCAL SPECIMEN, W/ VARIANT ANALYSIS AND REPORTED PHENOTYPES	5/15/2023
0348T	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); SPINE, (INCLUDES CERVICAL, THORACIC AND LUMBOSACRAL, WHEN PERFORMED)	1/1/2022
0348U	DNA ANALYSIS OF 25 GENES ASSOCIATED W/ DRUG METABOLISM IN BUCCAL SPECIMEN, W/ VARIANT ANALYSIS AND REPORTED PHENOTYPES	5/15/2023
0349T	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); UPPER EXTREMITY(IES), (INCLUDES SHOULDER, ELBOW, AND WRIST, WHEN PERFORMED)	1/1/2022
0349U	DNA ANALYSIS OF 27 GENES ASSOCIATED W/ DRUG METABOLISM IN BUCCAL SPECIMEN, W/ VARIANT ANALYSIS, INCLUDING REPORTED PHENOTYPES AND IMPACTED GENE-DRUG INTERACTIONS	5/15/2023
0350T	RADIOLOGIC EXAMINATION, RADIOSTEREOMETRIC ANALYSIS (RSA); LOWER EXTREMITY(IES), (INCLUDES HIP, PROXIMAL FEMUR, KNEE, AND ANKLE, WHEN PERFORMED)	1/1/2022
0350U	DNA ANALYSIS OF 27 GENES ASSOCIATED W/ DRUG METABOLISM IN BUCCAL SPECIMEN, W/ VARIANT ANALYSIS AND REPORTED PHENOTYPES	5/15/2023
0351U	BIOCHEMICAL ASSAYS FOR TUMOR NECROSIS FACTOR-RELATED APOPTOSIS-INDUCING LIGAND (TRAIL), INTERFERON GAMMA-INDUCED PROTEIN-10 (IP-10), AND C-REACTIVE PROTEIN IN SERUM, ALGORITHM REPORTED AS LIKELIHOOD OF BACTERIAL INFECTION	5/15/2023
0358T	BIOELECTRICAL IMPEDANCE ANALYSIS WHOLE BODY COMPOSITION ASSESSMENT, WITH INTERPRETATION AND REPORT	1/1/2022
0362T	BEHAVIOR IDENTIFICATION SUPPORTING ASSESSMENT, EACH 15 MINUTES OF TECHNICIANS' TIME FACE-TO-FACE WITH A PATIENT, REQUIRING THE FOLLOWING COMPONENTS: ADMINISTRATION BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO IS ON SITE; WITH THE ASSIS	4/15/2020
0373T	EXPOSURE ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION REQUIRING TWO OR MORE TECHNICIANS FOR SEVERE MALADAPTIVE BEHAVIOR(S); FIRST 60 MINUTES OF TECHNICIANS' TIME, FACE-TO-FACE WITH PATIENT	4/15/2020

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0375T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), CERVICAL, THREE OR MORE LEVELS	1/1/2022
0378T	VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; REVIEW AND INTERPRETATION WITH REPORT BY A PHYSICIAN OR OTHER QUALIFIED	1/1/2022
0379T	VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA TRANSMITTED TO A REMOTE SURVEILLANCE CENTER FOR UP TO 30 DAYS; TECHNICAL SUPPORT AND PATIENT INSTRUCTIONS, SURVEILLANCE, ANALYSIS, AND	1/1/2022
0387U	ONCOLOGY (MELANOMA), AUTOPHAGY AND BECLIN 1 REGULATOR 1 (AMBRA1) AND LORICRIN (AMLO) BY IMMUNOHISTOCHEMISTRY, FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, REPORT FOR RISK OF PROGRESSION	8/15/2023
0388U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), NEXT-GENERATION SEQUENCING WITH IDENTIFICATION OF SINGLE NUCLEOTIDE VARIANTS, COPY NUMBER VARIANTS, INSERTIONS AND DELETIONS, AND STRUCTURAL VARIANTS IN 37 CANCER-RELATED GENES, PLASMA, WITH REPORT FOR ALTERATION DET	8/15/2023
0389U	PEDIATRIC FEBRILE ILLNESS (KAWASAKI DISEASE [KD]), INTERFERON ALPHA-INDUCIBLE PROTEIN 27 (IFI27) AND MAST CELL-EXPRESSED MEMBRANE PROTEIN 1 (MCEMP1), RNA, USING REVERSE TRANSCRIPTION POLYMERASE CHAIN REACTION (RT-QPCR), BLOOD, REPORTED AS A RISK SCORE FOR	8/15/2023
0390U	OBSTETRICS (PREECLAMPSIA), KINASE INSERT DOMAIN RECEPTOR (KDR), ENDOGLIN (ENG), AND RETINOL-BINDING PROTEIN 4 (RBP4), BY IMMUNOASSAY, SERUM, ALGORITHM REPORTED AS A RISK SCORE	8/15/2023
0391U	ONCOLOGY (SOLID TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, 437 GENES, INTERPRETIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS, SPLICE-SITE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS	8/15/2023
0392U	DRUG METABOLISM (DEPRESSION, ANXIETY, ATTENTION DEFICIT HYPERACTIVITY DISORDER [ADHD]), GENE-DRUG INTERACTIONS, VARIANT ANALYSIS OF 16 GENES, INCLUDING DELETION/DUPPLICATION ANALYSIS OF CYP2D6, REPORTED AS IMPACT OF GENE-DRUG INTERACTION FOR EACH DRUG	8/15/2023
0393U	NEUROLOGY (EG, PARKINSON DISEASE, DEMENTIA WITH LEWY BODIES), CEREBROSPINAL FLUID (CSF), DETECTION OF MISFOLDED A-SYNUCLEIN PROTEIN BY SEED AMPLIFICATION ASSAY, QUALITATIVE	8/15/2023
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0395U	ONCOLOGY (LUNG), MULTI-OMICS (MICROBIAL DNA BY SHOTGUN NEXT-GENERATION SEQUENCING AND CARCINOEMBRYONIC ANTIGEN AND OSTEOPONTIN BY IMMUNOASSAY), PLASMA, ALGORITHM REPORTED AS MALIGNANCY RISK FOR LUNG NODULES IN EARLY-STAGE DISEASE	8/15/2023
0397T	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OPTICAL ENDOMICROSCOPY	1/1/2022
0397U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), CELL-FREE DNA FROM PLASMA, TARGETED SEQUENCE ANALYSIS OF AT LEAST 109 GENES, INCLUDING SEQUENCE VARIANTS, SUBSTITUTIONS, INSERTIONS, DELETIONS, SELECT REARRANGEMENTS, AND COPY NUMBER VARIATIONS	8/15/2023
0398U	GASTROENTEROLOGY (BARRETT ESOPHAGUS), P16, RUNX3, HPP1, AND FBN1 DNA METHYLATION ANALYSIS USING PCR, FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHM REPORTED AS RISK SCORE FOR PROGRESSION TO HIGH-GRADE DYSPLASIA OR CANCER	8/15/2023
0399T	MYOCARDIAL STRAIN IMAGING (QUANTITATIVE ASSESSMENT OF MYOCARDIAL MECHANICS USING IMAGE-BASED ANALYSIS OF LOCAL MYOCARDIAL DYNAMICS)	1/1/2022
0400U	OBSTETRICS (EXPANDED CARRIER SCREENING), 145 GENES BY NEXT-GENERATION SEQUENCING, FRAGMENT ANALYSIS AND MULTIPLEX LIGATION-DEPENDENT PROBE AMPLIFICATION, DNA, REPORTED AS CARRIER POSITIVE OR NEGATIVE	8/15/2023
0419T	DESTRUCTION NEUROFIBROMA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); FACE, HEAD AND NECK, GREATER THAN 50 NEUROFIBROMA	1/1/2022
0420T	TRUNK AND EXTREMITIES, EXTENSIVE, GREATER THAN 100 NEUROFIBROMA	1/1/2022
0421T	TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE BLEEDING, INCLUDING ULTRASOUND GUIDANCE, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED WHEN P	1/1/2022
0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)	1/1/2022
0424T	COMPLETE SYSTEM (TRANSVENOUS PLACEMENT OF RIGHT OR LEFT STIMULATION LEAD, SENSING LEAD, IMPLANTABLE PULSE GENERATOR)	1/1/2022
0425T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2022
0426T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2022
0427T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY	1/1/2022
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY	1/1/2022
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2022
0431T	REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA, PULSE GENERATOR ONLY	1/1/2022
0432T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2022
0433T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2022
0434T	INTERROGATION DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA	1/1/2022
0435T	PROGRAMMING DEVICE EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; SINGLE SESSION	1/1/2022
0436T	PROGRAMMING DEVICE EVALUATION OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; DURING SLEEP STUDY	1/1/2022
0443T	REAL-TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY, INCLUDING IMAGING GUIDANCE (E.G., PRECISION BIOPSY CLARICORE OPTICAL BIOPSY SYSTEM®)	1/1/2022
0444T	INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING FITTING, TRAINING, AND INSERTION, UNILATERAL OR BILATERAL	1/1/2022
0445T	SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING RE-TRAINING, AND REMOVAL OF EXISTING INSERT, UNILATERAL OR BILATERAL	1/1/2022
0451T	COMPLETE SYSTEM (COUNTERPULSATION DEVICE, VASCULAR GRAFT, IMPLANTABLE VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SKIN INTERFACE AND SUBCUTANEOUS ELECTRODES)	1/1/2022
0452T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL	1/1/2022
0453T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; MECHANO-ELECTRICAL SKIN INTERFACE	1/1/2022
0454T	INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR APPROACH, AND PROGRAMMING OF SENSING AND THERAPEUTIC PARAMETERS; SUBCUTANEOUS ELECTRODE	1/1/2022
0455T	COMPLETE SYSTEM (AORTIC COUNTERPULSATION DEVICE, VASCULAR HEMOSTATIC SEAL, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES)	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0456T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; AORTIC COUNTERPULSATION DEVICE AND VASCULAR HEMOSTATIC SEAL	1/1/2022
0457T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; MECHANO-ELECTRICAL SKIN INTERFACE	1/1/2022
0458T	REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; SUBCUTANEOUS ELECTRODE	1/1/2022
0459T	RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE, MECHANO-ELECTRICAL SKIN INTERFACE AND ELECTRODES	1/1/2022
0460T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; SUBCUTANEOUS ELECTRODE	1/1/2022
0461T	REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; AORTIC COUNTERPULSATION DEVICE	1/1/2022
0462T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE MECHANO-ELECTRICAL SKIN INTERFACE AND/OR EXTERNAL DRIVER TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVI	1/1/2022
0463T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM, PER DAY	1/1/2022
0464T	ISUAL EVOKED POTENTIAL, TESTING FOR GLAUCOMA, WITH INTERPRETATION AND REPORT	1/1/2022
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF MEDICATION)	1/1/2022
0469T	RETINAL POLARIZATION SCAN, OCULAR SCREENING WITH ON-SITE AUTOMATED RESULTS, BILATERAL	1/1/2022
0472T	DEVICE EVALUATION, INTERROGATION, AND INITIAL PROGRAMMING OF INTRAOCULAR RETINAL ELECTRODE ARRAY (EG, RETINAL PROSTHESIS), IN PERSON, WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST FUNCTIONALITY, SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WIT	1/1/2022
0473T	DEVICE EVALUATION AND INTERROGATION OF INTRAOCULAR RETINAL ELECTRODE ARRAY (E.G. RETINAL PROSTHESIS), IN PERSON, INCLUDING REPROGRAMMING AND VISUAL TRAINING, WHEN PERFORMED, WITH REVIEW AND REPORT BY A QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2022
0481T	INJECTION(S), AUTOLOGOUS WHITE BLOOD CELL CONCENTRATE (AUTOLOGOUS PROTEIN SOLUTION), ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION, WHEN PERFORMED	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0485T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; UNILATERAL	1/1/2022
0486T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; BILATERAL	1/1/2022
0499T	CYSTOURETHROSCOPY, WITH MECHANICAL DILATION AND URETHRAL THERAPEUTIC DRUG DELIVERY FOR URETHRAL STRICTURE OR STENOSIS, INCLUDING FLUOROSCOPY, WHEN PERFORMED	1/1/2022
0507T	NEAR INFRARED DUAL IMAGING (I.E. SIMULTANEOUS REFLECTIVE AND TRANSILLUMINATED LIGHT) OF MEIBOMIAN GLANDS, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	1/1/2022
0508T	PULSE-ECHO ULTRASOUND BONE DENSITY MEASUREMENT RESULTING IN INDICATOR OF AXIAL BONE MINERAL DENSITY, TIBIA	1/1/2022
0510T	REMOVAL OF SINUS TARSI IMPLANT	1/1/2022
0511T	REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT	1/1/2022
0512T	EXTRACORPOREAL SHOCK WAVE PROCEDURES, FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; INITIAL WOUND	1/1/2022
0513T	EXTRACORPOREAL SHOCK WAVE PROCEDURES, FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDING TOPICAL APPLICATION AND DRESSING CARE; EACH ADDITIONAL WOUND	1/1/2022
0515T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED; COMPLETE SYSTEM (INCLUDES ELECTRODE AND GENERATOR [TRANSMITTER AND BATTERY])	1/1/2022
0516T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED; ELECTRODE ONLY	1/1/2022
0517T	INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING, AND IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED; PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER) ONLY	1/1/2022
0518T	REMOVAL OF ONLY PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER) OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING	1/1/2022
0519T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING; PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER)	1/1/2022
0520T	REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING; PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER), INCLUDING PLACEMENT OF A NEW ELECTRODE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0521T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING, AND DISCONNECTION PER PATIENT ENCOUNTER, WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING	1/1/2022
0522T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, INCLUDING REVIEW AND REPORT, WIRELESS CARDIAC STIMULATOR FOR LEF	1/1/2022
0524T	ENDOVENOUS CATHETER DIRECTED CHEMICAL ABLATION WITH BALLOON ISOLATION OF INCOMPETENT EXTREMITY VEIN, OPEN OR PERCUTANEOUS, INCLUDING ALL VASCULAR ACCESS, CATHETER MANIPULATION, DIAGNOSTIC IMAGING, IMAGING GUIDANCE AND MONITORING	1/1/2022
0533T	RADIOSTEREOMETRIC ANALYSIS (RSA) - INCLUDES SET-UP, PATIENT TRAINING, CONFIGURATION OF MONITOR, DATA UPLOAD, ANALYSIS AND INITIAL REPORT CONFIGURATION, DOWNLOAD REVIEW, INTERPRETATION AND REPORT	1/1/2022
0534T	RADIOSTEREOMETRIC ANALYSIS (RSA) -SET-UP, PATIENT TRAINING, CONFIGURATION OF MONITOR	1/1/2022
0535T	RADIOSTEREOMETRIC ANALYSIS (RSA) - -DATA UPLOAD, ANALYSIS AND INITIAL REPORT CONFIGURATION	1/1/2022
0536T	RADIOSTEREOMETRIC ANALYSIS (RSA) - DOWNLOAD REVIEW, INTERPRETATION AND REPORT	1/1/2022
0546T	RADIOFREQUENCY SPECTROSCOPY, REAL TIME, INTRAOPERATIVE MARGIN ASSESSMENT, AT THE TIME OF PARTIAL MASTECTOMY, WITH REPORT	1/1/2022
0547T	BONE-MATERIAL QUALITY TESTING BY MICROINDENTATION(S) OF THE TIBIA(S), WITH RESULTS REPORTED AS A SCORE	1/1/2022
0553T	PERCUTANEOUS TRANSCATHETER PLACEMENT OF ILIAC ARTERIOVENOUS ANASTOMOSIS IMPLANT, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL ROADMAPPING, AND IMAGING GUIDANCE NECESSARY TO COMPLETE THE INTERVENTION	1/1/2022
0554T	ONE STRENGTH AND FRACTURE RISK USING FINITE ELEMENT ANALYSIS OF FUNCTIONAL DATA AND BONE-MINERAL DENSITY UTILIZING DATA FROM A COMPUTED TOMOGRAPHY SCAN; RETRIEVAL AND TRANSMISSION OF THE SCAN DATA	1/1/2022
0555T	BONE STRENGTH AND FRACTURE RISK USING FINITE ELEMENT ANALYSIS OF FUNCTIONAL DATA AND BONE-MINERAL DENSITY UTILIZING DATA FROM A COMPUTED TOMOGRAPHY SCAN; ASSESSMENT OF BONE STRENGTH AND FRACTURE RISK AND BONE-MINERAL DENSITY	1/1/2022
0556T	BONE STRENGTH AND FRACTURE RISK USING FINITE ELEMENT ANALYSIS OF FUNCTIONAL DATA AND BONE-MINERAL DENSITY UTILIZING DATA FROM A COMPUTED TOMOGRAPHY SCAN; INTERPRETATION AND REPORT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0557T	INTERPRETATION AND REPORT	1/1/2022
0558T	COMPUTED TOMOGRAPHY SCAN TAKEN FOR THE PURPOSE OF BIOMECHANICAL COMPUTED TOMOGRAPHY ANALYSIS	1/1/2022
0563T	EVACUATION OF MEIBOMIAN GLANDS, USING HEAT DELIVERED THROUGH WEARABLE, OPEN-EYE EYELID TREATMENT DEVICES AND MANUAL GLAND EXPRESSION, BILATERAL	1/1/2022
0567T	PERMANENT FALLOPIAN TUBE OCCLUSION WITH DEGRADABLE BIOPOLYMER IMPLANT, transcervical approach, including transvaginal ultrasound (E.G., FEMBLOC® [FEMASYS, INC.]	1/1/2022
0568T	INTRODUCTION OF MIXTURE OF SALINE AND AIR FOR SONOSALPINGOGRAPHY TO CONFIRM OCCLUSION OF FALLOPIAN TUBES, transcervical approach, including transvaginal ultrasound and pelvic ultrasound (E.G., FEMBLOC® [FEMASYS, INC.]	1/1/2022
0609T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS (IE, LACTIC ACID, CARBOHYDRATE, ALANINE, LAAL, PROPIONIC ACID, PROTEOGLYCAN, AND	1/1/2022
0610T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS	1/1/2022
0611T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES BETWEEN DISCS	1/1/2022
0612T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); INTERPRETATION AND REPORT	1/1/2022
0623T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION, COMPUTERIZED ANALYSIS OF DATA, WITH REVI	1/1/2022
0624T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION	1/1/2022
0625T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; COMPUTERIZED ANALYSIS OF DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPH	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0626T	AUTOMATED QUANTIFICATION AND CHARACTERIZATION OF CORONARY ATHEROSCLEROTIC PLAQUE TO ASSESS SEVERITY OF CORONARY DISEASE, USING DATA FROM CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY; REVIEW OF COMPUTERIZED ANALYSIS OUTPUT TO RECONCILE DISCORDANT DATA, INTERP	1/1/2022
0627T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, W/ FLUOROSCOPIC GUIDANCE, LUMBAR; FIRST LEVEL	1/1/2022
0627T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; FIRST LEVEL	1/1/2022
0628T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, W/ FLUOROSCOPIC GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL	1/1/2022
0628T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH FLUOROSCOPIC GUIDANCE, LUMBAR; EACH ADDITIONAL LEVEL	1/1/2022
0629T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, W/ CT GUIDANCE, LUMBAR; FIRST LEVEL	1/1/2022
0629T	PERCUTANEOUS INJECTION OF ALLOGENEIC CELLULAR AND/OR TISSUE-BASED PRODUCT, INTERVERTEBRAL DISC, UNILATERAL OR BILATERAL INJECTION, WITH CT GUIDANCE, LUMBAR; FIRST LEVEL	1/1/2022
0630T	DECOMPRESSION PROCEDURE, PERCUTANEOUS , OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE OR MULTIPLE LEVELS, LUMBAR	1/1/2022
0630T	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE OR MULTIPLE LEVELS, LUMBAR	1/1/2022
0631T	TRANSCUTANEOUS VISIBLE LIGHT HYPERSPECTRAL IMAGING MEASUREMENT OF OXYHEMOGLOBIN, DEOXYHEMOGLOBIN, AND TISSUE OXYGENATION, WITH INTERPRETATION AND REPORT, PER EXTREMITY (E.G., HYPERVIEW™ [HYPERMED IMAGING, INC.] )	1/1/2022
0633T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST MATERIAL	1/1/2022
0634T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITH CONTRAST MATERIAL(S)	1/1/2022
0635T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, UNILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0636T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST MATERIAL(S)	1/1/2022
0637T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITH CONTRAST MATERIAL(S)	1/1/2022
0638T	COMPUTED TOMOGRAPHY, BREAST, INCLUDING 3D RENDERING, WHEN PERFORMED, BILATERAL; WITHOUT CONTRAST, FOLLOWED BY CONTRAST MATERIAL(S)	1/1/2022
0645T	TRANSCATHETER IMPLANTATION OF CORONARY SINUS REDUCTION DEVICE INCLUDING VASCULAR ACCESS AND CLOSURE, RIGHT HEART CATHETERIZATION, VENOUS ANGIOGRAPHY, CORONARY SINUS ANGIOGRAPHY, IMAGING GUIDANCE, AND SUPERVISION AND INTERPRETATION, WHEN PERFORMED (E.G., N	1/1/2022
0650	HOSPICE	1/1/2022
0651	HOSPICE, ROUTINE HOME CARE	1/1/2022
0652	HOSPICE, CONTINUOUS HOME CARE	1/1/2022
0656T	VERTEBRAL BODY TETHERING, ANTERIOR; UP TO 7 VERTEBRAL SEGMENTS (E.G., TETHER VERTEBRAL BODY TETHERING SYSTEM [ZIMMER BIOMET])	1/1/2022
0657T	VERTEBRAL BODY TETHERING, ANTERIOR; 8 OR MORE VERTEBRAL SEGMENTS	1/1/2022
0660T	IMPLANTATION OF ANTERIOR SEGMENT INTRAOCULAR NONBIODEGRADABLE DRUG-ELUTING SYSTEM, INTERNAL APPROACH	1/1/2022
0661T	REMOVAL AND REIMPLANTATION OF ANTERIOR SEGMENT INTRAOCULAR NONBIODEGRADABLE DRUG ELUTING IMPLANT	1/1/2022
0672T	ENDOVAGINAL CRYOGEN-COOLED, MONOPOLAR RADIOFREQUENCY REMODELING OF THE TISSUES SURROUNDING THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR URINARY INCONTINENCE	1/1/2022
0674T	LAPAROSCOPIC INSERTION OF NEW OR REPLACEMENT OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING AN IMPLANTABLE PULSE GENERATOR AND DIAPHRAGMATIC LEAD(S)	1/1/2022
0675T	LAPAROSCOPIC INSERTION OF NEW OR REPLACEMENT OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING CONNECTION TO AN EXISTING PULSE GENERATOR; EACH ADDITIONAL LEAD	1/1/2022
0676T	LAPAROSCOPIC INSERTION OF NEW OR REPLACEMENT OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING CONNECTION TO AN EXISTING PULSE GENERATOR; EACH ADDITIONAL LEAD	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0677T	LAPAROSCOPIC REPOSITIONING OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING CONNECTION TO AN EXISTING PULSE GENERATOR; EACH ADDITIONAL REPOSITIONED LEAD	1/1/2022
0678T	LAPAROSCOPIC REPOSITIONING OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING CONNECTION TO AN EXISTING PULSE GENERATOR; EACH ADDITIONAL REPOSITIONED LEAD	1/1/2022
0679T	LAPAROSCOPIC REMOVAL OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION	1/1/2022
0680T	RELOCATION OF PULSE GENERATOR ONLY, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, WITH CONNECTION TO EXISTING DUAL LEADS	1/1/2022
0681T	RELOCATION OF PULSE GENERATOR ONLY, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, WITH CONNECTION TO EXISTING DUAL LEADS	1/1/2022
0682T	REMOVAL OF PULSE GENERATOR ONLY, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION	1/1/2022
0683T	INTERROGATION DEVICE EVALUATION (IN-PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMAT	1/1/2022
0684T	INTERROGATION DEVICE EVALUATION (IN-PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMAT	1/1/2022
0685T	INTERROGATION DEVICE EVALUATION (IN-PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRA	1/1/2022
0686T	HISTOTRIPTY (I.E. NON-THERMAL ABLATION VIA ACOUSTIC ENERGY DELIVERY) OF MALIGNANT HEPATOCELLULAR TISSUE, INCLUDING IMAGE GUIDANCE	1/1/2022
0694T	3-DIMENSIONAL VOLUMETRIC IMAGING AND RECONSTRUCTION OF BREAST OR AXILLARY LYMPH NODE TISSUE, EACH EXCISED SPECIMEN, 3-DIMENSIONAL AUTOMATIC SPECIMEN REORIENTATION, INTERPRETATION AND REPORT, REAL-TIME INTRAOPERATIVE	1/1/2022
0710T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; INCLUDING DATA PREPARATION AND TRANSMISSION, QUANTIFICATION OF THE STRUCTURE AND COMPOSITION OF THE VESSEL WALL AND ASSESSMENT FO	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
0711T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION	1/1/2022
0712T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; QUANTIFICATION OF THE STRUCTURE AND COMPOSITION OF THE VESSEL WALL AND ASSESSMENT FOR LIPID-RICH NECROTIC CORE PLAQUE TO ASSESS A	1/1/2022
0713T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; DATA REVIEW, INTERPRETATION AND REPORT	1/1/2022
0762	CRISIS STABILIZATION BED 23 HOUR - PSYCHIATRIC/SUBSTANCE USE	1/1/2022
0905	INTENSIVE OUTPATIENT MENTAL HEALTH PROGRAM 3-4 HOURS	1/1/2022
0906	INTENSIVE OUTPATIENT SUBSTANCE ABUSE 3-4 HOURS	1/1/2022
0910	CRISIS INTERVENTION MENTAL HEALTH SERVICE DAY	1/1/2022
0912	PARTIAL HOSPITALIZATION- MENTAL HEALTH/SUBSTANCE ABUSE/EATING DISORDER	1/1/2022
0913	PARTIAL HOSPITALIZATION- MENTAL HEALTH/SUBSTANCE ABUSE/EATING DISORDER	1/1/2022
1001	BEHAVIORAL HEALTH SERVICES; SHORT-TERM RESIDENTIAL; HOSPITAL/NON-HOSPITAL, PER DIEM	1/1/2022
1002	ACUTE/SUB-ACUTE DETOXIFICATION; RESIDENTIAL ADDICTION PROGRAM INPATIENT	1/1/2022
10040	ACNE SURGERY (E.G., MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)	1/1/2022
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	1/1/2022
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2022
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2022
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	1/1/2022
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	1/1/2022
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2022
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2022
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.5 CM OR LESS	1/1/2022
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2022
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2022
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER OVER 2.0 CM	1/1/2022
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS	1/1/2022
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	1/1/2022
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM	1/1/2022
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM	1/1/2022
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM	1/1/2022
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER OVER 4.0 CM	1/1/2022
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.0 SQ CM OR LESS	1/1/2022
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; 6.1 TO 20.0 SQ CM	1/1/2022
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING MICROPIGMENTATION; EACH ADDITIONAL 20.0 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT IMPLANT	1/1/2022
11971	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT	1/1/2022
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS, AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	1/1/2022
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS, AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	1/1/2022
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	1/1/2022
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LESS	1/1/2022
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2022
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	1/1/2022
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2022
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	1/1/2022
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF	1/1/2022
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	1/1/2022
15101	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	1/1/2022
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF	1/1/2022
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	1/1/2022
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF	1/1/2022
15120	SPLIT- THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	1/1/2022
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS [NIPPLE RECONSTRUCTION]	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS	1/1/2022
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF	1/1/2022
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	1/1/2022
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF	1/1/2022
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	1/1/2022
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THER	1/1/2022
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND SURFACE AREA	1/1/2022
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; EACH ADDITIONAL 25 SQ CM WOUND SURFACE AREA, OR PART THEREOF	1/1/2022
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF	1/1/2022
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET	1/1/2022
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	1/1/2022
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	1/1/2022
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY NAMED AXIAL VESSEL	1/1/2022
15750	FLAP; NEUROVASCULAR PEDICLE	1/1/2022
15757	FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	1/1/2022
15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (E.G. FAT, DERMIS, FASCIA)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	1/1/2022
15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022
15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; 25 CC OR LESS INJECTATE	1/1/2022
15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 25 CC INJECTATE, OR PART THEREOF	1/1/2022
15780	DERMABRASION, TOTAL FACE	1/1/2022
15781	DERMABRASION, SEGMENTAL, FACE	1/1/2022
15782	DERMABRASION, OTHER THAN FACE	1/1/2022
15783	DERMABRASION, SUPERFICIAL, ANY	1/1/2022
15786	ABRASION LESION SINGLE (E.G. KERATOSIS SCAR)	1/1/2022
15789	CHEMICAL PEEL FACE DERMAL	1/1/2022
15793	CHEMICAL PEEL NONFACIAL	1/1/2022
15820	REVISE LOWER EYELID	1/1/2022
15821	REVISE LOWER EYELID/FAT PAD HE	1/1/2022
15822	REVISE UPPER EYELID	1/1/2022
15823	REVISE UPPER EYELID/EXCESS SKI	1/1/2022
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	8/15/2023
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	1/1/2022
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	1/1/2022
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	1/1/2022
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	1/1/2022
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	1/1/2022
17000	DESTRUCTION (E.G. LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTMENT), PREMALIGNANT LESIONS (E.G. ACTINIC KERATOSES); FIRST LESION	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
17003	DESTRUCTION (E.G. LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (E.G. ACTINIC KERATOSES); SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR FIRST LESION)	1/1/2022
17004	DESTRUCTION (E.G. LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), PREMALIGNANT LESIONS (E.G. ACTINIC KERATOSES), 15 OR MORE LESIONS	1/1/2022
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (E.G. LASER TECHNIQUE); LESS THAN 10 SQ CM	1/1/2022
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (E.G. LASER TECHNIQUE); 10.0 TO 50.0 SQ CM	1/1/2022
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (E.G. LASER TECHNIQUE); OVER 50.0 SQ CM	1/1/2022
17110	DESTRUCTION (E.G. LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; UP TO 14 LESIONS	1/1/2022
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT), OF BENIGN LESIONS OTHER THAN SKIN TAGS OR CUTANEOUS VASCULAR PROLIFERATIVE LESIONS; 15 OR MORE LESIONS	1/1/2022
17340	CRYOTHERAPY OF THE SKIN	1/1/2022
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	7/1/2019
19303	MAST SIMPLE COMPLETE	1/1/2022
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	1/1/2022
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY LYMPH NODES (URBAN TYPE OPERATION)	1/1/2022
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE, BUT EXCLUDING PECTORALIS MAJOR MUSCLE	1/1/2022
19318	BREAST REDUCTION	1/1/2022
19328	REMOVAL INTACT BREAST IMPLANT	1/1/2022
19330	RMVL RUPTURED BREAST IMPLANT W/IMPLANT CONTENTS	1/1/2022
19340	INSERTION BREAST IMPLANT SAME DAY OF MASTECTOMY	1/1/2022
19342	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY	1/1/2022
19350	NIPPLE/AREOLA RECONSTRUCTION	1/1/2022
19355	CORRECTION OF INVERTED NIPPLES	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
19357	TISSUE EXPANDER PLACEMENT BREAST RECONSTRUCTION	1/1/2022
19361	BREAST RECONSTRUCTION W/LATISSIMUS DORSI FLAP	1/1/2022
19364	BREAST RECONSTRUCTION W/FREE FLAP	1/1/2022
19367	BREAST RECONSTRUCTION SINGLE PEDICLED TRAM FLAP	1/1/2022
19368	BREAST RECONSTRUCTION 1PEDICLED TRAM FLAP ANAST	1/1/2022
19369	BREAST RECONSTRUCTION BIPEDICLED TRAM FLAP	1/1/2022
19370	REVISION PERI-IMPLANT CAPSULE BREAST	1/1/2022
19371	PERI-IMPLANT CAPSULECTOMY BREAST COMPLETE	1/1/2022
19380	REVISION OF RECONSTRUCTED BREAST	1/1/2022
19396	DESIGN CUSTOM BREAST IMPLANT	1/1/2022
20250	OPEN BONE BIOPSY, THORACIC	1/1/2022
20251	OPEN BONE BIOPSY, LUMBAR/CERVICAL	1/1/2022
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	1/1/2022
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLE(S)	1/1/2022
20930	ALLOGRAFT, SPINE SURG, MORSELIZED	1/1/2022
20931	ALLOGRAFT, SPINE SURG, STRUCTURAL	1/1/2022
20936	AUTOGRAFT, SPINE SURGERY, LOCAL	1/1/2022
20937	AUTOGRAFT, SPINE SURG, MORSELIZED	1/1/2022
20938	AUTOGRAFT, SPINE SURG, STRUCTURAL	1/1/2022
20983	ABLATE BONE TUMOR(S) PERQ	7/1/2019
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS	7/1/2019
21010	INCISION OF TEMPOROMANDIBULAR JOINT	1/1/2022
21050	REMOVAL OF TEMPOROMANDIBULAR JOINT	1/1/2022
21060	REMOVAL OF JAW JOINT CARTILAGE	1/1/2022
21070	REMOVAL OF CORONOID PROCESS	1/1/2022
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (I.E. GENERAL OR MONITORED ANESTHESIA CARE)	7/1/2019
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	1/1/2022
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	1/1/2022
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
21080	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	1/1/2022
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	1/1/2022
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	1/1/2022
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	1/1/2022
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	1/1/2022
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	1/1/2022
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	1/1/2022
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	1/1/2022
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	1/1/2022
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	1/1/2022
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	1/1/2022
21122	SLIDING OSTEOTOMIES, 2 OR MORE OSTEOTOMIES (E.G. WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL CHIN)	1/1/2022
21123	GENIOPLASTY SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1/1/2022
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL OR WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	1/1/2022
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAFT)	1/1/2022
21142	RECONSTRUCTION MIDFACE, LEFORT I; 2 PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	1/1/2022
21143	RECONSTRUCTION MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	1/1/2022
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1/1/2022
21146	RECONSTRUCTION MIDFACE, LEFORT I; 2 PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (E.G. UNGRAFTED UNILATERAL ALVEOLAR CLEFT)	1/1/2022
21147	RECONSTRUCTION MIDFACE, LEFORT I; 3 OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (E.G. UNGRAFTED BILATERAL ALVEOLAR CLEFT OR MULTIPLE OSTEOTOMIES)	1/1/2022
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (E.G. TREACHER-COLLINS SYNDROME)	1/1/2022
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (E.G. TREACHER-COLLINS SYNDROME)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1/1/2022
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1/1/2022
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	1/1/2022
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	1/1/2022
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (E.G. MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITHOUT LEFORT I	1/1/2022
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (E.G. MONO BLOC), REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS); WITH LEFORT I	1/1/2022
21172	RECONSTRUCT ORBIT/FOREHEAD, PARTIAL	1/1/2022
21175	RECONSTRUCT ORBIT/FOREHEAD, PARTIAL	1/1/2022
21179	RECONSTRUCT ENTIRE ORBIT/FOREHEAD	1/1/2022
21180	RECONSTRUCT ENTIRE ORBIT/FOREHEAD	1/1/2022
21182	RECONSTRUCT CRANIAL BONE, 0-39	1/1/2022
21183	RECONSTRUCT CRANIAL BONE,40-79	1/1/2022
21184	RECONSTRUCT CRANIAL BONE, 80+	1/1/2022
21188	RECONSTRUCT MIDFACE, NOT LEFORT	1/1/2022
21193	RECONSTRUCT LOWER JAW BONE	1/1/2022
21194	RECONSTRUCT LOWER JAW BONE W/GRAFT	1/1/2022
21195	RECONSTRUCT LOWER JAW BONE	1/1/2022
21196	RECONSTRUCT LOWER JAW BONE W/FIX	1/1/2022
21198	REVISE LOWER JAW BONE	1/1/2022
21199	REVISE LWR JAW BONE W/GENIOGLOS ADV	1/1/2022
21206	REVISE UPPER JAW BONE	1/1/2022
21208	AUGMENTATION OF FACIAL BONES	1/1/2022
21208	AUGMENTATION OF FACIAL BONES	1/1/2022
21209	REDUCTION OF FACIAL BONES	1/1/2022
21209	REDUCTION OF FACIAL BONES	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
21210	FACE BONE GRAFT, NASAL/MAXILL/	1/1/2022
21210	FACE BONE GRAFT, NASAL/MAXILL/	1/1/2022
21215	LOWER JAW BONE GRAFT	1/1/2022
21215	LOWER JAW BONE GRAFT	1/1/2022
21230	GRAFT RIB CARTILAGE TO FACE/EA	1/1/2022
21235	GRAFT EAR CARTILAGE TO NOSE/EA	1/1/2022
21240	RECONSTRUCTION OF JAW JOINT	1/1/2022
21242	RECONSTRUCT JAW JOINT W/ALLOGRAFT	1/1/2022
21243	RECONSTRUCT JAW JOINT W/ALLOGRAFT	1/1/2022
21244	RECONSTRUCT LOWER JAW W/BONE P	1/1/2022
21245	PARTIAL RECONSTRUCTION OF JAW	1/1/2022
21246	COMPLETE RECONSTRUCTION OF JAW	1/1/2022
21247	RECONSTRUCT/GRAFT LOWER JAW BO	1/1/2022
21248	RECONSTRUCTION OF JAW, PARTIAL	1/1/2022
21249	RECONSTRUCTION OF JAW, COMPLET	1/1/2022
21255	RECONSTRUCT ZYGOMATIC ARCH	1/1/2022
21256	RECONSTRUCT ORBIT W/BONE GRAFT	1/1/2022
21260	REVISE EYE SOCKETS, EXTRACRANIAL	1/1/2022
21261	REVISE EYE SOCKETS, INTRA/EXTRACRAN	1/1/2022
21263	REVISE EYE SOCKETS,FOREHEAD ADVANCE	1/1/2022
21267	REPOSITIONING OF EYE SOCKETS	1/1/2022
21268	REPOSITIONING OF EYE SOCKETS	1/1/2022
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	1/1/2022
21295	REVISE JAW MUSCLE/BONE, EXTRAORAL	1/1/2022
21296	REVISE JAW MUSCLE/BONE, INTRAORAL	1/1/2022
21299	CRANIO/MAXILLOFACIAL SURGERY NEC	1/1/2022
21440	TREAT DENTAL RIDGE FRACTURE	1/1/2022
21445	REPAIR DENTAL RIDGE FRACTURE	1/1/2022
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (E.G. RECURRENT REQUIRING INTERMAXILLARY FIXATION OR SPLINTING), INITIAL OR SUBSEQUENT	1/1/2022
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	1/1/2022
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	1/1/2022
21740	RECONSTRUCT PECTUS EXCAVATUM,	1/1/2022
21742	RCNSTRCT PECTUS EXCAV W/O THOR	1/1/2022
21743	RCNSTRCT PECTUS EXCAV W/THORAS	1/1/2022
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHORACIC	1/1/2022
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	1/1/2022
22100	REMOVE PART OF NECK VERTEBRA	1/1/2022
22101	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (E.G. SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; THORACIC	1/1/2022
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (E.G. SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; LUMBAR	1/1/2022
22103	REMOVE ADDL VERTEBRAL SEGMENT	1/1/2022
22110	REMOVE PART OF NECK VERTEBRA	1/1/2022
22112	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; THORACIC	1/1/2022
22114	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), SINGLE VERTEBRAL SEGMENT; LUMBAR	1/1/2022
22116	REMOVE ADDL VERTEBRAL SEGMENT	1/1/2022
22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (E.G. PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC	1/1/2022
22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (E.G. PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR	1/1/2022
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 3 COLUMNS, 1 VERTEBRAL SEGMENT (E.G. PEDICLE/VERTEBRAL BODY SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT	1/1/2022
22210	REVISE CERVICAL SPINE, POSTERIOR	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
22212	REVISE THORACIC SPINE, POSTERIOR	1/1/2022
22214	REVISE LUMBAR SPINE, POSTERIOR	1/1/2022
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, 1 VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1/1/2022
22220	REVISE CERVICAL SPINE, ANTERIOR	1/1/2022
22222	REVISE THORACIC SPINE, ANTERIOR	1/1/2022
22224	REVISE LUMBAR SPINE, ANTERIOR	1/1/2022
22226	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT	1/1/2022
22505	MANIPULATE SPINE, ANESTHESIA NEEDED	7/1/2019
22505	MANIPULATE SPINE, ANESTHESIA NEEDED	7/1/2019
22510	PERQ CERVICOTHORACIC INJECT	1/1/2022
22511	PERQ LUMBOSACRAL INJECTION	1/1/2022
22512	VERTEBROPLASTY ADDL INJECT	1/1/2022
22513	PERQ VERTEBRAL AUGMENTATION	1/1/2022
22514	PERQ VERTEBRAL AUGMENTATION	1/1/2022
22515	PERQ VERTEBRAL AUGMENTATION	1/1/2022
22520	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR	1/1/2022
22521	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR	1/1/2022
22522	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY	1/1/2022
22523	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION (E.G. KYPHOPLASTY); THORACIC	1/1/2022
22524	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION (E.G. KYPHOPLASTY); LUMBAR	1/1/2022
22525	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION (EG, KYPHOPLASTY); EACH ADDITIONAL THORACIC OR LUMBA	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE LEVEL	7/1/2019
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; 1 OR MORE ADDITIONAL LEVELS	7/1/2019
22532	SPINE FUSION, LATERAL, THORACIC	1/1/2022
22533	SPINE FUSION, LATERAL, LUMBAR	1/1/2022
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC OR LUMBAR, EACH ADDITIONAL VERTEBRAL SEGMENT	1/1/2022
22548	NECK SPINE FUSION (ATLAS-AXIS)	1/1/2022
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	1/1/2022
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	1/1/2022
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	1/1/2022
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC	1/1/2022
22558	LUMBAR SPINE FUSION W/BONE GRAFT	1/1/2022
22585	SPINAL FUSION, EA ADDL INTERSPACE	1/1/2022
22590	SPINE/SKULL FUSION (OCCIPUT-C2)	1/1/2022
22595	NECK SPINE FUSION (C1-C2) W/GRAFT	1/1/2022
22600	NECK SPINE FUSION (CERV, BELOW C2)	1/1/2022
22610	THORAX SPINE FUSION, POSTEROLATERAL	1/1/2022
22612	LUMBAR SPINE FUSION, POSTEROLATERAL	1/1/2022
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT	1/1/2022
22630	LUMBAR SPINE FUS, PSTR INTRBDY SNGL	1/1/2022
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR	1/1/2022
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR; EACH ADDITIONAL INTERSPACE	1/1/2022
22800	SPINAL FUSION, 6 OR LESS VERT, POST	1/1/2022
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	1/1/2022
22804	SPINAL FUSION, POSTERIOR, 13+ VERT	1/1/2022
22808	SPINAL FUSION, ANTERIOR, 2-3 VERT	1/1/2022
22810	SPINAL FUSION, 4-7 VERT, ANTERIOR	1/1/2022
22812	SPINAL FUSION, 8+ VERT, ANTERIOR	1/1/2022
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS); SINGLE OR 2 SEGMENTS	1/1/2022
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR ELEMENTS); 3 OR MORE SEGMENTS	1/1/2022
22830	EXPLORATION OF SPINAL FUSION	1/1/2022
22840	INSERT SPINE FIXATION, POSTERIOR	1/1/2022
22841	SPINAL FIXATION, INTERNAL, BY WIRE	1/1/2022
22842	INSERT SPINE SEG FIX, POST, 3-6 SEG	1/1/2022
22843	INSERT SPINE SEG FIX, POST, 7-12 SEG	1/1/2022
22844	INSERT SPINE SEG FIX, POST, 13+ SEG	1/1/2022
22845	INSERT SPINE FIX DEV, ANT, 2-3 SEG	1/1/2022
22846	INSERT SPINE FIX DEV, ANT, 4-7 SEG	1/1/2022
22847	INSERT SPINE FIX DEV, ANT, 8+ SEG	1/1/2022
22848	INSERT PELVIC FIXATION DEVICE	1/1/2022
22849	REINSERT SPINAL FIXATION DEVICE	1/1/2022
22850	REMOVE SPINE FIXATION DEVICE, POST	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTER	1/1/2022
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (E.G. SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (E.G. SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE	1/1/2022
22855	REMOVE SPINE FIXATION DEV, ANTERIOR	1/1/2022
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), SINGLE INTERSPACE, CERVICAL	1/1/2022
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	1/1/2022
22858	SECOND LEVEL CERVICAL DISKECTOMY	1/1/2022
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (E.G. SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT	1/1/2022
22860	TOTAL DISC ARTHROPLASTY OF ADDITIONAL LUMBAR VERTEBRAL INTERSPACE W/ DISCECTOMY BY ANTERIOR APPROACH	5/15/2023
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	1/1/2022
22862	REVISION TOT DISC ARTHROPLASTY ANT LMBR 1 NTRSPC	1/1/2022
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	1/1/2022
22865	REMOVAL TOT DISC ARTHROPLASTY ANT LMBR 1 NTRSPC	1/1/2022
22867	WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SINGLE LEVEL	7/1/2019
22868	WITHOUT FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, WITH OPEN DECOMPRESSION, LUMBAR; SECOND LEVEL	7/1/2019
22869	WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SINGLE LEVEL	7/1/2019
22870	WITHOUT OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL	7/1/2019
22890	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; 1 OR MORE ADDITIONAL LEVELS	1/1/2022
22899	SPINE SURGERY PROCEDURE NEC	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
22999	ABDOMEN SURGERY PROCEDURE NEC	1/1/2022
23440	REMOVE/TRANSPLNT LONG BICEPS TENDON	1/1/2022
23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	1/1/2022
23472	RECONSTRUCT/REPLACE SHOULDER JOINT	1/1/2022
23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	1/1/2022
23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	1/1/2022
24363	REPLACE TOTAL ELBOW JOINT	1/1/2022
24370	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	1/1/2022
24371	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	1/1/2022
24420	SHORTEN/LENGTHEN HUMERUS	1/1/2022
24470	REVISION OF ELBOW JOINT	1/1/2022
25310	TRANSPLANT FOREARM/WRIST TENDON	1/1/2022
25312	TRANSPLANT/GRAFT FOREARM/WRIST TEND	1/1/2022
25332	ARTHROPLASTY, WRIST	1/1/2022
25390	SHORTEN RADIUS/ULNA	1/1/2022
25391	LENGTHEN RADIUS/ULNA W/AUTOGRAFT	1/1/2022
25392	SHORTEN RADIUS AND ULNA	1/1/2022
25393	LENGTHEN RADIUS AND ULNA	1/1/2022
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	1/1/2022
25441	ARTHROPLASTY W/PRSTH DISTAL RADIUS	1/1/2022
25442	ARTHROPLASTY W/PRSTH, DISTAL ULNA	1/1/2022
25443	ARTHROPLASTY W/PRSTH, SCAPH CARPAL	1/1/2022
25444	ARTHROPLASTY W/PRSTH, LUNATE	1/1/2022
25445	ARTHROPLASTY W/PRSTH, TRAPEZIUM	1/1/2022
25446	TOTAL WRIST REPLACEMENT	1/1/2022
25447	REPAIR/REVISE WRIST JOINT(S)	1/1/2022
25449	REMOVE WRIST JOINT IMPLANT	1/1/2022
25450	SURGERY TO STOP ARM GROWTH	1/1/2022
25455	SURGERY TO STOP ARM GROWTH	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
26480	TRANSPLANT HAND TENDON, EACH	1/1/2022
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	1/1/2022
26485	TRANSPLANT PALM TENDON, EACH	1/1/2022
26489	TRANSPLANT/GRAFT PALM TENDON, EACH	1/1/2022
27080	COCCYGECTOMY, PRIMARY	1/1/2022
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	1/1/2022
27125	PARTIAL HIP REPLACEMENT & PROSTH	1/1/2022
27130	TOTAL HIP ARTHROPLASTY & PROSTHESIS	1/1/2022
27132	CONVERT HIP SURG TO TOTAL REPLACE	1/1/2022
27134	REVISION OF TOTAL HIP JOINT SURGERY	1/1/2022
27137	REVISION OF TOTAL HIP JOINT SURGERY	1/1/2022
27138	REVISION OF TOTAL HIP JOINT SURGERY	1/1/2022
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE GUIDANCE, INCLUDES OBTAINING BONE GRAFT WHEN PERFORMED, AND PLACEMENT OF TRANSFIXING DEVICE	1/1/2022
27280	ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED	1/1/2022
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	1/1/2022
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	1/1/2022
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (E.G. MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT[S]) [EXCEPT TO REPAIR CHONDRAL DEFECTS OF THE PATELLA] [EXCLUDES SYNTHETIC RESORBABLE POLYMERS]	1/1/2022
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	1/1/2022
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	1/1/2022
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	1/1/2022
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	1/1/2022
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	1/1/2022
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	1/1/2022
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (E.G. WALLDIUS TYPE)	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	1/1/2022
27447	ARTHROPLASTY, TOTAL KNEE	1/1/2022
27465	SHORTENING OF THIGH BONE	1/1/2022
27466	LENGTHENING OF THIGH BONE	1/1/2022
27468	SHORTEN/LENGTHEN THIGH BONES	1/1/2022
27486	REVISE KNEE JOINT REPLACEMENT	1/1/2022
27487	REVISE KNEE JOINT REPLACEMENT	1/1/2022
27488	REMOVAL OF KNEE PROSTHESIS	1/1/2022
27700	REVISION OF ANKLE JOINT	1/1/2022
27702	RECONSTRUCT ANKLE JOINT W/IMPLANT	1/1/2022
27703	ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE	1/1/2022
27715	LENGTHEN/SHORTEN LOWER LEG	1/1/2022
28285	CORRECTION, HAMMERTOE (E.G. INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)	1/1/2022
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (E.G. RUIZ-MORA TYPE PROCEDURE)	1/1/2022
28292	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH RESECTION OF PROXIMAL PHALANX BASE, WHEN PERFORMED, ANY METHOD	1/1/2022
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD	1/1/2022
28296	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH DISTAL METATARSAL OSTEOTOMY, ANY METHOD	1/1/2022
28297	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH FIRST METATARSAL AND MEDIAL CUNEIFORM JOINT ARTHRODESIS, ANY METHOD	1/1/2022
28298	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL PHALANX OSTEOTOMY, ANY METHOD	1/1/2022
28299	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH DOUBLE OSTEOTOMY, ANY METHOD	1/1/2022
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	1/1/2022
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTRASOUND GUIDANCE, INVOLVING THE PLANTAR FASCIA	7/1/2019
28899	UNLISTED PROCEDURE, FOOT OR TOES	1/1/2022
29800	JAW ARTHROSCOPY, DIAGNOSTIC	1/1/2022
29804	JAW ARTHROSCOPY/SURGERY	1/1/2022
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (E.G. MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT[S])	1/1/2022
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (E.G. MOSAICPLASTY)	1/1/2022
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL	1/1/2022
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	1/1/2022
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	1/1/2022
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	1/1/2022
30150	RHINECTOMY; PARTIAL	1/1/2022
30160	RHINECTOMY; TOTAL	1/1/2022
30469	REPAIR OF NASAL VALVE COLLAPSE W/ LOW-ENERGY TEMPERATURE-CONTROLLED RADIOFREQUENCY SUBCUTANEOUS AND SUBMUCOSAL REMODELING	5/15/2023
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (E.G. ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); SUPERFICIAL	1/1/2022
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD (E.G. ELECTROCAUTERY, RADIOFREQUENCY ABLATION, OR TISSUE VOLUME REDUCTION); INTRAMURAL (I.E. SUBMUCOSAL)	1/1/2022
30999	NASAL SURGERY PROCEDURE NEC	1/1/2022
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	7/1/2019
31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	7/1/2019
32850	DONOR PNEUMONECTOMY (CADAVER)	1/1/2022
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	1/1/2022
32852	LUNG TRANSPLANT, SINGLE W/BYPASS	1/1/2022
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	1/1/2022
32854	LUNG TRANSPLANT, DOUBLE W/BYPASS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF ALLOGRAFT FROM SURROUNDING SOFT TISSUES TO PREPARE PULMONARY VENOUS/ATRIAL CUFF, PULMONARY ARTERY, AND BRONCHUS; BILATERAL	1/1/2022
32999	CHEST SURGERY PROCEDURE NEC	1/1/2022
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (E.G. MODIFIED MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS	7/1/2019
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (E.G. MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS	7/1/2019
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERFORMED (E.G. VENTRICULAR REMODELING, SVR, SAVER, DOR PROCEDURES)	7/1/2019
33927	IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	8/15/2018
33928	REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS	8/15/2018
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	8/15/2018
33930	REMOVAL OF DONOR HEART/LUNG	1/1/2022
33933	BACKBENCH PREP CADAVER HEART/LUNG, W/ALLOGRAFT DISSECT;	1/1/2022
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	1/1/2022
33940	REMOVAL OF DONOR HEART	1/1/2022
33944	BACKBENCH PREPARATION CADAVER HEART W/ALLOGRAFT DISSECT	1/1/2022
33945	TRANSPLANTATION OF HEART	1/1/2022
33990	INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY	7/1/2019
33991	INSJ PERQ VAD TRNSPTAL W/IMAGE ART&VENOUS ACCESS	7/1/2019
33992	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION	7/1/2019
33993	REPOSITION VAD W/IMAGING DIFFERENT SESSION	7/1/2019
33999	CARDIAC SURGERY PROCEDURE NEC	1/1/2022
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT W/ ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (E.G. GREAT SAPHENOUS VEIN, ACCESSORY SAPHENO	1/1/2022
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHEN	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (EG, GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VE	1/1/2022
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT W/ ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS (E.G. GREAT SAPHENOUS VEIN, ACCESSORY SAPHENOUS VEI	1/1/2022
36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	1/1/2022
36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)	1/1/2022
36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	1/1/2022
36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG	1/1/2022
36473	ENDOVENOUS ABLATION OF INCOMPETENT VEIN, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED	7/1/2019
36473	ENDOVENOUS ABLATION OF INCOMPETENT VEIN, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; FIRST VEIN TREATED	7/1/2019
36474	ENDOVENOUS ABLATION OF INCOMPETENT VEIN, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	7/1/2019
36474	ENDOVENOUS ABLATION OF INCOMPETENT VEIN, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	7/1/2019
36474	ENDOVENOUS ABLATION OF INCOMPETENT VEIN, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	7/1/2019
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	1/1/2022
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, RADIOFREQUENCY; FIRST VEIN TREATED	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
36476	ENDOVENOUS ABLATION OF INCOMPETENT VEIN, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	1/1/2022
36476	ENDOVENOUS ABLATION OF INCOMPETENT VEIN, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANOCHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES	1/1/2022
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	1/1/2022
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, LASER; FIRST VEIN TREATED	1/1/2022
36479	PER-Q ENDOVEN LASER ABLATE, EXTREMITY VEIN, W/S&I/MONITOR; 1 EXTREMITY, ADDL VEINS THRU SEP ACCESS	1/1/2022
36479	PER-Q ENDOVEN LASER ABLATE, EXTREMITY VEIN, W/S&I/MONITOR; 1 EXTREMITY, ADDL VEINS THRU SEP ACCESS	1/1/2022
37500	VASCULAR ENDOSCOPY, SURGICAL, W/ LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	1/1/2022
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	1/1/2022
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	1/1/2022
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	1/1/2022
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	1/1/2022
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	1/1/2022
37719	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	1/1/2022
37719	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	1/1/2022
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	1/1/2022
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	1/1/2022
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS W/ RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, W/ EXCISION OF DEEP FASCIA	1/1/2022
37760	IGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN, 1 LEG	1/1/2022
37760	IGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), INCLUDING SKIN GRAFT, WHEN PERFORMED, OPEN, 1 LEG	1/1/2022
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	1/1/2022
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	1/1/2022
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	1/1/2022
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, 1 EXTREMITY; 10-20 STAB INCISIONS	1/1/2022
37766	STAB PHLEBTMY VRCS 1 EXTRM, 20+	1/1/2022
37766	STAB PHLEBTMY VRCS 1 EXTRM, 20+	1/1/2022
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	1/1/2022
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	1/1/2022
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	1/1/2022
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	1/1/2022
37799	UNLISTED PROCEDURE, VASCULAR SURGERY [REPORTED FOR STAB PHLEBECTOMY OF VARICOSE VEINS, 1-9 INCISIONS, AMBULATORY]	1/1/2022
37799	UNLISTED PROCEDURE, VASCULAR SURGERY [REPORTED FOR STAB PHLEBECTOMY OF VARICOSE VEINS, 1-9 INCISIONS, AMBULATORY]	1/1/2022
37916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	1/1/2022
37917	REPAIR OF ECTROPION; EXTENSIVE (E.G. TARSAL STRIP OPERATIONS)	1/1/2022
38204	MANAGE BLOOD DONOR SEARCH	1/1/2022
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENEIC	1/1/2022
38206	HARVEST STEM CELLS, AUTOLOGOUS	1/1/2022
38207	CRYOPRESERVE/STORE STEM CELLS	1/1/2022
38208	THAW PREV FRZN STEM CELLS W/O WASH	1/1/2022
38209	THAW PREV FRZN STEM CELLS W/WASH	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
38210	T-CELL DEPLETION, HRVSTD STEM CELLS	1/1/2022
38211	TUMOR CELL DEPLTN HRVSTD STEM CELLS	1/1/2022
38212	REMOVE RBC, HARVESTED STEM CELLS	1/1/2022
38213	PLATELET DEPLETN HRVSTD STEM CELLS	1/1/2022
38214	PLASMA DEPLETION HRVSTD STEM CELLS	1/1/2022
38215	CELL CONCENTRATE, HRVSTD STEM CELLS	1/1/2022
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	1/1/2022
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC	1/1/2022
38241	BONE MARROW/STEMCELL XPLNT, AUTOLOG	1/1/2022
38242	BONE MRW/STEM XPLNT, LYMPH INFUSE	1/1/2022
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	1/1/2022
38308	LYMPH CHANNEL SURGERY	7/1/2019
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	1/1/2022
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	1/1/2022
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (E.G. ESTLANDER OR FAN)	1/1/2022
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)	1/1/2022
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	1/1/2022
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	1/1/2022
40652	REPAIR LIP, UP TO 1/2	1/1/2022
40654	REPAIR LIP, OVER 1/2 OR COMPLEX	1/1/2022
40700	REPAIR CLEFT LIP/NASAL DEFORMI	1/1/2022
40702	REPAIR CLEFT LIP/NASAL DEFORMI	1/1/2022
40720	REPAIR CLEFT LIP/NASAL DEFORMI	1/1/2022
40761	REPAIR CLEFT LIP/NASAL DEFORMI	1/1/2022
40799	LIP SURGERY PROCEDURE NEC	1/1/2022
40840	RECONSTRUCTION OF ANTERIOR MOUTH	1/1/2022
40842	RECONSTRUCTION OF POSTERIOR MOUTH	1/1/2022
40843	RECONSTRUCTION OF POSTERIOR MOUTH	1/1/2022
40844	RECONSTRUCTION OF MOUTH	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
40845	RECONSTRUCTION OF MOUTH, COMPLEX	1/1/2022
40899	MOUTH SURGERY PROCEDURE NEC	1/1/2022
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	7/1/2019
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, 1 OR MORE SITES, PER SESSION	7/1/2019
41828	EXCISE HYPERPLASTIC ALVEOLAR MUCOSA	1/1/2022
41830	REMOVAL OF GUM TISSUE	1/1/2022
41872	GINGIVOPLASTY, EACH QUADRANT	1/1/2022
41872	GINGIVOPLASTY, EACH QUADRANT	1/1/2022
41874	ALVEOLOPLASTY, EACH QUADRANT	1/1/2022
41874	ALVEOLOPLASTY, EACH QUADRANT	1/1/2022
41899	DENTAL SURGERY PROCEDURE NEC	1/1/2022
42200	RECONSTRUCT CLEFT PALATE	1/1/2022
42205	RECONSTRUCT CLEFT PALATE	1/1/2022
42210	RECONSTRUCT/GRAFT CLEFT PALATE	1/1/2022
42215	RECONSTRUCT CLEFT PALATE	1/1/2022
42220	RECONSTRUCT CLEFT PALATE W/LEN	1/1/2022
42225	RECONSTRUCT CLEFT PALATE W/FLA	1/1/2022
42260	REPAIR NOSE TO LIP FISTULA	1/1/2022
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION DEVICE (I.E. MAGNETIC BAND), INCLUDING CRUROPLASTY WHEN PERFORMED	7/1/2019
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	7/1/2019
43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	7/1/2019
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	1/1/2022
43999	STOMACH SURGERY PROCEDURE NEC	1/1/2022
44132	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM CADAVER DONOR	1/1/2022
44133	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; PARTIAL, FROM LIVING DONOR	1/1/2022
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	1/1/2022
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
44137	COMPLETE TRANSPLANTED INTESTINAL ALLOGRAFT REMOVAL	1/1/2022
44799	INTESTINAL SURGERY PROCEDURE NEC	1/1/2022
44799	INTESTINAL SURGERY PROCEDURE NEC	1/1/2022
46220	REMOVAL OF ANAL TAG	1/1/2022
46230	REMOVAL OF ANAL TAGS	1/1/2022
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (E.G. PORCINE SMALL INTESTINE SUBMUCOSA [SIS])	7/1/2019
47135	LIVER TRANSPLANT, ORTHOTOPIC	1/1/2022
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE	1/1/2022
47140	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY (SEGMENTS II AND III)	1/1/2022
47141	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL LEFT LOBECTOMY (SEGMENTS II, III AND IV)	1/1/2022
47142	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY (SEGMENTS V, VI, VII AND VIII)	1/1/2022
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN, HEPATIC ARTERY, AND COMM	1/1/2022
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN, HEPATIC ARTERY, AND COMM	1/1/2022
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING CHOLECYSTECTOMY, IF NECESSARY, AND DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES TO PREPARE THE VENA CAVA, PORTAL VEIN, HEPATIC ARTERY, AND COMM	1/1/2022
47146	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; VENOUS ANASTOMOSIS, EA	1/1/2022
47147	BACKBENCH CADAVER/LIVING DONOR LIVER GRAFT RECONSTRUCT; ARTERIAL ANASTOMOSIS, EA	1/1/2022
47381	ABLTN OPEN 1+ LIVER TUMOR CRYOSRG	7/1/2019
47383	PERQ ABLTJ LVR CRYOABLATION	7/1/2019
47399	LIVER SURGERY PROCEDURE NEC	1/1/2022
48160	REMOVAL OF PANCREAS W/TRANSPLANT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEGMENT FOR TRANSPLANTATION	1/1/2022
48551	BACKBENCH PREP CADAVER DONOR PANCREAS ALLOGRAFT, W/ALLOGRAFT DISSECT FROM TISS	1/1/2022
48552	BACKBENCH CADAVER DONOR PANCREAS ALLOGRAFT RECONSTRUCT, VENOUS ANASTOMOSIS, EA	1/1/2022
48554	TRANSPLANT PANCREATIC ALLOGRAFT	1/1/2022
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	1/1/2022
48999	PANCREAS SURGERY PROCEDURE NEC	1/1/2022
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	1/1/2022
50300	REMOVAL OF DONOR KIDNEY, CADAVER	1/1/2022
50320	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DONOR	1/1/2022
50323	BACKBENCH CADAVER DONOR RENAL ALLOGRAFT PREP	1/1/2022
50325	BACKBENCH LIVING DONOR RENAL ALLOGRAFT PREP (OPEN/LAPAROSCOPIC)	1/1/2022
50327	BACKBENCH CADAVER OR LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; VENOUS ANAST, EA	1/1/2022
50328	BCKBNCH CADAVER/LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; ARTERIAL ANAST, EA	1/1/2022
50329	BACKBENCH CADAVER/LIVING DONOR RENAL ALLOGRAFT RECONSTRUCT PRIOR TO TRANSPLANT; URETERAL ANAST, EA	1/1/2022
50340	REMOVAL OF KIDNEY FROM RECIPIENT	1/1/2022
50360	TRANSPLANTATION OF KIDNEY	1/1/2022
50365	REMOVAL & TRANSPLANTATION OF KIDNEY	1/1/2022
50370	REMOVE TRANSPLANTED RENAL ALLOGRAFT	1/1/2022
50380	REIMPLANTATION OF KIDNEY	1/1/2022
50546	LAPRSCPY, NEPHRECTMY W/PRTL URTRECTY	1/1/2022
50547	LAPRSCPY, DONOR NEPHRECTMY, LIVING	1/1/2022
50548	LAPRSCPY, NEPHRECTMY W/TTL URTRECTMY	1/1/2022
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	1/1/2022
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (E.G. JOHANNSEN TYPE)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	1/1/2022
53410	URETHROPLASTY, 1-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	1/1/2022
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	1/1/2022
53431	RECNSRCT PSTR URETHRA/LWR BLADDER	1/1/2022
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	1/1/2022
53854	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY GENERATED WATER VAPOR THERMOTHERAPY	7/1/2019
54120	AMPUTATION OF PENIS; PARTIAL	1/1/2022
54125	AMPUTATION OF PENIS; COMPLETE	1/1/2022
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	1/1/2022
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (E.G. PAPAVERINE, PHENTOLAMINE)	1/1/2022
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (E.G. HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA	1/1/2022
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS	1/1/2022
54336	1-STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE OF SKIN GRAFT TUBE AND/OR ISLAND FLAP	1/1/2022
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	1/1/2022
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS THROUGH AN INFECTED FIELD AT THE SAME OPERATIVE SESSION, INCLUDING IRRIGATION AND DEBRIDEMENT OF INFECTED TISSUE	1/1/2022
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH	1/1/2022
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	1/1/2022
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	1/1/2022
54690	LAPAROSCOPIC, SURGICAL; ORCHIECTOMY	1/1/2022
55150	RESECTION OF SCROTUM	1/1/2022
55175	SCROTOPLASTY; SIMPLE	1/1/2022
55180	SCROTOPLASTY; COMPLICATED	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMAGING GUIDANCE	7/1/2019
55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	7/1/2019
56625	VULVECTOMY SIMPLE; COMPLETE	1/1/2022
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	1/1/2022
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	1/1/2022
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)	1/1/2022
57109	VAGINECTOMY, PARTL, RADCL W/BIOPSY	1/1/2022
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	1/1/2022
57110	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;	1/1/2022
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)	1/1/2022
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	1/1/2022
57292	CONSTRUCTION OF VAGINA W/ GRAFT	1/1/2022
57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	1/1/2022
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE ULTRASOUND GUIDANCE AND MONITORING, RADIOFREQUENCY	7/1/2019
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	1/1/2022
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	1/1/2022
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	1/1/2022
59850	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;	1/1/2022
59851	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVACUATION	1/1/2022
59852	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED INTRA-AMNIOTIC INJECTION)	1/1/2022
59855	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (E.G. PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (E.G. LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES;	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
59856	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (E.G. PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (E.G. LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH DILATION AND CURETTAGE AND/OR EVACUATION	1/1/2022
59857	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (E.G. PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (E.G. LAMINARIA), INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVERY OF FETUS AND SECUNDINES; WITH HYSTEROTOMY (FAILED MEDICAL EVACUATION)	1/1/2022
60512	PARATHYROID AUTOTRANSPLANTATION	1/1/2022
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	1/1/2022
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY, SPHENOIDECTOMY, WITHOUT MAXILLECTOMY OR ORBITAL EXENTERATION	1/1/2022
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ORBITAL EXENTERATION, ETHMOIDECTOMY, SPHENOIDECTOMY AND/OR MAXILLECTOMY	1/1/2022
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OF FRONTAL LOBE(S), OSTEOTOMY OF BASE OF ANTERIOR CRANIAL FOSSA	1/1/2022
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OR RESECTION OF FRONTAL LOBE, OSTEOTOMY OF BASE OF ANTERIOR CRANIAL FOSSA	1/1/2022
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (EG, CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 2 OR MORE DAYS	7/1/2019
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (EG, CATHETER) INCLUDING RADIOLOGIC LOCALIZATION (INCLUDES CONTRAST WHEN ADMINISTERED), MULTIPLE ADHESIOLYSIS SESSIONS; 1 DAY	7/1/2019
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE FOR DIAGNOSTIC PURPOSES	1/1/2022
62268	DRAINAGE OF SPINAL CORD LESION	1/1/2022
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	1/1/2022
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	1/1/2022
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)	1/1/2022
62273	INJECT, BLOOD OR CLOT PATCH, EPIDUR	1/1/2022
62280	INJECT/INFUSE SPINAL CRD LSN, SUBAR	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
62281	INJECT/INFUSE SPINAL CRD LSN, EPIDR	7/1/2019
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, CERVICAL OR THORACIC	7/1/2019
62282	INJECT/INFUSE SPINAL CRD LSN, EPID	7/1/2019
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC SUBSTANCE; EPIDURAL, LUMBAR, SACRAL (CAUDAL)	7/1/2019
62284	INJECTION FOR MYELOGRAM/CAT SCAN	1/1/2022
62287	PERCUTANEOUS DISKECTOMY, LUMBAR	1/1/2022
62320	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORA	8/15/2018
62321	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL OR THORA	1/1/2022
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	8/15/2018
62322	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G. ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	1/1/2022
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	1/1/2022
62323	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G. ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, LUMBAR OR SACRAL	1/1/2022
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G. ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINA	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
62324	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR	1/1/2022
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G. ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINA	1/1/2022
62325	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR	1/1/2022
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR	1/1/2022
62326	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G. ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINA	1/1/2022
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINAR	1/1/2022
62327	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (E.G. ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INTERLAMINA	1/1/2022
62350	IMPLNT SPINE CANAL CATH W/O LAMINEC	1/1/2022
62351	IMPLNT SPINE CANAL CATH W/LAMINCTMY	1/1/2022
62355	REMOVE SPINAL CANAL CATHETER	1/1/2022
62360	IMPLANT SPINAL INFUSION PUMP	1/1/2022
62361	IMPLANT/REPLACE SPINE INFUSION PUMP	1/1/2022
62362	IMPLANT/REPLACE SPINE INFUSION PUMP	1/1/2021
62365	REMOVE SPINAL INFUSION PUMP	1/1/2022
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCECTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, 1 INTERSPACE, LUMBAR	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LAMINOTOMY, PARTIAL FACETECTOMY, FORAMINOTOMY, DISCECTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, 1 INTERSPACE, LUMBAR	1/1/2022
63001	REMOVE NECK SPINE LAMINA, 1-2 SEGS	1/1/2022
63003	REMOVE THORACIC SPINE LAMINA, 1-2	1/1/2022
63005	REMOVE LUMBAR SPINE LAMINA, 1-2	1/1/2022
63011	REMOVE SACRAL SPINE LAMINA, 1-2	1/1/2022
63012	REMOVAL OF SPINE LAMINA (GILL TYPE)	1/1/2022
63015	REMOVE NECK SPINE LAMINA, 3+ SEGS	1/1/2022
63016	REMOVE THORACIC SPINE LAMINA, 3+	1/1/2022
63017	REMOVE LUMBAR SPINE LAMINA, 3+ SEGS	1/1/2022
63020	NECK SPINE DISK SURGERY/DECOMPRESS	1/1/2022
63030	LOW BACK DISK SURGERY/DECOMPRESS	1/1/2022
63035	ADDED SPINE DISK SURGERY/DECOMPRESS	1/1/2022
63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; CERVICAL	1/1/2022
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; LUMBAR	1/1/2022
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL CERVICAL INTERSPACE	1/1/2022
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL LUMBAR INTERSPACE	1/1/2022
63045	REMOVE NECK SPINE LAMINA, 1 SEG	1/1/2022
63046	REMOVE THORACIC SPINE LAMINA, 1 SEG	1/1/2022
63047	REMOVE LUMBAR SPINE LAMINA, 1 SEG	1/1/2022
63048	REMOVE ADDED SPINE LAMINA, 1 SEG	1/1/2022
63050	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESSION, 2/> VERTEBRAL SEGMENTS	1/1/2022
63051	LAMINOPLASTY, CERVICAL, W/SPINAL CORD DECOMPRESS, 2/> VERTEBRAL SEGMENTS W/POST BONE RECONSTRUCT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
63052	LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	1/1/2022
63053	LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	1/1/2022
63055	DECOMPRESS THORACIC SPINAL CORD SEG	1/1/2022
63056	DECOMPRESS LUMBAR SPINAL CORD SEG	1/1/2022
63057	DECOMPRESS ADDED SPINAL CORD SEGMNT	1/1/2022
63064	DECOMPRESS THORACIC SPINAL CORD SEG	1/1/2022
63066	DECOMPRESS ADDED SPINAL CORD SEGMNT	1/1/2022
63075	REMOVE NECK SPINE DISK, SINGLE	1/1/2022
63076	REMOVE ADDED NECK SPINE DISK	1/1/2022
63077	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, SINGLE INTERSPACE	1/1/2022
63078	DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, EACH ADDITIONAL INTERSPACE	1/1/2022
63081	REMOVE VERTEBRAL BODY, NECK, SINGLE	1/1/2022
63082	REMOVE ADDED VERTEBRAL SEG, NECK	1/1/2022
63085	REMOVE VERTEBR BODY, THORAX, SINGLE	1/1/2022
63086	REMOVE ADDED VERTEBRAL SEG, THORAX	1/1/2022
63087	REMOVE VERTEBRAL BODY, LOW BACK	1/1/2022
63088	REMOVE ADDED VERTEBR SEG, LOW BACK	1/1/2022
63090	REMOVE VERTEBRAL BODY, LOW BACK	1/1/2022
63091	REMOVE ADDED VERTEBR SEG, LOW BACK	1/1/2022
63101	RMV VRTBRL BDY, THORACIC, SNGL SEG	1/1/2022
63102	RMV VRTBRL BDY, LUMBAR, SNGL SEG	1/1/2022
63103	RMV VRTBRL BDY, THOR/LMBR EA AD SEG	1/1/2022
63170	INCISE SPINAL CORD TRACT(S)	1/1/2022
63172	INCISE SPINAL COLUMN, DRAIN LESION	1/1/2022
63173	INCISE SPINAL COLUMN, DRAIN LESION	1/1/2022
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; 1 OR 2 SEGMENTS	1/1/2022
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; MORE THAN 2 SEGMENTS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
63185	INCISE SPINAL COLUMN/NERVE ROOT(S)	1/1/2022
63190	INCISE SPINAL COLUMN/NERVE ROOTS	1/1/2022
63191	INCISE SPINAL COLUMN/NERVE	1/1/2022
63194	INCISE SPINAL COLUMN & CORD, NECK	1/1/2022
63195	INCISE SPINAL COLUMN & CORD, THORAX	1/1/2022
63196	INCISE SPINAL COLUMN & CORD, NECK	1/1/2022
63197	INCISE SPINAL COLUMN & CORD, THORAX	1/1/2022
63198	INCISE SPINAL COLUMN & CORD, NECK	1/1/2022
63199	INCISE SPINAL COLUMN & CORD, THORAX	1/1/2022
63200	RELEASE LUMBAR SPINAL CORD	1/1/2022
63250	REVISE SPINAL CORD VESSELS, NECK	1/1/2022
63251	REVISE SPINAL CORD VESSELS, THORAX	1/1/2022
63252	REVISE SPINAL CORD VESSELS, LOW BACK	1/1/2022
63265	REMOVE INTRASPINAL LESION, CERVICAL	1/1/2022
63266	REMOVE INTRASPINAL LESION, THORACIC	1/1/2022
63267	REMOVE INTRASPINAL LESION, LUMBAR	1/1/2022
63268	REMOVE INTRASPINAL LESION, SACRAL	1/1/2022
63270	REMOVE INTRASPINAL LESION, CERVICAL	1/1/2022
63271	REMOVE INTRASPINAL LESION, THORACIC	1/1/2022
63272	REMOVE INTRASPINAL LESION, TRUNK	1/1/2022
63273	REMOVE INTRASPINAL LESION, SACRAL	1/1/2022
63275	BIOPSY/REMOVE SPINAL TUMOR, NECK	1/1/2022
63276	BIOPSY/REMOVE SPINAL TUMOR, THORAX	1/1/2022
63277	BIOPSY/REMOVE SPINAL TUMOR, LUMBAR	1/1/2022
63278	BIOPSY/REMOVE SPINAL TUMOR, SACRAL	1/1/2022
63280	BIOPSY/REMOVE SPINAL TUMOR, NECK	1/1/2022
63281	BIOPSY/REMOVE SPINAL TUMOR, THORAX	1/1/2022
63282	BIOPSY/REMOVE SPINAL TUMOR, LUMBAR	1/1/2022
63283	BIOPSY/REMOVE SPINAL TUMOR, SACRAL	1/1/2022
63285	BIOPSY/REMOVE SPINAL TUMOR, NECK	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
63286	BIOPSY/REMOVE SPINAL TUMOR, THORAX	1/1/2022
63287	BIOPSY/REMOVE SPINAL TUMOR, TRUNK	1/1/2022
63290	BIOPSY/REMOVE SPINAL TUMOR, COMBINED	1/1/2022
63295	OSTEOPLASTIC DORSAL SPINAL ELEMENTS RECONSTRUCTION, FOLLOWING PRIMARY INTRASPINAL PX	1/1/2022
63300	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63301	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63302	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63303	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63304	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63305	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63306	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63307	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63308	REMOVE VERTEBR SEG FOR SPINE TUMOR	1/1/2022
63600	CREATE SPINAL CORD LESION/STEREOTAX	1/1/2022
63610	STIMULATE SPINAL CORD/STEREOTAXIS	1/1/2022
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	1/1/2022
63650	IMPLANT EPIDURAL NEUROELECTRODES	1/1/2022
63655	IMPLANT EPIDURAL NEUROELECTRODES	1/1/2022
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	1/1/2022
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	1/1/2022
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	1/1/2022
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	1/1/2022
63685	IMPLANT SPINAL NEURORECEIVER	1/1/2022
63688	REVISE/REMOVE SPINAL NEURORECEIVER	1/1/2022
63700	REPAIR SPINAL HERNIA, LESS THAN 5CM	1/1/2022
63702	REPAIR SPINAL HERNIA, MORE THAN 5CM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
63704	REPAIR SPINAL HERNIA, LESS THAN 5CM	1/1/2022
63706	REPAIR SPINAL HERNIA, MORE THAN 5CM	1/1/2022
63707	RPR SPINAL FLUID LEAK W/O LAMNCTMY	1/1/2022
63709	RPR DURAL/CRS FLUID LEAK W/LAMNCTMY	1/1/2022
63710	GRAFT REPAIR OF SPINE	1/1/2022
63740	CREATE SPINAL SHUNT, W/LAMINECTOMY	1/1/2022
63741	CREATE SPINAL SHUNT THRU SKIN	1/1/2022
63744	REVISE/REPLACE SPINAL SHUNT	1/1/2022
63746	REMOVAL OF SPINAL SHUNT SYSTEM	1/1/2022
64400	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRIGEMINAL NERVE, EACH BRANCH (I.E. OPHTHALMIC, MAXILLARY, MANDIBULAR)	1/1/2022
64405	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GREATER OCCIPITAL NERVE	1/1/2022
64408	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; VAGUS NERVE	1/1/2022
64415	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; BRACHIAL PLEXUS	1/1/2022
64416	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	1/1/2022
64417	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; AXILLARY NERVE	1/1/2022
64418	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; SUPRASCAPULAR NERVE	1/1/2022
64420	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, SINGLE LEVEL	1/1/2022
64421	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, EACH ADDITIONAL LEVEL	1/1/2022
64424	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1/1/2022
64425	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, EACH ADDITIONAL LEVEL	1/1/2022
64430	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; INTERCOSTAL NERVE, EACH ADDITIONAL LEVEL	1/1/2022
64431	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	1/1/2022
64435	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; PARACERVICAL (UTERINE) NERVE	1/1/2022
64445	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; SCIATIC NERVE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
64446	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	1/1/2022
64447	INJECTION OF ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	1/1/2022
64448	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	1/1/2022
64449	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)	1/1/2022
64450	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; OTHER PERIPHERAL NERVE OR BRANCH	1/1/2022
64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (I.E. FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	1/1/2022
64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1/1/2022
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (E.G. MORTON'S NEUROMA)	1/1/2022
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITIONAL INJECTION SITE(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	1/1/2022
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY CATHETER (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	1/1/2022
64479	INJECT FORAMIN, CERV/THOR, SINGLE	1/1/2022
64480	INJECT FORAMIN, CERV/THOR, EA ADD	1/1/2022
64483	INJECT FORAMIN, LUMB/SACRAL, SINGLE	1/1/2022
64484	INJECT FORAMIN, LUMB/SACRAL, EA ADD	1/1/2022
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY INJECTION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	1/1/2022
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY CONTINUOUS INFUSION(S) (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	1/1/2022
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY INJECTIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	1/1/2022
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY CONTINUOUS INFUSIONS (INCLUDES IMAGING GUIDANCE, WHEN PERFORMED)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	1/1/2022
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL	1/1/2022
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S)	1/1/2022
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	1/1/2022
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL	1/1/2022
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE F	1/1/2022
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION(CERVICAL SYMPATHETIC) (REGIONAL SYMPATHETIC BLOCK)	1/1/2022
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	1/1/2022
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC(PARAVERTEBRAL SYMPATHETIC) (REGIONAL SYMPATHETIC BLOCK)	1/1/2022
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	1/1/2022
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE	1/1/2022
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	1/1/2022
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED	1/1/2022
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	1/1/2022
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
64568	OPEN IMPLANTATION OF CRANIAL NERVE (E.G. VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	1/1/2022
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (E.G. VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	1/1/2022
64575	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	1/1/2022
64580	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	1/1/2022
64581	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	1/1/2022
64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	1/1/2022
64583	REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	1/1/2022
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	1/1/2022
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BRANCH	1/1/2022
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE	1/1/2022
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER RADIOLOGIC MONITORING	1/1/2022
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	1/1/2022
64622	DESTROY PARAVENT NERV LUMB/SAC SNGL	1/1/2022
64623	DESTROY PARAVENT NRV, LUMB/SAC, ADD	1/1/2022
64624	DESTRUCTION NEUROLYTIC AGT GENICULAR NERVE W/IMG	1/1/2022
64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (I.E. FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	1/1/2022
64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	1/1/2022
64629	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; EACH ADDITIONAL VERTEBRAL BODY, LUMBAR OR SACRAL	1/1/2022
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	1/1/2022
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	7/1/2019

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT	1/1/2022
64634	+DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT	1/1/2022
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT	1/1/2022
64636	+DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT	1/1/2022
64640	DESTROY W/NEUROLYTIC OTH PERIPHERAL NRV	1/1/2022
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC PLEXUS	1/1/2022
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUPERIOR HYPOGASTRIC PLEXUS	1/1/2022
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	1/1/2022
65710	CORNEAL TRANSPLANT, LAMELLAR	1/1/2022
65730	CORNEAL TRANSPLANT, PENETRATING	1/1/2022
65750	CORNEAL TRANSPLANT, APHAKIA	1/1/2022
65755	CORNEAL TRANSPLANT, PSEUDOPHAKIA	1/1/2022
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	1/1/2022
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	1/1/2022
65767	CORNEAL TISSUE TRANSPLANT	1/1/2022
65855	LASER SURGERY OF EYE	1/1/2022
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF BONE FOR DECOMPRESSION	1/1/2022
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF BONE FOR DECOMPRESSION	1/1/2022
67800	REMOVAL OF CHALAZION	1/1/2022
67801	REMOVAL OF CHALAZIONS, SAME LID	1/1/2022
67805	REMOVAL OF CHALAZIONS, DIFFER LIDS	1/1/2022
67808	REMOVE CHALAZION, HOSP/ANESTHESIA	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
67880	REVISION OF EYELID	1/1/2022
67882	REVISE EYELID,TRANSFER TARSAL PLATE	1/1/2022
67900	REPAIR DROOPING EYEBROW	1/1/2022
67901	REPAIR DROOPING EYELID	1/1/2022
67902	REPAIR DROOPING EYELID	1/1/2022
67903	REPAIR DROOPING EYELID	1/1/2022
67904	REPAIR DROOPING EYELID	1/1/2022
67906	REPAIR DROOPING EYELID	1/1/2022
67908	REPAIR DROOPING EYELID	1/1/2022
67909	RE-REPAIR EYELID DEFECT	1/1/2022
67912	CORRECT LAGOPHTHALMOS W/IMPLAN	1/1/2022
67914	REPAIR OF ECTROPION; SUTURE	1/1/2022
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	1/1/2022
67921	REPAIR OF ENTROPION; SUTURE	1/1/2022
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	1/1/2022
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	1/1/2022
67924	REPAIR OF ENTROPION; EXTENSIVE (E.G. TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)	1/1/2022
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	1/1/2022
67961	REVISION OF UP TO 1/4 OF EYELI	1/1/2022
67966	REVISION OF MORE THAN 1/4 OF EYELID	1/1/2022
67971	RECONSTRUCT EYELID, TRANSFER FLAP	1/1/2022
67973	RECONSTRUCT EYELID, TRANSFER FLAP	1/1/2022
67974	RECONSTRUCT EYELID, TRANSFER FLAP	1/1/2022
67975	RECONSTRUCT EYELID, TRANSFER FLAP	1/1/2022
67999	EYELID SURGERY PROCEDURE NEC	1/1/2022
68841	INSERTION OF DRUG-ELUTING IMPLANT INTO LACRIMAL CANALICULUS WITH PUNCTAL DILATION, EACH	1/1/2022
69310	REBUILD OUTER EAR CANAL	1/1/2022
69320	RECONSTRUCT ABSENT OUTER EAR CANAL	1/1/2022
69620	REVISION OF EARDRUM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
69631	REVISE EARDRUM STRUCTURES	1/1/2022
69632	REBUILD EARDRUM STRUCTURES	1/1/2022
69633	REBUILD EARDRUM STRUCTURES W/PROSTH	1/1/2022
69635	REVISE EARDRUM STRUCTURES	1/1/2022
69636	REBUILD EARDRUM STRUCTURES	1/1/2022
69637	REBUILD EARDRUM STRUCTURES W/PROSTH	1/1/2022
69641	REVISE MIDDLE EAR & MASTOID	1/1/2022
69642	RECONSTRUCT MIDDLE EAR & MASTOID	1/1/2022
69643	RECONSTRUCT MIDDLE EAR & MASTOID	1/1/2022
69644	RECONSTRUCT MIDDLE EAR & MASTOID	1/1/2022
69660	REVISION OF MIDDLE EAR BONE	1/1/2022
69661	REVISION OF MIDDLE EAR BONE	1/1/2022
69662	REVISION OF MIDDLE EAR BONE SURGERY	1/1/2022
69728	REMOVAL OF ENTIRE OSSEOINTEGRATED IMPLANT IN SKULL OUTSIDE MASTOID W/ DEFECT OF AT LEAST 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX, W/ MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	5/15/2023
69729	IMPLANTATION OF OSSEOINTEGRATED IMPLANT IN SKULL OUTSIDE MASTOID W/ REMOVAL OF AT LEAST 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX, W/ MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	5/15/2023
69730	REMOVAL AND REPLACEMENT OF OSSEOINTEGRATED IMPLANT IN SKULL OUTSIDE MASTOID W/ DEFECT OF AT LEAST 100 SQ MM SURFACE AREA OF BONE DEEP TO THE OUTER CRANIAL CORTEX, W/ MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	5/15/2023
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	1/1/2022
70336	MAGNETIC RESONANCE (E.G. PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	1/1/2022
70450	CT SCAN OF HEAD/BRAIN	1/1/2022
70460	CONTRAST CT SCAN OF HEAD/BRAIN	1/1/2022
70470	CT SCANS OF HEAD/BRAIN	1/1/2022
70480	CT SCAN OF SKULL	1/1/2022
70481	CONTRAST CT SCAN OF SKULL	1/1/2022
70482	CT SCANS OF SKULL	1/1/2022
70486	CT SCAN OF FACE, JAW	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
70487	CONTRAST CT SCAN OF FACE, JAW	1/1/2022
70488	CT SCANS OF FACE, JAW	1/1/2022
70490	CT SCAN OF NECK TISSUE	1/1/2022
70491	CONTRAST CT SCAN OF NECK TISSUE	1/1/2022
70492	CT SCANS OF NECK TISSUE	1/1/2022
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	1/1/2022
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	1/1/2022
70540	MRI OF ORBIT/FACE/NECK W/O CNTRST	1/1/2022
70542	MRI ORBIT/FACE/NECK W/CONTRAST	1/1/2022
70543	MRI ORB/FC/NCK W/O CNTRST FLWD CNTR	1/1/2022
70544	MRA, HEAD, W/O CONTRAST	1/1/2022
70545	MRA, HEAD, W/CONTRAST	1/1/2022
70546	MRA HEAD, W/O CNTRST FLWD BY CNTRST	1/1/2022
70547	MRA, NECK, W/O CONTRAST	1/1/2022
70548	MRA, NECK, W/CONTRAST	1/1/2022
70549	MRA NECK, W/O CNTRST FLWD BY CNTRST	1/1/2022
70551	MRI OF BRAIN	1/1/2022
70552	CONTRAST MRI OF BRAIN	1/1/2022
70553	MRI OF BRAIN AND FURTHER SEQUENCES	1/1/2022
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMINISTRATION	1/1/2022
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMINISTRATION	1/1/2022
70557	MRI BRAIN, OPN INTRACRA W/O CNTRST	1/1/2022
70558	MRI BRAIN, OPN INTRACRA W/CNTRST	1/1/2022
70559	MRI BRAIN OPN INTRACRA WO/W CNTRST	1/1/2022
71250	CT SCAN OF CHEST	1/1/2022
71260	CONTRAST CT SCAN OF CHEST	1/1/2022
71270	CT SCANS OF CHEST	1/1/2022
71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	1/1/2021

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	1/1/2022
71550	MRI OF CHEST W/O CONTRAST	1/1/2022
71551	MRI OF CHEST W/CONTRAST	1/1/2022
71552	MRI, CHEST, W/O CNTRST FLWD CNTRST	1/1/2022
71555	MRA OF CHEST (EXCLUDE MYOCARDIUM)	1/1/2022
72125	CT SCAN OF NECK SPINE	1/1/2022
72126	CONTRAST CT SCAN OF CERVICAL SPINE	1/1/2022
72127	CT SCAN OF CERVICAL SPINE	1/1/2022
72128	CT SCAN OF THORACIC SPINE	1/1/2022
72129	CONTRAST CT SCAN OF THORACIC SPINE	1/1/2022
72130	CT SCAN, THORACIC SPINE	1/1/2022
72131	CT SCAN OF LOWER SPINE	1/1/2022
72132	CONTRAST CT SCAN OF LUMBAR SPINE	1/1/2022
72133	CT SCAN OF LUMBAR SPINE	1/1/2022
72141	MRI OF CERVICAL SPINE	1/1/2022
72142	CONTRAST MRI OF CERVICAL SPINE	1/1/2022
72146	MRI OF THORACIC SPINE	1/1/2022
72147	CONTRAST MRI OF THORACIC SPINE	1/1/2022
72148	MRI OF LUMBAR SPINE	1/1/2022
72149	CONTRAST MRI OF LUMBAR SPINE	1/1/2022
72156	MRI OF CERVICAL SPINE	1/1/2022
72157	MRI OF THORACIC SPINE	1/1/2022
72158	MRI OF LUMBAR SPINE	1/1/2022
72159	MRA OF SPINAL CANAL/CONTENTS	1/1/2022
72191	CT, PELVIS W/O CNTRST FLWD CNTRST	1/1/2022
72192	CT SCAN OF PELVIS	1/1/2022
72193	CONTRAST CT SCAN OF PELVIS	1/1/2022
72194	CT SCANS OF PELVIS	1/1/2022
72195	MRI, PELVIS, W/O CONTRAST	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
72196	MRI OF PELVIS W/CONTRAST	1/1/2022
72197	MRI, PELVIS, W/O CNTRST FLWD CNTRST	1/1/2022
72198	MRA OF PELVIS	1/1/2022
73200	CT SCAN OF ARM	1/1/2022
73201	CONTRAST CT SCAN OF ARM	1/1/2022
73202	CT SCANS OF ARM	1/1/2022
73206	CT UPR EXTRM W/O CONTRAST	1/1/2022
73218	MRI UPR EXTRM NO JOINT W/O CNTRST	1/1/2022
73219	MRI UPR EXTRM NO JOINT W/CONTRAST	1/1/2022
73220	MRI UPR EXTR W/O CNTRST FLWD CNTRST	1/1/2022
73221	MRI UPR EXTR JOINT, W/O CONTRAST	1/1/2022
73222	MRI UPR EXTR JOINT, W/CONTRAST	1/1/2022
73223	MRI UPR EXT JNT W/O CNTRST FLWD CNT	1/1/2022
73225	MRA OF UPPER EXTREMITY	1/1/2022
73700	CT SCAN OF LEG	1/1/2022
73701	CONTRAST CT SCAN OF LEG	1/1/2022
73702	CT SCANS OF LEG	1/1/2022
73706	CT LWR EXTRM W/O CNTRST FLWD CNTRST	1/1/2022
73718	MRI LWR EXTRM NO JNT W/O CONTRAST	1/1/2022
73719	MRI LWR EXTRM NO JNT W/CONTRAST	1/1/2022
73720	MRI LW EXT NO JNT W/O CNTRS FLWD CN	1/1/2022
73721	MRI LWR EXTRM JOINT, W/O CNTRST	1/1/2022
73722	MRI LWR EXTRM JOINT, WITH CONTRAST	1/1/2022
73723	MRI LWR EXTR JNT W/O CNTRST FWD CNT	1/1/2022
73725	MRA OF LOWER EXTREMITY	1/1/2022
74150	CT SCAN OF ABDOMEN	1/1/2022
74160	CONTRAST CT SCAN OF ABDOMEN	1/1/2022
74170	CT SCANS OF ABDOMEN	1/1/2022
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
74175	CT ABDOMEN W/O CNTRST FLWD CONTRAST	1/1/2022
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	1/1/2022
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	1/1/2022
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	1/1/2022
74181	MRI ABDOMEN W/O CONTRAST	1/1/2022
74182	MRI ABDOMEN W/CONTRAST	1/1/2022
74183	MRI ABDOMEN W/O CNTRST FLWD CNTRST	1/1/2022
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	1/1/2022
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	1/1/2022
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S) INCLUDING NON-CONTRAST IMAGES, IF PERFORMED	1/1/2022
74712	MAGNETIC RESONANCE (E.G. PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR FIRST GESTATION	1/1/2022
74713	MAGNETIC RESONANCE (E.G. PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; EACH ADDITIONAL GESTATION	1/1/2022
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	1/1/2022
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	1/1/2022
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES;	1/1/2022
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; WITH STRESS IMAGING	1/1/2022
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	1/1/2022
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATION OF VENOUS STRUCTURES, IF PERFORMED)	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE SETTING OF CONGENITAL HEART DISEASE (INCLUDING 3D IMAGE POSTPROCESSING, ASSESSMENT OF LEFT VENTRICULAR [LV] CARDIAC FUNCTION, RIGHT VENTRICULAR [	1/1/2022
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL, INCLUDING 3D IMAGE POSTPROCESSING (INCLUDING EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY, ASSESSMENT OF CARDIAC FUNCTION, AND EVALUATIO	1/1/2022
75635	CT ABDOMEN ARTERIAL/LG ARTERY W/O & W/CNTR	1/1/2022
76120	CINEMATIC/VIDEO X-RAYS	7/1/2019
76125	CINE/VIDEO X-RAYS W/ROUTINE EXAM	7/1/2019
76380	CAT SCAN FOLLOWUP STUDY, LIMITED	1/1/2022
76390	SPECTROSCOPY, MAGNETIC RESONANCE	7/1/2019
76390	SPECTROSCOPY, MAGNETIC RESONANCE	7/1/2019
76391	MAGNETIC RESONANCE ELASTOGRAPHY	8/15/2023
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	1/1/2022
76498	MAGNETIC RESONANCE PROCEDURE NEC	1/1/2022
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	1/1/2022
77012	CT GUIDANCE NEEDLE PLACEMENT	1/1/2022
77013	CT GUIDANCE & MONITORING VISC TISS ABLATION	1/1/2022
77021	MR GUIDANCE NEEDLE PLACEMENT	1/1/2022
77022	MR GUIDANCE & MONITORING TISSUE ABLATION	1/1/2022
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	1/1/2022
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	1/1/2022
77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; UNILATERAL	1/1/2022
77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD REAL-TIME LESION DETECTION, CHARACTERIZATION AND PHARMACOKINETIC ANALYSIS), WHEN PERFORMED; BILATERAL	1/1/2022
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
77059	MAGNETIC RESONANCE IMAGING, BREAST,WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL	1/1/2022
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (E.G. HIPS, PELVIS, SPINE)	1/1/2022
77084	MAGNETIC RESONANCE (E.G. PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	1/1/2022
78071	PARATHYROID PLANAR IMAGING W/VO SUBTRACTION	1/1/2022
78072	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	1/1/2022
78205	LIVER IMAGING (SPECT);	1/1/2022
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	1/1/2022
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	1/1/2022
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (	1/1/2022
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR	1/1/2022
78459	MYOCARDIAL PET METABOLIC EVALUATION	1/1/2022
78469	NUCLEAR SCAN OF HEART MUSCLE (3D)	1/1/2022
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	1/1/2022
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	1/1/2022
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR WITHOUT QUANTITATIVE PROCESSING	1/1/2022
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	1/1/2022
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	1/1/2022
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMOGRAPHIC (SPECT)	1/1/2022
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), SINGLE AREA (EG, HEAD, NECK, CHEST, PELVIS) OR ACQUISITIO	1/1/2022
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S); WHOLE BODY, REQUIRING 2 OR MORE DAYS IMAGING	1/1/2022
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	1/1/2022
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (E.G. CHEST, HEAD/NECK)	1/1/2022
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	1/1/2022
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	1/1/2022
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; LIMITED AREA (E.G. CHEST, HEAD/NECK)	1/1/2022
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; SKULL BASE TO MID-THIGH	1/1/2022
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY (CT) FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION IMAGING; WHOLE BODY	1/1/2022
81161	DMD (DYSTROPHIN) (E.G. DUCHENNE/BECKER MUSCULAR DYSTROPHY) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	1/1/2022
81162	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND FULL DUPLICATION/DELETION ANALYSIS (I.E. DETECTION OF LARGE GENE REARRANGEMENTS)	1/1/2022
81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2022
81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (I.E. DETECTION OF LARGE GENE REARRANGEMENTS)	1/1/2022
81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2022
81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (I.E. DETECTION OF LARGE GENE REARRANGEMENTS)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL DUPLICATION/DELETION ANALYSIS (I.E. DETECTION OF LARGE GENE REARRANGEMENTS)	1/1/2022
81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE) (E.G. ACQUIRED IMATINIB TYROSINE KINASE INHIBITOR RESISTANCE), GENE ANALYSIS, VARIANTS IN THE KINASE DOMAIN	1/1/2022
81177	ATN1 (ATROPHIN 1) (E.G. DENTATORUBRAL-PALLIDOLUYSIAN ATROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81178	ATXN1 (ATAXIN 1) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81179	ATXN2 (ATAXIN 2) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81180	ATXN3 (ATAXIN 3) (E.G. SPINOCEREBELLAR ATAXIA, MACHADO- JOSEPH DISEASE) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81181	ATXN7 (ATAXIN 7) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81182	ATXN8OS (ATXN8 OPPOSITE STRAND [NON-PROTEIN CODING]) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81183	ATXN10 (ATAXIN 10) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81184	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81185	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2022
81186	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2022
81187	CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (E.G. MYOTONIC DYSTROPHY TYPE 2) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (E.G. SOLID TUMORS) TRANSLOCATION ANALYSIS	1/1/2021
81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) (E.G. SOLID TUMORS) TRANSLOCATION ANALYSIS	1/1/2021
81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (E.G. SOLID TUMORS) TRANSLOCATION ANALYSIS	1/1/2021
81194	NTRK (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1, 2, AND 3) (E.G. SOLID TUMORS) TRANSLOCATION ANALYSIS	1/1/2021

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81200	ASPA (ASPARTOACYLASE) (E.G. CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (E.G. E285A, Y231X)	1/1/2022
81201	APC (ADENOMATOUS POLYPOSIS COLI) (E.G. FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS FULL GENE SEQUENCE	1/1/2022
81202	APC (ADENOMATOUS POLYPOSIS COLI) (E.G. FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS KNOWN FAMILIAL VARIANTS	1/1/2022
81203	APC (ADENOMATOUS POLYPOSIS COLI) (E.G. FAMILIAL ADENOMATOSIS POLYPOSIS [FAP], ATTENUATED FAP) GENE ANALYSIS DUPLICATION/DELETION VARIANTS	1/1/2022
81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (E.G. MAPLE SYRUP URINE DISEASE) GENE ANALYSIS, COMMON VARIANTS (E.G. R183P, G278S, E422X)	1/1/2022
81206	BCR/ABL1 (T(9;22)) (E.G. CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	1/1/2022
81207	BCR/ABL1 (T(9;22)) (E.G. CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE	1/1/2022
81208	BCR/ABL1 (T(9;22)) (E.G. CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE	1/1/2022
81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (E.G. BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT	1/1/2022
81210	BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (E.G. COLON CANCER), GENE ANALYSIS, V600E VARIANT	1/1/2022
81212	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT VARIANTS	1/1/2022
81215	UNCOMMON DUPLICATION/DELETION VARIANTS	1/1/2022
81216	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2022
81217	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (E.G. HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2022
81218	CEBPA (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) (E.G. ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, FULL GENE SEQUENCE	1/1/2022
81219	ALR (CALRETICULIN) (E.G. MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9	1/1/2022
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (E.G. CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (E.G. ACMG/ACOG GUIDELINES)	1/1/2022
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (E.G. CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (E.G. CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2022
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (E.G. CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	7/1/2019
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (E.G. CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS (E.G. MALE INFERTILITY)	1/1/2022
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (E.G. DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. *2, *3, *4, *8, *17)	7/1/2019
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (E.G. DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. *2, *3, *4, *8, *17)	7/1/2019
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (E.G. DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	1/1/2022
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (E.G. DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	1/1/2022
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (E.G. DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. *2, *3, *5, *6)	7/1/2019
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (E.G. DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. *2, *3, *5, *6)	7/1/2019
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (E.G. BACTERIAL ARTIFICIAL CHROMOSOME [BAC] OR OLIGO-BASED COMPARATIVE GENOMIC HYBRIDIZATION [CGH] MICROARRAY ANALYSIS)	1/1/2022
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHISM (SNP) VARIANTS FOR CHROMOSOMAL ABNORMALITIES	1/1/2022
81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (E.G. DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (E.G. *2, *22)	7/1/2019
81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (E.G. DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. *2, *3, *4, *5, *6, *7)	7/1/2019
81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (E.G. 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (E.G. *2A, *4, *5, *6)	7/1/2019
81233	BTK (BRUTON'S TYROSINE KINASE) (E.G. CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (E.G. C481S, C481R, C481F)	5/15/2023
81233	BTK (BRUTON'S TYROSINE KINASE) (E.G. CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (E.G. C481S, C481R, C481F)	5/15/2023



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81234	DMPK (DM1 PROTEIN KINASE) (E.G. MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	5/15/2023
81234	DMPK (DM1 PROTEIN KINASE) (E.G. MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	5/15/2023
81236	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (E.G. MYELOYDYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS) GENE ANALYSIS, FULL GENE SEQUENCE	5/15/2023
81236	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (E.G. MYELOYDYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS) GENE ANALYSIS, FULL GENE SEQUENCE	5/15/2023
81237	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (E.G. DIFFUSE LARGE B-CELL LYMPHOMA) GENE ANALYSIS, COMMON VARIANT(S) (E.G. CODON 646)	5/15/2023
81237	EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (E.G. DIFFUSE LARGE B-CELL LYMPHOMA) GENE ANALYSIS, COMMON VARIANT(S) (E.G. CODON 646)	5/15/2023
81238	F9 (COAGULATION FACTOR IX) (E.G. HEMOPHILIA B), FULL GENE SEQUENCE	1/1/2022
81239	DMPK (DM1 PROTEIN KINASE) (E.G. MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G. EXPANDED SIZE)	5/15/2023
81239	DMPK (DM1 PROTEIN KINASE) (E.G. MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G. EXPANDED SIZE)	5/15/2023
81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (E.G. HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT	7/1/2019
81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (E.G. HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT	7/1/2019
81241	F5 (COAGULATION FACTOR V) (E.G. HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	7/1/2019
81241	F5 (COAGULATION FACTOR V) (E.G. HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT	7/1/2019
81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (E.G. FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (E.G. IVS4+4A>T)	1/1/2022
81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (E.G. FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81244	FMR1 (FRAGILE X MENTAL RETARDATION 1) (E.G. FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G. EXPANDED SIZE AND METHYLATION STATUS)	1/1/2022
81245	FLT3 (FMS-RELATED TYROSINE KINASE 3) (E.G. ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (I.E. EXONS 14, 15)	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81246	FLT3 GENE ANALYSIS	1/1/2022
81250	G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (E.G. GLYCOGEN STORAGE DISEASE, TYPE 1A, VON GIERKE DISEASE) GENE ANALYSIS, COMMON VARIANTS (E.G. R83C, Q347X)	1/1/2022
81251	GBA (GLUCOSIDASE, BETA, ACID) (E.G. GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (E.G. N370S, 84GG, L444P, IVS2+1G>A)	1/1/2022
81252	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (E.G. NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2022
81253	GJB2 (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26) (E.G. NONSYNDROMIC HEARING LOSS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2022
81254	GJB6 (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30) (E.G. NONSYNDROMIC HEARING LOSS) GENE ANALYSIS, COMMON VARIANTS (E.G. 309KB [DEL(GJB6-D13S1830)] AND 232KB [DEL(GJB6-D13S1854)])	1/1/2022
81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (E.G. TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (E.G. 1278INSTATC, 1421+1G>C, G269S)	1/1/2022
81256	HFE (HEMOCHROMATOSIS) (E.G. HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (E.G. C282Y, H63D)	1/1/2022
81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	1/1/2022
81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (E.G. ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2022
81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (E.G. ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2022
81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (E.G. FAMILIAL DYSAUTONOMIA) GENE ANALYSIS, COMMON VARIANTS (E.G. 2507+6T>C, R696P)	1/1/2022
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (E.G. PRE-TRANSPLANT RECIPIENT AND DONOR GERMLINE TESTING, POST-TRANSPLANT NON-HEMATOPOIETIC RECIPIENT GERMLINE [EG, BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE	1/1/2022
81266	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONAL SPECIMEN (E.G. ADDITIONAL CORD BLOOD DONOR, ADDITIONAL FETAL SAMPLES FROM DIFFERENT CULTURES, OR ADDITIONAL ZYGOSITY IN MULTIPLE BIRTH PREGNANCIES)	1/1/2022
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (E.G. HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITHOUT CELL SELECTION	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (E.G. HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYSES; WITH CELL SELECTION (E.G. CD3, CD33), EACH CELL TYPE	1/1/2022
81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (E.G. ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2022
81270	JAK2 (JANUS KINASE 2) (E.G. MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT	1/1/2022
81271	HTT (HUNTINGTIN) (E.G. HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81274	HTT (HUNTINGTIN) (E.G. HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (E.G. EXPANDED SIZE)	1/1/2022
81276	KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (E.G. CARCINOMA) GENE ANALYSIS ADDITIONAL VARIANT(S) (E.G. CODON 61, CODON 146)	1/1/2022
81279	JAK2 (JANUS KINASE 2) (E.G. MYELOPROLIFERATIVE DISORDER) TARGETED SEQUENCE ANALYSIS (E.G. EXONS 12 AND 13)	1/1/2021
81284	FXN (FRATAXIN) (E.G. FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES	1/1/2022
81285	FXN (FRATAXIN) (E.G. FRIEDREICH ATAXIA) GENE ANALYSIS EVALUATION; CHARACTERIZATION OF ALLELES (E.G. EXPANDED SIZE)	1/1/2022
81286	FXN (FRATAXIN) (E.G. FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2022
81287	MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (E.G. GLIOBLASTOMA MULTIFORME) PROMOTER METHYLATION ANALYSIS	1/1/2022
81288	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; PROMOTER METHYLATION ANALYSIS	1/1/2022
81289	MCOLN1 (MUCOLIPIN 1)(E.G. MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (E.G. IVS3-2A>G, DEL6, 4KB)	1/1/2022
81290	MCOLN1 (MUCOLIPIN 1) (E.G. MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (E.G. IVS3-2A>G, DEL6.4KB)	1/1/2022
81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (E.G. HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (E.G. 677T, 1298C)	7/1/2019
81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (E.G. HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (E.G. 677T, 1298C)	7/1/2019
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2022
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2022
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2022
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2022
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2022
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2022
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2022
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2022
81301	MICROSATELLITE INSTABILITY ANALYSIS (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (E.G. BAT25, BAT26), INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE, IF PERFORMED	1/1/2022
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (E.G. RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2022
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (E.G. RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2022
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (E.G. RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2022
81310	NPM1 (NUCLEOPHOSMIN) (E.G. ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS	1/1/2022
81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (E.G. COLORECTAL CARCINOMA), GENE ANALYSIS, VARIANTS IN EXON 2 (E.G. CODONS 12 AND 13) AND EXON 3 (E.G. CODON 61)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81312	PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (E.G. OCULOPHARYNGEAL MUSCULAR DYSTROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81313	PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3 [NON-PROTEIN CODING]/KALLIKREIN-RELATED PEPTIDASE 3 [PROSTATE SPECIFIC ANTIGEN]) RATIO (E.G. PROSTATE CANCER)	7/1/2019
81314	PDGFRA (PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) (E.G. GASTROINTESTINAL STROMAL TUMOR [GIST]), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (E.G. EXONS 12, 18)	1/1/2022
81315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (E.G. PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; COMMON BREAKPOINTS (E.G. INTRON 3 AND INTRON 6), QUALITATIVE OR QUANTITATIVE	1/1/2022
81316	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (E.G. PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; SINGLE BREAKPOINT (E.G. INTRON 3, INTRON 6 OR EXON 6), QUALITATIVE OR QUANTITATIVE	1/1/2022
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2022
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2022
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (E.G. HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2022
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	1/1/2022
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	1/1/2022
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	1/1/2022
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	1/1/2022
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1/1/2022
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	1/1/2022
81329	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (E.G. SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; DOSAGE/DELETION ANALYSIS (E.G. CARRIER TESTING), INCLUDES SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) ANALYSIS, IF PERFORMED	1/1/2022
81330	SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (E.G. NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (E.G. R496L, L302P, FSP330)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81331	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A) (E.G. PRADER-WILLI SYNDROME AND/OR ANGELMAN SYNDROME), METHYLATION ANALYSIS	1/1/2022
81332	SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPSIN, MEMBER 1) (E.G. ALPHA-1-ANTITRYPSIN DEFICIENCY), GENE ANALYSIS, COMMON VARIANTS (E.G. *S AND *Z)	1/1/2022
81340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (E.G. LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING AMPLIFICATION METHODOLOGY (E.G. POLYMERASE CHAIN REACTION)	7/1/2019
81341	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (E.G. LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING DIRECT PROBE METHODOLOGY (E.G. SOUTHERN BLOT)	1/1/2022
81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (E.G. LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION(S)	1/1/2022
81343	PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81344	TBP (TATA BOX BINDING PROTEIN) (E.G. SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (E.G. EXPANDED) ALLELES	1/1/2022
81346	TYMS GENE ANALYSIS COMMON VARIANTS	7/1/2019
81349	CYTOGENOMIC LOW-PASS SEQUENCING INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS FOR DETECTION OF CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES	1/1/2022
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (E.G. IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. *28, *36, *37)	1/1/2022
81353	TP53 (TUMOR PROTEIN 53) (E.G. LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2022
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (E.G. WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. -1639/3673)	7/1/2019
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (E.G. WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (E.G. -1639/3673)	7/1/2019
81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (E.G. SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (E.G. HBS, HBC, HBE)	1/1/2022
81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (E.G. SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL VARIANT(S)	1/1/2022
81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (E.G. SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (E.G. SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE	1/1/2022
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	1/1/2022
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	1/1/2022
81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (E.G. > 10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS, DUPLICATION/DELETION VARIANTS 1 EX	1/1/2022
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	1/1/2022
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	1/1/2022
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	1/1/2022
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	1/1/2022
81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (E.G. ANALYSIS OF 26-50 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF > 50 EXONS, SEQUENCE ANALYSIS OF MULTIPLE GENES ON 1 PLATFORM) SCN1A (SODIUM CHANNEL, VOLTAGE-GATED, TYPE	1/1/2022
81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (E.G. ANALYSIS OF > 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS) FBN1 (FIBRILLIN 1) (E.G. MARFAN SYNDROME), FULL GENE SEQUENCE NF1 (NEUROFIBROMIN 1) (E.G. NEUROFIBROMATOSIS, TYPE 1), FULL GENE SEQUENCE RYR1 (R	1/1/2022
81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFB1, TGFB2, COL3A1,	7/1/2019
81410	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES, INCLUDING FBN1, TGFB1, TGFB2, COL3A1,	7/1/2019
81411	AORTIC DYSFUNCTION OR DILATION (E.G. MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFB1, TGFB2, MYH11, AND COL3A1	7/1/2019
81411	AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL TORTUOSITY SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR TGFB1, TGFB2, MYH11, AND COL3A1	7/1/2019
81412	ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS, FAMILIAL DYSAUTONOMIA, FANCONI ANEMIA GROUP C, GAUCHER DISEASE, TAY-SACHS DISEASE), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES,	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81413	CARDIAC ION CHANNELOPATHIES (E.G. BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING ANK2, CASQ2, CAV3, KC	5/15/2023
81414	CARDIAC ION CHANNELOPATHIES (E.G. BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA); DUPLICATION/DELETION GENE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 2 GENES, INCLUDING KCNH2 AND KCNQ1	5/15/2023
81415	EXOME (E.G. UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	1/1/2022
81416	EXOME (E.G. UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (E.G. PARENTS, SIBLINGS)	1/1/2022
81417	EXOME (E.G. UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE (E.G. UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	7/1/2019
81418	DRUG METABOLISM GENOMIC SEQUENCE ANALYSIS PANEL W/ TESTING OF AT LEAST 6 GENES, INCLUDING CYP2C19, CYP2D6, AND CYP2D6 DUPLICATION/DELETION ANALYSIS	5/15/2023
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	1/1/2022
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, AND ZEB2	1/1/2022
81420	FETAL CHROMOSOMAL ANEUPLOIDY (E.G. TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD, MUST INCLUDE ANALYSIS OF CHROMOSOMES 13, 18, AND 21	1/1/2022
81422	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (E.G. DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD	7/1/2019
81425	GENOME (E.G. UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	7/1/2019
81425	GENOME (E.G. UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS	7/1/2019
81426	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (E.G. DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (E.G. PARENTS, SIBLINGS)	7/1/2019



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81426	FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (E.G. DIGEORGE SYNDROME, CRI-DU-CHAT SYNDROME), CIRCULATING CELL-FREE FETAL DNA IN MATERNAL BLOOD SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (E.G. PARENTS, SIBLINGS)	7/1/2019
81427	RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (E.G. UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	7/1/2019
81427	RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE (E.G. UPDATED KNOWLEDGE OR UNRELATED CONDITION/SYNDROME)	7/1/2019
81430	HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3	1/1/2022
81430	HEARING LOSS (E.G. NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS	1/1/2022
81431	HEARING LOSS (E.G. NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBER ANALYSES FOR STRC AND DFNB1 DELETIONS IN GJB2 AND GJB6 GENES	1/1/2022
81431	HEARING LOSS (E.G. NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBER ANALYSES FOR STRC AND DFNB1 DELETIONS IN GJB2 AND GJB6 GENES	1/1/2022
81432	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1,	7/1/2019
81433	HEREDITARY BREAST CANCER-RELATED DISORDERS (E.G. HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR BRCA1, BRCA2, MLH1, MSH2, AND STK11	7/1/2019
81434	HEREDITARY RETINAL DISORDERS (EG, RETINITIS PIGMENTOSA, LEBER CONGENITAL AMAUROSIS, CONE-ROD DYSTROPHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 15 GENES, INCLUDING ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12,	1/1/2022
81435	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMPR1A, CDH1, MLH1, MSH2, MSH6	7/1/2019
81435	HEREDITARY COLON CANCER DISORDERS (E.G. LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMPR1A, CDH1, MLH1, MSH2, MSH	7/1/2019

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81436	HEREDITARY COLON CANCER DISORDERS (E.G. LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 5 GENES, INCLUDING MLH1, MSH2, EPCAM, SMAD4, AND STK	7/1/2019
81436	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 5 GENES, INCLUDING MLH1, MSH2, EPCAM, SMAD4, AND STK1	7/1/2019
81437	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARAGANGLIOMA); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 6 GENES, INCLUDING MAX, SDHB, SDHC, SDHD,	7/1/2019
81438	HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (E.G. MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA, MALIGNANT PHEOCHROMOCYTOMA OR PARAGANGLIOMA); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR SDHB, SDHC, SDHD, AND VHL	7/1/2019
81439	HEREDITARY CARDIOMYOPATHY (E.G. HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 CARDIOMYOPATHY-RELATED GENES (E.G. DSG2, MYBPC3,	5/15/2023
81439	HEREDITARY CARDIOMYOPATHY (E.G. HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 CARDIOMYOPATHY-RELATED GENES (E.G. DSG2, MYBPC3,	5/15/2023
81440	NUCLEAR ENCODED MITOCHONDRIAL GENES (EG, NEUROLOGIC OR MYOPATHIC PHENOTYPES), GENOMIC SEQUENCE PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 100 GENES, INCLUDING BCS1L, C10ORF2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, S	7/1/2019
81440	NUCLEAR ENCODED MITOCHONDRIAL GENES (E.G. NEUROLOGIC OR MYOPATHIC PHENOTYPES), GENOMIC SEQUENCE PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 100 GENES, INCLUDING BCS1L, C10ORF2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4,	7/1/2019
81441	INHERITED BONE MARROW FAILURE SYNDROMES (IBMFS) (E.G. FANCONI ANEMIA, DYSKERATOSIS CONGENITA, DIAMOND-BLACKFAN ANEMIA, SHWACHMAN-DIAMOND SYNDROME, GATA2 DEFICIENCY SYNDROME, CONGENITAL AMEGAKARYOCYTIC THROMBOCYTOPENIA) SEQUENCE ANALYSIS PANEL, MUST INCLUD	5/15/2023
81442	NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, RADIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD SYNDROME, NOONAN-LIKE SYNDROME), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 12 GENES, INCLUDING BRAF, CBL, HRAS, KRAS, MA	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (E.G. CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-SACHS DISEASE], BETA HEMOGLOBINOPATHIES,	1/1/2022
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-HYPHENASSOCIATED DISORDERS [EG, BLOOM SYNDROME, CANAVAN DISEASE, FANCONI ANEMIA TYPE C, MUCOLIPIDOSIS TYPE VI, GAUCHER DISEASE, TAY-HYPHENSACHS DISEASE], BETA HEMOGLOBI	1/1/2022
81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIAN	7/1/2019
81448	HEREDITARY PERIPHERAL NEUROPATHIES (E.G. CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (E.G. BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	1/1/2022
81449	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, 5-50 GENES (E.G. ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS,	5/15/2023
81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENC	7/1/2019
81451	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, 5-50 GENES (E.G. BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRA	5/15/2023
81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NR	7/1/2019
81456	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM OR DISORDER, 51 OR GREATER GENES (E.G. ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, P	5/15/2023
81460	WHOLE MITOCHONDRIAL GENOME (E.G. LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS], MYOCLONIC EPILEPSY W/ RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARP], LEBER HEREDITARY OPT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES [MELAS], MYOCLONIC EPILEPSY WITH RAGGED-RED FIBERS [MERFF], NEUROPATHY, ATAXIA, AND RETINITIS PIGMENTOSA [NARP], LEBER HEREDITARY OP	1/1/2022
81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (E.G. KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED	1/1/2022
81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (E.G. KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA), INCLUDING HETEROPLASMY DETECTION, IF PERFORMED	1/1/2022
81470	X-LINKED INTELLECTUAL DISABILITY (XLID) (E.G. SYNDROMIC AND NON-SYNDROMIC XLID); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL,	7/1/2019
81470	-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, R	7/1/2019
81471	X-LINKED INTELLECTUAL DISABILITY (XLID) (E.G. SYNDROMIC AND NON-SYNDROMIC XLID); DUPLICATION/DELETION GENE ANALYSIS, MUST INCLUDE ANALYSIS OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL	7/1/2019
81471	X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); DUPLICATION/DELETION GENE ANALYSIS, MUST INCLUDE ANALYSIS OF AT LEAST 60 GENES, INCLUDING ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL,	7/1/2019
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	1/1/2021
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS A DISEASE ACTIVITY SCORE	7/1/2019
81490	AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS A DISEASE ACTIVITY SCORE	7/1/2019
81493	CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A RISK SCORE	7/1/2019
81493	CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS A RISK SCORE	7/1/2019

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81500	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL STATUS, ALGORITHM REPORTED AS A RISK SCORE	7/1/2019
81503	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPOPROTEIN A1, BETA-2 MICROGLOBULIN, TRANSFERRIN, AND PRE-ALBUMIN), UTILIZING SERUM, ALGORITHM REPORTED AS A RISK SCORE	7/1/2019
81504	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF > 2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS TISSUE SIMILARITY SCORES	7/1/2019
81506	ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF > 2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS TISSUE SIMILARITY SCORES	7/1/2019
81523	MRNA GENE EXPRESSION PROFILING OF BREAST CANCER BY REAL-TIME POLYMERASE CHAIN REACTION (RT-PCR) AND NEXT-GENERATION SEQUENCING OF 70 CONTENT GENES AND 31 HOUSEKEEPING GENES IN FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO	1/1/2022
81525	ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE SCORE	7/1/2019
81535	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; FIRST SINGLE DRUG OR DRUG COMBINATION	7/1/2019
81536	ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE ALGORITHM REPORTED AS A DRUG RESPONSE SCORE; EACH ADDITIONAL SINGLE DRUG OR DRUG COMBINATION	7/1/2019
81538	ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UTILIZING SERUM, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS GOOD VERSUS POOR OVERALL SURVIVAL	7/1/2019
81539	ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN KALLIKREIN-2 [HK2]), UTILIZING PLASMA OR SERUM, PROGNOSTIC ALGORITHM REPORTED AS A PROBABILITY SCORE	7/1/2019
81541	MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	1/1/2021
81542	MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	1/1/2021

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
81546	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (E.G. BENIGN OR SUSPICIOUS)	1/1/2021
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	7/1/2019
81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF METASTASIS	1/1/2021
81554	PULMONARY DISEASE (IDIOPATHIC PULMONARY FIBROSIS [IPF]), MRNA, GENE EXPRESSION ANALYSIS OF 190 GENES, UTILIZING TRANSBRONCHIAL BIOPSIES, DIAGNOSTIC ALGORITHM REPORTED AS CATEGORICAL RESULT (EG, POSITIVE OR NEGATIVE FOR HIGH PROBABILITY OF USUAL INTERSTITI	1/1/2021
81560	MEASUREMENT OF TRANSPLANT DONOR AND THIRD-PARTY-INDUCED CD154+T-CYTOTOXIC MEMORY CELLS IN WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS REJECTION RISK SCORE	1/1/2022
81595	CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 20 GENES (11 CONTENT AND 9 HOUSEKEEPING), UTILIZING SUBFRACTION OF PERIPHERAL BLOOD, ALGORITHM REPORTED AS A REJECTION RISK SCORE	7/1/2019
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	1/1/2021
82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	7/1/2019
82710	FAT OR LIPIDS, FECES; QUANTITATIVE	7/1/2019
82715	ASSAY, FECAL FAT DIFFERENTIAL	7/1/2019
82725	ASSAY, BLOOD FATTY ACIDS	7/1/2019
83006	GROWTH STIMULATION GENE 2	7/1/2019
83719	LIPOPROTEIN, DIRECT MEASUREMENT; VLDL CHOLESTEROL	1/1/2022
83722	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	7/1/2019
83987	PH; EXHALED BREATH CONDENSATE	7/1/2019
84443	MEASUREMENT OF THIOPURINE S-METHYLTRANSFERASE (TPMT)	5/15/2023
86015	ACTIN SMOOTH MUSCLE ANTIBODY (ASMA) DETECTION	1/1/2022
86036	SCREENING TEST FOR ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA)	1/1/2022
86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA) TITER	1/1/2022
86051	AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA)	1/1/2022
86052	AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY DETECTION BY CELL-BASED IMMUNOFLUORESCENCE ASSAY (CBA)	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
86053	AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY DETECTION BY FLOW CYTOMETRY	1/1/2022
86231	ENDOMYSIAL ANTIBODY (EMA) DETECTION, EACH IMMUNOGLOBULIN CLASS	1/1/2022
86258	GLIADIN (DEAMIDATED) (DGP) ANTIBODY DETECTION, EACH IMMUNOGLOBULIN CLASS	1/1/2022
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (E.G. MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKER (E.G. ATP)	7/1/2019
86364	TISSUE TRANSGLUTAMINASE DETECTION, EACH IMMUNOGLOBULIN CLASS	1/1/2022
86596	VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY DETECTION	1/1/2022
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; ENTAMOEBA HISTOLYTICA DISPAR GROUP	7/1/2019
87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, DIRECT PROBE TECHNIQUE	7/1/2019
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, AMPLIFIED PROBE TECHNIQUE	7/1/2019
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, QUANTIFICATION	7/1/2019
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE (SCE), 20-25 CELLS	1/1/2022
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES (E.G. FOR ATAXIA TELANGIECTASIA, FANCONI ANEMIA, FRAGILE X)	1/1/2022
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (E.G. DIEPOXYBUTANE, MITOMYCIN C, IONIZING RADIATION, UV RADIATION)	1/1/2022
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	1/1/2022
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	1/1/2022
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	1/1/2022
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	1/1/2022
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING	1/1/2022
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDING	1/1/2022
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (E.G. FISH)	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (E.G. FOR DERIVATIVES AND MARKERS)	1/1/2022
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (E.G. FOR MICRODELETIONS)	1/1/2022
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	1/1/2022
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	1/1/2022
88280	CHROMOSOME KARYOTYPE STUDY	1/1/2022
88283	CHROMOSOME BANDING STUDY	1/1/2022
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	1/1/2022
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	1/1/2022
88291	CYTOGENETICS/MOLECULAR INTERP/REPT	1/1/2022
88299	CYTOGENETIC STUDY NEC	1/1/2022
88375	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	7/1/2019
89160	EXAMINE FECES FOR MEAT FIBERS	7/1/2019
90378	SYNAGIS	1/1/2022
90870	ECT (SINGLE SEIZURES)	1/1/2022
90871	ECT (MULTIPLE SEIZURES)	1/1/2022
91112	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	7/1/2019
91299	GASTROENTEROLOGY PROCEDURE NEC	1/1/2022
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	7/1/2019
92548	POSTUROGRAPHY, COMPUTERIZED DYNAMIC	7/1/2019
92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT), 6 CONDITIONS (IE, EYES OPEN, EYES CLOSED, VISUAL SWAY, PLATFORM SWAY, EYES CLOSED PLATFORM SWAY, PLATFORM AND VISUAL SWAY), INCLUDING INTERPRETATION AND REPORT; WITH MOTOR CONTROL TES	1/1/2022
93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES, INCLUDES OBTAINING WAVEFORM(S), DIGITIZATION AND APPLICATION OF NONLINEAR MATHEMATICAL TRANSFORMATIONS TO DETERMINE CENTRAL ARTERIAL PRESSURES AND AUGMENTATION INDEX, WITH I	1/1/2022
93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	7/1/2019
93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CARDIOVASCULAR ANALYSIS	7/1/2019

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
93702	BIS XTRACELL FLUID ANALYSIS	7/1/2019
93740	TEMPERATURE GRADIENT STUDIES	1/1/2022
94014	PATIENT RECORDED SPIROMETRY	1/1/2022
94015	PATIENT RECORDED SPIROMETRY	1/1/2022
94016	REVIEW PATIENT SPIROMETRY	1/1/2022
95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	1/1/2022
95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BI-LEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	1/1/2022
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION, RESPIRATORY ANALYSIS (E.G. BY AIRFLOW OR PERIPHERAL ARTERIAL TONE), AND SLEEP TIME	1/1/2022
95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXYGEN SATURATION, AND RESPIRATORY ANALYSIS (E.G. BY AIRFLOW OR PERIPHERAL ARTERIAL TONE)	1/1/2022
95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)	7/1/2019
95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)	7/1/2019
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL MEASUREMENTS OF SLEEP DURING MULTIPLE TRIALS TO ASSESS SLEEPINESS	1/1/2022
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATION, RESPIRATORY AIRFLOW, AND RESPIRATORY EFFORT (E.G. THORACOABDOMINAL MOVEMENT)	1/1/2022
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION, ATTENDED BY A TECHNOLOGIST	1/1/2022
95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	1/1/2022
95810	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	1/1/2022
95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE THERAPY OR BILEVEL VENTILATION, ATTENDED BY A TECHNOLOGIST	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
95905	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY	7/1/2019
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL (INTRATHECAL, EPIDURAL) OR BRAIN (INTRAVENTRICULAR);	1/1/2022
96002	EMG, DYNAMIC SURFACE, 1-12 MUSCLE	7/1/2019
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REP	5/15/2023
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND REPO	5/15/2023
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND	8/15/2023
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND	8/15/2023
96136	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND	5/15/2023
96137	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF PATIENT DATA, INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA, CLINICAL DECISION MAKING, TREATMENT PLANNING AND	5/15/2023
96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; FIRST 30 MINUTES	5/15/2023
96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, TWO OR MORE TESTS, ANY METHOD; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5/15/2023
96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, WITH SINGLE AUTOMATED, STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM, WITH AUTOMATED RESULT ONLY	5/15/2023
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	1/1/2022
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR	1/1/2022
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION	1/1/2022
96567	PDT DSTR PRMLG LES SKN	1/1/2022
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	1/1/2022
96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B	1/1/2022
96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	1/1/2022
96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST 4-8 HOURS OF CARE UNDER DIRECT SUPERVISION OF THE PHYSICIAN (INCLUDES APPLICATIONS OF MEDICATION AND DRESSINGS)	1/1/2022
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	1/1/2022
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM	1/1/2022
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	1/1/2022
97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCH	1/1/2022
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (EG, MANAGING TIME OR SCH	1/1/2022
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	4/15/2020
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	4/15/2020
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	4/15/2020
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	4/15/2020
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	4/15/2020
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	4/15/2020
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	4/15/2020
97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	4/15/2020

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
97610	LOW FREQUENCY NON-THERMAL US	7/1/2019
98978	DEVICE SUPPLY W/ DAILY RECORDING AND PROGRAMMED ALERT TRANSMISSION FOR REMOTE THERAPEUTIC MONITORING OF COGNITIVE BEHAVIOR THERAPY, EACH 30 DAYS	1/1/2022
99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST, UTERINE MONITORING, AND GESTATIONAL DIABETES MONITORING	1/1/2022
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	1/1/2022
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	1/1/2022
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (E.G. BRONCHODILATOR, OXYGEN THERAPY, RESPIRATORY ASSESSMENT, APNEA EVALUATION)	1/1/2022
99504	HV, MECHANICAL VENTILATION CARE	1/1/2022
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY	1/1/2022
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	1/1/2022
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (E.G. URINARY, DRAINAGE, AND ENTERAL)	1/1/2022
99509	HV, ACTIVITY DAILY LIVNG/PRSNL CARE	1/1/2022
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	1/1/2022
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	1/1/2022
99512	HV, HEMODIALYSIS	1/1/2022
99600	HOME VISIT SERVICE/PROCEDURE NEC	1/1/2022
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS);	1/1/2022
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS);	1/1/2022
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS); EACH ADDITIONAL HOUR	1/1/2022
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS); EACH ADDITIONAL HOUR	1/1/2022
A0140	NON-EMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA OR INTER STATE	1/1/2022
A0425	NON-EMERGENT GROUND AMBULANCE SERVICES,INCLUDING FACILITY TO FACILITY TRANSPORT	1/1/2022
A0426	NON-EMERGENT GROUND AMBULANCE SERVICES,INCLUDING FACILITY TO FACILITY TRANSPORT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
A0428	NON-EMERGENT GROUND AMBULANCE SERVICES,INCLUDING FACILITY TO FACILITY TRANSPORT	1/1/2022
A0430	FIXED WING AIR TRANSPORT	1/1/2022
A0431	ROTARY WING AIR TRANSPORT	1/1/2022
A0432	NON-EMERGENT GROUND AMBULANCE SERVICES,INCLUDING FACILITY TO FACILITY TRANSPORT	1/1/2022
A0433	NON-EMERGENT GROUND AMBULANCE SERVICES,INCLUDING FACILITY TO FACILITY TRANSPORT	1/1/2022
A0434	NON-EMERGENT GROUND AMBULANCE SERVICES,INCLUDING FACILITY TO FACILITY TRANSPORT	1/1/2022
A0435	FIXED WING AIR MILEAGE	1/1/2022
A0436	ROTARY WING AIR MILEAGE	1/1/2022
A0999	NON-EMERGENT GROUND AMBULANCE SERVICES,INCLUDING FACILITY TO FACILITY TRANSPORT	1/1/2022
A2019	KERECIS OMEGA3 MARIGEN SHIELD, PER SQUARE CENTIMETER	8/15/2023
A2020	AC5 ADVANCED WOUND SYSTEM (AC5)	8/15/2023
A2021	NEOMATRIX, PER SQUARE CENTIMETER	8/15/2023
A4220	INFUSION PUMP REFILL KIT	1/1/2022
A4220	INFUSION PUMP REFILL KIT	1/1/2022
A4221	MAINT DRUG INFUSION CATHETER PER WK	1/1/2022
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LISTDRUGS SEPARATELY)	1/1/2022
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	1/1/2022
A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	1/1/2022
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	1/1/2022
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	1/1/2022
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	1/1/2022
A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	5/15/2023
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR PERITONEAL, ETC.) EXTERNAL ACCESS	1/1/2022
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL, ETC.)	1/1/2022
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL, ETC.)	1/1/2022
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	1/1/2022
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	1/1/2022
A4470	GRAVLEE JET WASHER	1/1/2022
A4480	VABRA ASPIRATOR	1/1/2022
A4483	MOISTURE EXCHANGER	1/1/2022
A4550	SURGICAL TRAYS	1/1/2022
A4556	ELECTRODES	1/1/2022
A4557	LEAD WIRES	1/1/2022
A4560	NEUROMUSCULAR ELECTRICAL STIMULATOR (NMES), DISPOSABLE, REPLACEMENT ONLY	8/15/2023
A4595	TENS SUPPL 2 LEAD PER MONTH	1/1/2022
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	1/1/2022
A4606	OXYGEN PROBE USED W OXIMETER	1/1/2022
A4608	TRANSTRACHEAL OXYGEN CATH	1/1/2022
A4614	HAND-HELD PEFR METER	1/1/2022
A4617	MOUTH PIECE	1/1/2022
A4618	BREATHING CIRCUITS	1/1/2022
A4619	FACE TENT	1/1/2022
A4620	VARIABLE CONCENTRATION MASK	1/1/2022
A4640	ALTERNATING PRESSURE PAD	1/1/2022
A4642	SATUMOMAB PENDETIDE PER DOSE	1/1/2022
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	1/1/2022
A4649	SURGICAL SUPPLIES MISC	1/1/2022
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	1/1/2022
A5500	DIABETIC SHOE FOR DENSITY INSERT	1/1/2022
A5501	DIABETIC CUSTOM MOLDED SHOE	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
A5503	DIABETIC SHOE W/ROLLER/ROCKR	1/1/2022
A5504	DIABETIC SHOE WITH WEDGE	1/1/2022
A5505	DIABETIC SHOE W/METATARSAL BAR	1/1/2022
A5506	DIABETIC SHOE W/OFFSET HEEL	1/1/2022
A5507	MODIFICATION DIABETIC SHOE	1/1/2022
A5508	DIABETIC DELUXE SHOE	1/1/2022
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENTS FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/	1/1/2022
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENTS FOOT, TOTAL CONTACT WITH PATIENTS FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF 1/4 INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER	1/1/2022
A6010	COLLAGEN BASED WOUND FILLER	1/1/2022
A6011	COLLAGEN GEL/PASTE WOUND FIL	1/1/2022
A6021	COLLAGEN DRESSING <=16 SQ IN	1/1/2022
A6022	COLLAGEN DRSG >6<=48 SQ IN	1/1/2022
A6023	COLLAGEN DRESSING >48 SQ IN	1/1/2022
A6024	COLLAGEN DSG WOUND FILLER	1/1/2022
A6025	SILICONE GEL SHEET, EACH	1/1/2022
A6154	WOUND POUCH, EACH	1/1/2022
A6231	HYDROGEL DSG <=16 SQ IN	1/1/2022
A6232	HYDROGEL DSG >16<=48 SQ IN	1/1/2022
A6233	HYDROGEL DRESSING >48 SQ IN	1/1/2022
A6234	HYDROCOLLOID DRSG <=6 W/O BORDER	1/1/2022
A6235	HYDROCOLLOID DRSG >16 <= 48 W/O BRD	1/1/2022
A6236	HYDROCOLLOID DRSG > 48 IN W/O BRDR	1/1/2022
A6237	HYDROCOLLOID DRSG <=16 IN W/BRDR	1/1/2022
A6238	HYDROCOLLOID DRSG >16 <= 48 W/BRDR	1/1/2022
A6239	HYDROCOLLOID DRSG > 48 IN W/BRDR	1/1/2022
A6240	HYDROCOLLOID DRSG FILLER PASTE	1/1/2022
A6241	HYDROCOLLOID DRG FILLER DRY	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
A6242	HYDROGEL DRG <=16 IN W/O BORDER	1/1/2022
A6243	HYDROGEL DRSG >16 <= 48 W/O BORDER	1/1/2022
A6244	HYDROGEL DRSG > 48 IN W/O BORDER	1/1/2022
A6245	HYDROGEL DRSG <= 16 IN W/BORDER	1/1/2022
A6246	HYDROGEL DRSG >16 <= 48 IN W/BORDER	1/1/2022
A6247	HYDROGEL DRSG > 48 SQ IN W/BORDER	1/1/2022
A6248	HYDROGEL DRESSING GEL FILLER	1/1/2022
A6250	SKIN SEAL PROTECT MOISTURIZER	1/1/2022
A6251	ABSORPTV DRSG <=16 SQ IN W/O BORDER	1/1/2022
A6252	ABSORPTV DRSG >16 <=48 W/O BORDER	1/1/2022
A6253	ABSORPTV DRSG > 48 SQ IN W/O BORDER	1/1/2022
A6254	ABSORPTV DRSG <=16 SQ IN W/BORDER	1/1/2022
A6255	ABSORPTV DRSG >16 <= 48 IN W/BORDER	1/1/2022
A6256	ABSORPTV DRSG > 48 SQ IN W/BORDER	1/1/2022
A6501	COMPRES BURNGARMENT BODYSUIT	1/1/2022
A6502	COMPRES BURNGARMENT CHINSTRP	1/1/2022
A6503	COMPRES BURNGARMENT FACEHOOD	1/1/2022
A6504	CMPRSBURNGARMENT GLOVE-WRIST	1/1/2022
A6505	CMPRSBURNGARMENT GLOVE-ELBOW	1/1/2022
A6506	CMPRSBURNGRMNT GLOVE-AXILLA	1/1/2022
A6507	CMPRS BURNGARMENT FOOT-KNEE	1/1/2022
A6508	CMPRS BURNGARMENT FOOT-THIGH	1/1/2022
A6509	COMPRES BURN GARMENT JACKET	1/1/2022
A6510	COMPRES BURN GARMENT LEOTARD	1/1/2022
A6511	COMPRES BURN GARMENT PANTY	1/1/2022
A6512	COMPRES BURN GARMENT, NOC	1/1/2022
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	1/1/2022
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	1/1/2022
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	1/1/2022
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	1/1/2022
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	1/1/2022
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	1/1/2022
A6545	GRADIENT COMPRESSION WRAP, NONELASTIC, BELOW KNEE, 30-50 MM HG, EACH	1/1/2022
A6549	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED	1/1/2022
A7013	DISPOSABLE COMPRESSOR FILTER	1/1/2022
A7014	COMPRESSOR NONDISPOS FILTER	1/1/2022
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	1/1/2022
A7025	REPLACE CHEST COMPRESS VEST	1/1/2022
A7026	REPLACE CHST CMPRSS SYS HOSE	1/1/2022
A7038	POS AIRWAY PRESSURE FILTER	1/1/2022
A7039	FILTER, NON DISPOSABLE W PAP	1/1/2022
A7040	ONE WAY CHEST DRAIN VALVE	1/1/2022
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	1/1/2022
A7044	PAP ORAL INTERFACE	1/1/2022
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVEAIRWAY DEVICES, REPLACEMENT ONLY	1/1/2022
A7046	REPL WATER CHAMBER, PAP DEV	1/1/2022
A7047	ORAL INTF USED RESP SUCTION PUMP EA	1/1/2022
A7048	VACUUM DRN CLCT U & TUBING KIT EA	1/1/2022
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS ANDACCESSORIES	1/1/2022
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS ANDACCESSORIES	1/1/2022
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	1/1/2022
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	1/1/2022
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 DAY SUPPLY	1/1/2022
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	1/1/2022
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	1/1/2022
A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED	1/1/2022
A9284	SPIROMETER, NONELECTRONIC, INCLUDES ALL ACCESSORIES	1/1/2022
A9285	INVERSION EVERSION COR DEVIC	1/1/2022
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	1/1/2022
A9900	SUPPLY/ACCESSORY/SERVICE	1/1/2022
A9901	DELIVERY/SET UP/DISPENSING	1/1/2022
A9999	DME SUPPLY OR ACCESSORY, NOS	1/1/2022
B4034	ENTER FEED SUPKIT SYR PER DAY	1/1/2022
B4035	ENTERAL FEED SUPP PUMP PER DAY	1/1/2022
B4036	ENTERAL FEED SUP KIT GRAV PER DAY	1/1/2022
B4081	ENTERAL NG TUBING W/STYLET	1/1/2022
B4082	ENTERAL NG TUBING W/O STYLET	1/1/2022
B4083	ENTERAL STOMACH TUBE LEVINE	1/1/2022
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	1/1/2022
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	1/1/2022
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G.CLEAR LIQUIDS), 500 ML = 1 UNIT	1/1/2022
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G.CLEAR LIQUIDS), 500 ML = 1 UNIT	1/1/2022
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS,INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2022
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALOR	1/1/2022
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2022
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDIN	1/1/2022
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN EN	1/1/2022
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2022
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2022
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2022
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING	1/1/2022
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES =1 UNIT	1/1/2022
B4164	PARENTERAL 50% DEXTROSE SOLUTION	1/1/2022
B4168	PARENTERAL SOL AMINO ACID 3.5%	1/1/2022
B4172	PARENTERAL SOL AMINO ACID 5.5%	1/1/2022
B4176	PARENTERAL SOL AMINO ACID 7-8.5%	1/1/2022
B4178	PARENTERAL SOL AMINO ACID > 8.5%	1/1/2022
B4180	PARENTERAL SOL CARB > 50%	1/1/2022
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	1/1/2022
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	1/1/2022
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 10 TO 51 GRAMS OF PROTEIN - PREMIX	1/1/2022
B4189	PARENTERAL SOL AMINO ACID &	1/1/2022
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 52 TO 73 GRAMS OF PROTEIN - PREMIX	1/1/2022
B4193	PARENTERAL SOL 52-73 GM PROTEIN	1/1/2022
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN - PREMIX	1/1/2022
B4197	PARENTERAL SOL 74-100 GM PROTEIN	1/1/2022
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN - PREMIX	1/1/2022
B4199	PARENTERAL SOL > 100GM PROTEIN	1/1/2022
B4224	PARENTERAL ADMINISTRATION KIT, DAY	1/1/2022
B5100	PARENTERAL SOL HEPATIC-FREEMINE	1/1/2022
B5200	PARENTERAL SOL STRESS-BRANCH CHAIN	1/1/2022
B9002	ENTERAL INFUSION PUMP W/ALARM	1/1/2022
B9004	PARENTERAL INFUS PUMP PORTABLE	1/1/2022
B9006	PARENTERAL INFUS PUMP STATIONARY	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
B9006	PARENTERAL INFUS PUMP STATIONARY	1/1/2022
B9998	ENTERAL SUPPLIES NOC	1/1/2022
B9999	PARENTERAL SUPPLIES NOC	1/1/2022
C1713	ANCHOR/SCREW BN/BN,TIS/BN	1/1/2022
C1714	CATH, TRANS ATHERECTOMY, DIR	1/1/2022
C1716	BRACHYTHERAPY SOURCE, GOLD 198, PER SOURCE	1/1/2022
C1717	BRACHYTHERAPY SOURCE, HIGH DOSE RATE IRIIDIUM 192, PER SOURCE	1/1/2022
C1719	BRACHYTHERAPY SOURCE, NON-HIGH DOSE RATE IRIIDIUM 192, PER SOURCE	1/1/2022
C1721	AICD, DUAL CHAMBER	1/1/2022
C1722	AICD, SINGLE CHAMBER	1/1/2022
C1725	CATH, TRANSLUMIN NON-LASER	1/1/2022
C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE)	1/1/2022
C1760	CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)	1/1/2022
C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	1/1/2022
C1765	ADHESION BARRIER	1/1/2022
C1766	INTRO/SHEATH,STRBLE,NON-PEEL	1/1/2022
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	1/1/2022
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	1/1/2022
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	1/1/2022
C1768	GRAFT, VASCULAR	1/1/2022
C1769	GUIDE WIRE	1/1/2022
C1770	IMAGING COIL, MR, INSERTABLE	1/1/2022
C1771	REP DEV, URINARY, W/SLING	1/1/2022
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	1/1/2022
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	1/1/2022
C1773	RET DEV, INSERTABLE	1/1/2022
C1776	JOINT DEVICE (IMPLANTABLE)	1/1/2022
C1780	LENS, INTRAOCULAR (NEW TECH)	1/1/2022
C1781	MESH (IMPLANTABLE)	1/1/2022
C1782	MORCELLATOR	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
C1783	OCULAR IMP, AQUEOUS DRAIN DE	1/1/2022
C1784	OCULAR DEV, INTRAOP, DET RET	1/1/2022
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	1/1/2022
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	1/1/2022
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	1/1/2022
C1787	PATIENT PROGR, NEUROSTIM	1/1/2022
C1788	PORT, INDWELLING, IMP	1/1/2022
C1789	PROSTHESIS, BREAST, IMP	1/1/2022
C1789	PROSTHESIS, BREAST, IMP	1/1/2022
C1813	PROSTHESIS, PENILE, INFLATAB	1/1/2022
C1814	RETINAL TAMPONADE, SILC OIL	1/1/2022
C1815	PROS, URINARY SPH, IMP	1/1/2022
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	1/1/2022
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	1/1/2022
C1817	SEPTAL DEFECT IMP SYS	1/1/2022
C1817	SEPTAL DEFECT IMP SYS	1/1/2022
C1818	INTEGRATED KERATOPROSTHESIS	1/1/2022
C1819	TISSUE LOCALIZATION-EXCISION DEV	1/1/2022
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), W/ RECHARGEABLE BATTERY AND CHARGING SYSTEM	1/1/2022
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	1/1/2022
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	1/1/2022
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	1/1/2022
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	1/1/2022
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	1/1/2022
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, W/ RECHARGEABLE BATTERY AND CHARGING SYSTEM	1/1/2022
C1823	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, W/ TRANSVENOUS SENSING AND STIMULATION LEADS	1/1/2022
C1823	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, WITH TRANSVENOUS SENSING AND STIMULATION LEADS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
C1824	GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)	1/1/2022
C1824	GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)	1/1/2022
C1825	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE WITH CAROTID SINUS BARORECEPTOR STIMULATION LEAD(S)	1/1/2021
C1825	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE W/ CAROTID SINUS BARORECEPTOR STIMULATION LEAD(S)	1/1/2022
C1826	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), INCLUDES CLOSED FEEDBACK LOOP LEADS AND ALL IMPLANTABLE COMPONENTS, W/ RECHARGEABLE BATTERY AND CHARGING SYSTEM	5/15/2023
C1827	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, W/ IMPLANTABLE STIMULATION LEAD AND EXTERNAL PAIRED STIMULATION CONTROLLER	5/15/2023
C1830	POWERED BONE MARROW BIOPSY NEEDLE	1/1/2022
C1833	MONITOR, CARDIAC, INCLUDING INTRACARDIAC LEAD AND ALL SYSTEM COMPONENTS (IMPLANTABLE) NEW	1/1/2022
C1833	MONITOR, CARDIAC, INCLUDING INTRACARDIAC LEAD AND ALL SYSTEM COMPONENTS (IMPLANTABLE) NEW	1/1/2022
C1840	LENS, INTRAOCULAR (TELESCOPIC)	1/1/2022
C1874	STENT, COATED/COV W/DEL SYS	1/1/2022
C1875	STENT, COATED/COV W/O DEL SY	1/1/2022
C1876	STENT, NON-COA/NON-COV W/DEL	1/1/2022
C1877	STENT, NON-COAT/COV W/O DEL	1/1/2022
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)	1/1/2022
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)	1/1/2022
C1880	VENA CAVA FILTER	1/1/2022
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	1/1/2022
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	1/1/2022
C1883	ADAPTER/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	1/1/2022
C1883	ADAPTER/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	1/1/2022
C1884	EMBOLIZATION PROTECT SYST	1/1/2022
C1885	CATH, TRANSLUMIN ANGIO LASER	1/1/2022
C1886	CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
C1887	CATHETER, GUIDING	1/1/2022
C1888	ENDOVAS NON-CARDIAC ABL CATH	1/1/2022
C1889	IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	1/1/2022
C1889	IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	1/1/2022
C1889	IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED	1/1/2022
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	1/1/2022
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	1/1/2022
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	1/1/2022
C2614	PROBE, PERC LUMB DISC	1/1/2022
C2615	SEALANT, PULMONARY, LIQUID	1/1/2022
C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90, PER SOURCE	1/1/2022
C2617	STENT, NON-COR, TEM W/O DEL	1/1/2022
C2618	PROBE, CRYOABLATION	1/1/2022
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	1/1/2022
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	1/1/2022
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	1/1/2022
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	1/1/2022
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	1/1/2022
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	1/1/2022
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	1/1/2022
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	1/1/2022
C2623	CATHETER, TRANSLUMINAL ANGIOPLASTY, DRUG-COATED, NON-LASER	1/1/2022
C2624	IMPL WL PULM ART PRSS SNSR DEL CATH	1/1/2022
C2624	IMPL WL PULM ART PRSS SNSR DEL CATH	1/1/2022
C2625	STENT, NON-COR, TEM W/DEL SY	1/1/2022
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	1/1/2022
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	1/1/2022
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC	1/1/2022
C2628	CATHETER, OCCLUSION	1/1/2022
C2629	INTRO/SHEATH, LASER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
C2630	CATH, EP, COOL-TIP	1/1/2022
C2631	REP DEV, URINARY, W/O SLING	1/1/2022
C7501	PERCUTANEOUS BREAST BIOPSIES USING STEREOTACTIC GUIDANCE, W/ PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (E.G. CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, ALL LESIONS UNILATERAL AND BILATERAL (FOR SINGLE LES	5/15/2023
C7502	PERCUTANEOUS BREAST BIOPSIES USING MAGNETIC RESONANCE GUIDANCE, W/ PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (E.G. CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, ALL LESIONS UNILATERAL OR BILATERAL (FOR SINGL	5/15/2023
C7504	PERCUTANEOUS VERTEBROPLASTIES (BONE BIOPSIES INCLUDED WHEN PERFORMED), FIRST CERVICOTHORACIC AND ANY ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODIES, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE	5/15/2023
C7505	PERCUTANEOUS VERTEBROPLASTIES (BONE BIOPSIES INCLUDED WHEN PERFORMED), FIRST LUMBOSACRAL AND ANY ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODIES, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE	5/15/2023
C7507	PERCUTANEOUS VERTEBRAL AUGMENTATIONS, FIRST THORACIC AND ANY ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODIES, INCLUDING CAVITY CREATIONS (FRACTURE REDUCTIONS AND BONE BIOPSIES INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (E.G. KYPHOPLASTY), UNILATERAL	5/15/2023
C7508	PERCUTANEOUS VERTEBRAL AUGMENTATIONS, FIRST LUMBAR AND ANY ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODIES, INCLUDING CAVITY CREATIONS (FRACTURE REDUCTIONS AND BONE BIOPSIES INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (E.G. KYPHOPLASTY), UNILATERAL OR	5/15/2023
C8900	MRA W/CONT, ABD	1/1/2022
C8901	MRA W/O CONT, ABD	1/1/2022
C8902	MRA W/O FOL W/CONT, ABD	1/1/2022
C8903	MRI W/CONT, BREAST, UNI	1/1/2022
C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL	1/1/2022
C8905	MRI W/O FOL W/CONT, BRST, UN	1/1/2022
C8906	MRI W/CONT, BREAST, BI	1/1/2022
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL	1/1/2022
C8908	MRI W/O FOL W/CONT, BREAST,	1/1/2022
C8909	MRA W/CONT, CHEST	1/1/2022
C8910	MRA W/O CONT, CHEST	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
C8911	MRA W/O FOL W/CONT, CHEST	1/1/2022
C8912	MRA W/CONT, LWR EXT	1/1/2022
C8913	MRA W/O CONT, LWR EXT	1/1/2022
C8914	MRA W/O FOL W/CONT, LWR EXT	1/1/2022
C8918	MRA W/CONT, PELVIS	1/1/2022
C8919	MRA W/O CONT, PELVIS	1/1/2022
C8920	MRA W/O FOL W/CONT, PELVIS	1/1/2022
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS	1/1/2022
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	1/1/2022
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINAL CANAL AND CONTENTS	1/1/2022
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	1/1/2022
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	1/1/2022
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER EXTREMITY	1/1/2022
C9047	INJECTION, CAPLACIZUMAB-YHDP, 1 MG	1/1/2022
C9072	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	1/1/2022
C9094	INJ, SUTIMLIMAB-JOME, 10 MG	1/1/2022
C9095	INJ, TEBENTAFUSP-TEBN, 1 MCG	1/1/2022
C9096	INJECTION, FILGRASTIM-AYOW, BIOSIMILAR, (RELEUKO), 1 MICROGRAM	1/1/2022
C9097	INJ, FARICIMAB-SVOA, 0.1 MG	1/1/2022
C9098	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	1/1/2022
C9151	INJECTION, PEGCETACOPLAN, 1 MG	7/1/2023
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CM LENGTH	1/1/2022
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CM LENGTH	1/1/2022
C9354	ACELLULAR PERICARDIAL TISSUE MATRIX OF NONHUMAN ORIGIN (VERITAS), PER SQUARE CENTIMETER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
C9356	TENDON, POROUS MATRIX OF CROSS-LINKED COLLAGEN AND GLYCOSAMINOGLYCAN MATRIX (TENOGLEIDE TENDON PROTECTOR SHEET), PER SQUARE CENTIMETER	1/1/2022
C9358	DERMAL SUBSTITUTE, NATIVE, NONDENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQ CM	1/1/2022
C9360	DERMAL SUBSTITUTE, NATIVE, NONDENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER 0.5 SQ CM	1/1/2022
C9363	SKIN SUBSTITUTE (INTEGRA MESHED BILAYER WOUND MATRIX), PER SQUARE CM	1/1/2022
C9364	PORCINE IMPLANT, PERMACOL, PER SQUARE CENTIMETER	1/1/2022
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	5/15/2023
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	1/1/2022
C9727	INSERTION OF IMPLANTS INTO THE SOFT PALATE; MINIMUM OF THREE IMPLANTS	1/1/2022
C9745	NASAL ENDOSCOPY, SURGICAL; BALLOON DILATION OF EUSTACHIAN TUBE	1/1/2022
C9747	ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INCLUDING IMAGING GUIDANCE	1/1/2022
C9749	REPAIR OF NASAL VESTIBULAR LATERAL WALL STENOSIS WITH IMPLANT(S)	1/1/2022
C9770	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, W/ SUBRETINAL INJECTION OF PHARMACOLOGIC/BIOLOGIC AGENT	5/15/2023
C9787	GASTRIC ELECTROPHYSIOLOGY MAPPING WITH SIMULTANEOUS PATIENT SYMPTOM PROFILING	7/1/2023
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	1/1/2022
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	1/1/2022
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	1/1/2022
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	1/1/2022
D0250	EXTRAORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTO	1/1/2022
D0260	EXTRAORAL – EACH ADDITIONAL RADIOGRAPHIC IMAGE	1/1/2022
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	1/1/2022
D0272	BITEWINGS – FOUR RADIOGRAPHIC IMAGES – LIMIT TO 1 SERIES EVERY 6 MONTHS.	1/1/2022
D0273	BITEWINGS - THREE FILMS	1/1/2022
D0274	BITEWINGS – FOUR RADIOGRAPHIC IMAGES – LIMIT TO 1 SERIES EVERY 6 MONTHS.	1/1/2022
D0277	VERTICAL BITEWINGS	1/1/2022
D5911	FACIAL MOULAGE, SECTIONAL	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
D5912	FACIAL MOULAGE, COMPLETE	1/1/2022
D5914	AURICULAR PROSTHESIS	1/1/2022
D5916	OCULAR PROSTHESIS	1/1/2022
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	1/1/2022
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	1/1/2022
D7272	TOOTH TRANSPLANTATION (INCLUDES RE-IMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	1/1/2022
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	1/1/2022
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	1/1/2022
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	1/1/2022
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	1/1/2022
D7610	MAXILLA — OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	1/1/2022
D7620	MAXILLA — CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	1/1/2022
D7630	MANDIBLE — OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	1/1/2022
D7640	MANDIBLE — CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	1/1/2022
D7650	MALAR AND/OR ZYGOMATIC ARCH — OPEN REDUCTION	1/1/2022
D7660	MALAR AND/OR ZYGOMATIC ARCH — CLOSED REDUCTION	1/1/2022
D7670	ALVEOLUS — CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	1/1/2022
D7671	ALVEOLUS — OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	1/1/2022
D7680	FACIAL BONES — COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	1/1/2022
D7710	MAXILLA — OPEN REDUCTION	1/1/2022
D7720	MAXILLA — CLOSED REDUCTION	1/1/2022
D7730	MANDIBLE — OPEN REDUCTION	1/1/2022
D7740	MANDIBLE — CLOSED REDUCTION	1/1/2022
D7750	MALAR AND/OR ZYGOMATIC ARCH — OPEN REDUCTION	1/1/2022
D7760	MALAR AND/OR ZYGOMATIC ARCH — CLOSED REDUCTION	1/1/2022
D7770	ALVEOLUS — OPEN REDUCTION STABILIZATION OF TEETH	1/1/2022
D7771	ALVEOLUS — CLOSED REDUCTION STABILIZATION OF TEETH	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
D7780	FACIAL BONES — COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	1/1/2022
D7810	OPEN REDUCTION OF DISLOCATION	1/1/2022
D7810	OPEN REDUCTION OF DISLOCATION	1/1/2022
D7820	CLOSED REDUCTION OF DISLOCATION	1/1/2022
D7830	MANIPULATION UNDER ANESTHESIA	1/1/2022
D7840	CONDYLECTOMY	1/1/2022
D7852	DISC REPAIR	1/1/2022
D7854	SYNOVECTOMY	1/1/2022
D7856	MYOTOMY	1/1/2022
D7858	JOINT RECONSTRUCTION	1/1/2022
D7860	ARTHROTOMY	1/1/2022
D7865	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	1/1/2022
D7870	ARTHROCENTESIS	1/1/2022
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	1/1/2022
D7872	ARTHROSCOPY – DIAGNOSIS, WITH OR WITHOUT BIOPSY	1/1/2022
D7873	ARTHROSCOPY – SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	1/1/2022
D7874	ARTHROSCOPY – SURGICAL: DISC REPOSITIONING AND STABILIZATION	1/1/2022
D7875	ARTHROSCOPY – SURGICAL: SYNOVECTOMY	1/1/2022
D7876	ARTHROSCOPY – SURGICAL: DISCECTOMY	1/1/2022
D7877	ARTHROSCOPY – SURGICAL: DEBRIDEMENT	1/1/2022
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	1/1/2022
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	1/1/2022
D7911	COMPLICATED SUTURE - UP TO 5 CM	1/1/2022
D7912	COMPLICATED SUTURE — GREATER THAN 5 CM	1/1/2022
D7940	OSTEOPLASTY — FOR ORTHOGNATHIC DEFORMITIES	1/1/2022
D7941	OSTEOTOMY – MANDIBULAR RAMI	1/1/2022
D7943	OSTEOTOMY – MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	1/1/2022
D7944	OSTEOTOMY – SEGMENTED OR SUBAPICAL	1/1/2022
D7945	OSTEOTOMY – BODY OF MANDIBLE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
D7946	LEFORT I (MAXILLA – TOTAL)	1/1/2022
D7947	LEFORT I (MAXILLA – SEGMENTED)	1/1/2022
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION)-WITHOUT BONE GRAFT	1/1/2022
D7949	LEFORT II OR LEFORT III – WITH BONE GRAFT	1/1/2022
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR FACIAL BONES — AUTOGENEOUS OR NONAUTOGENEOUS, BY REPORT	1/1/2022
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES	1/1/2022
D7952	SINUS AUGUMENTATION VIA A VERTICAL APPROACH.	1/1/2022
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	1/1/2022
D7991	CORONOIDECTOMY	1/1/2022
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	1/1/2022
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	1/1/2022
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	1/1/2022
D9211	REGIONAL BLOCK ANESTHESIA	1/1/2022
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	1/1/2022
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	1/1/2022
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP,INCLUDES HEAVY DUTY	1/1/2022
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	1/1/2022
E0184	DRY PRESSURE MATTRESS	1/1/2022
E0185	GEL PRESSURE MATTRESS PAD	1/1/2022
E0186	AIR PRESSURE MATTRESS	1/1/2022
E0187	WATER PRESSURE MATTRESS	1/1/2022
E0193	POWERED AIR FLOTATION BED	1/1/2022
E0194	AIR FLUIDIZED BED	1/1/2022
E0196	GEL PRESSURE MATTRESS	1/1/2022
E0197	AIR PRESSURE PAD FOR MATTRESS	1/1/2022
E0198	WATER PRESSURE PAD FOR MATTRESS	1/1/2022
E0199	DRY PRESSURE PAD FOR MATTRESS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0236	PUMP FOR WATER CIRCULATING PAD	1/1/2022
E0239	HYDROCOLLATOR UNIT PORTABLE	1/1/2022
E0249	PAD WATER CIRCULATING HEAT UNIT	1/1/2022
E0250	HOSP BED FIXED HT W/MATTRESS	1/1/2022
E0251	HOSP BED FIXD HT W/O MATTRESS	1/1/2022
E0255	HOSPITAL BED VAR HT W/MATTRESS	1/1/2022
E0256	HOSPITAL BED VAR HT W/O MATTRESS	1/1/2022
E0260	HOSP BED SEMI-ELECTR W/MATTRESS	1/1/2022
E0261	HOSP BED SEMI-ELECTR W/O MATRESS	1/1/2022
E0265	HOSP BED TOTAL ELECTR W/MATRESS	1/1/2022
E0266	HOSP BED TOTAL ELEC W/O MATTRESS	1/1/2022
E0270	HOSPITAL BED INSTITUTIONAL TYPE	1/1/2022
E0290	HOSP BED FX HT WITHO RAILS WITHMATTRESS	1/1/2022
E0291	HOSP BED FX HT WITHO RAIL WITHO MATTRES	1/1/2022
E0292	HOSP BED VAR HT W/O RAIL W/O MATT	1/1/2022
E0293	HOSP BED VAR HT W/O RAIL W/MATTRESS	1/1/2022
E0294	HOSP BED SEMI-ELECT W/MATTRESS	1/1/2022
E0295	HOSP BED SEMI-ELECT W/O MATTRESS	1/1/2022
E0296	HOSP BED TOTAL ELECT W/MATTRESS	1/1/2022
E0297	HOSP BED TOTAL ELECT W/O MATRESS	1/1/2022
E0300	ENCLOSED PED CRIB HOSP GRADE	1/1/2022
E0301	HD HOSP BED, 350-600 LBS	1/1/2022
E0302	EX HD HOSP BED > 600 LBS	1/1/2022
E0303	HOSP BED HVY DTY XTRA WIDE	1/1/2022
E0304	HOSP BED XTRA HVY DTY X WIDE	1/1/2022
E0305	RAILS BED SIDE HALF LENGTH	1/1/2022
E0310	RAILS BED SIDE FULL LENGTH	1/1/2022
E0315	BED ACCESSORIES BOARDS OR TABLES	1/1/2022
E0316	BED SAFETY ENCLOSURE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 IN ABOVE THE SPRING, INCLUDES MATTRESS	1/1/2022
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 IN ABOVE THE SPRING, INCLUDES MATTRESS	1/1/2022
E0350	CONTROL UNIT BOWEL SYSTEM	1/1/2022
E0352	DISPOSABLE PACK W/BOWEL SYSTEM	1/1/2022
E0370	AIR PAD ELEVATOR FOR HEEL	1/1/2022
E0371	NONPOWERED MATTRESS OVERLAY	1/1/2022
E0372	POWERED AIR MATTRESS OVERLAY	1/1/2022
E0373	NONPOWERED PRESSURE MATTRESS	1/1/2022
E0424	STATIONARY COMPRESSED GAS O2	1/1/2022
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	1/1/2022
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	1/1/2022
E0431	PORTABLE GASEOUS OXYGEN SYSTEM	1/1/2022
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, WITH OR WITHOUT SUPPLY RESERVOIR AND CONTENTS GAUGE	1/1/2022
E0434	PORTABLE LIQUID OXYGEN SYSTEM	1/1/2022
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	1/1/2022
E0439	STATIONARY LIQUID OXYGEN SYSTEM	1/1/2022
E0440	OXYGEN SYSTEM LIQUID STATIONARY	1/1/2022
E0441	OXYGEN CONTENTS GAS PER/UNIT	1/1/2022
E0442	OXYGEN CONTENTS LIQUID PER/UNIT	1/1/2022
E0443	PORTABLE OXYGEN CONTENTS GAS/UNIT	1/1/2022
E0444	PORTABLE OXYGEN CONTENTS LIQ/UNIT	1/1/2022
E0445	OXIMETER NON-INVASIVE	1/1/2022
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	1/1/2022
E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)	1/1/2022
E0455	OXYGEN TENT EXCL CROUP/PED TENTS	1/1/2022
E0457	CHEST SHELL	1/1/2022
E0459	CHEST WRAP	1/1/2022
E0462	ROCKING BED WITH OR WITHO SIDE RAILS	1/1/2022
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	1/1/2022
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	1/1/2022
E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND SUPPLIES FOR ALL FUNCTIONS	1/1/2022
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	1/1/2022
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	1/1/2022
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	1/1/2022
E0480	PERCUSSOR ELECT/PNEUM HOME MODEL	1/1/2022
E0481	INTRPULMNRY PERCUSS VENT SYS	1/1/2022
E0482	COUGH STIMULATING DEVICE	1/1/2022
E0483	CHEST COMPRESSION GEN SYSTEM	1/1/2022
E0484	NON-ELEC OSCILLATORY PEP DVC	1/1/2022
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE ORNON-ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE ORNON-ADJUSTABLE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	1/1/2022
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	1/1/2022
E0500	IPPB MACHINE ALL TYPES	1/1/2022
E0550	HUMIDIF EXTENS SUPPLE W/IBBP	1/1/2022
E0555	HUMIDIFIER FOR USE W/REGULATOR	1/1/2022
E0560	HUMIDIFIER SUPPLEMENTAL W/IBBP	1/1/2022
E0561	HUMIDIFIER NONHEATED W PAP	1/1/2022
E0562	HUMIDIFIER HEATED USED W PAP	1/1/2022
E0565	COMPRESSOR AIR POWER SOURCE	1/1/2022
E0570	NEBULIZER WITH COMPRESSOR	1/1/2022
E0572	AEROSOL COMPRESSOR ADJUST PR	1/1/2022
E0574	ULTRASONIC GENERATOR W SVNEB	1/1/2022
E0575	NEBULIZER ULTRASONIC	1/1/2022
E0580	NEBULIZER FOR USE W/REGULATOR	1/1/2022
E0585	NEBULIZER W/COMPRESSOR AND HEATER	1/1/2022
E0600	SUCTION PUMP PORTABLE HOME MODEL	1/1/2022
E0605	VAPORIZER ROOM TYPE	1/1/2022
E0606	DRAINAGE BOARD POSTURAL	1/1/2022
E0607	BLOOD GLUCOSE MONITOR HOME	1/1/2022
E0610	PACEMAKER MONITER AUDIBLE/VISIBLE	1/1/2022
E0615	PACEMAKER MONITER DIGITAL/VISIBLE	1/1/2022
E0616	IMPLANTABLE CARDIAC EVENT RECORDER W/ MEMORY, ACTIVATOR AND PROGRAMMER	1/1/2022
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	1/1/2022
E0617	AUTOMATIC EXT DEFIBRILLATOR	1/1/2022
E0618	APNEA MONITOR	1/1/2022
E0619	APNEA MONITOR W RECORDER	1/1/2022
E0620	CAP BLD SKIN PIERCING LASER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0621	PATIENT LIFT SLING OR SEAT	1/1/2022
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED	1/1/2022
E0627	SEAT LIFT INCORP INTO LIFT-CHAIR	1/1/2022
E0629	SEAT LIFT FOR PT OWNED FURN-NONELEC	1/1/2022
E0630	PATIENT LIFT HYDRAULIC	1/1/2022
E0635	PATIENT LIFT ELECTRIC	1/1/2022
E0636	PT SUPPORT & POSITIONING SYS	1/1/2022
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEATLIFTFEATURE, WITH OR WITHOUT WHEELS	1/1/2022
E0638	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER),ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	1/1/2022
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,INCLUDES ALL COMPONENTS/ACCESSORIES	1/1/2022
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	1/1/2022
E0641	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZEINCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	1/1/2022
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	1/1/2022
E0650	PNEUMATIC COMPRESSOR NON-SEGMENT	1/1/2022
E0651	PNEUMATIC COMPRESSOR SEGMENTAL	1/1/2022
E0652	PNEUMATIC COMPRES W/CAL PRESSURE	1/1/2022
E0655	PNEUMATIC APPLIANCE HALF ARM	1/1/2022
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	1/1/2022
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	1/1/2022
E0660	PNEUMATIC APPLIANCE FULL LEG	1/1/2022
E0665	PNEUMATIC APPLIANCE FULL ARM	1/1/2022
E0666	PNEUMATIC APPLIANCE HALF LEG	1/1/2022
E0667	SEGMENTAL PNEUMATIC APPL FULL LEG	1/1/2022
E0668	SEGMENTAL PNEUMATIC APPL FULL ARM	1/1/2022
E0669	SEGMENTAL PNEUMATIC APPL HALF LEG	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK	1/1/2022
E0671	PRESSURE PNEUMATIC APPL FULL LEG	1/1/2022
E0672	PRESSURE PNEUMATIC APPL FULL ARM	1/1/2022
E0673	PRESSURE PNEUMATIC APPL HALF LEG	1/1/2022
E0675	PNEUMATIC COMPRESSION DEVICE	1/1/2022
E0675	PNEUMATIC COMPRESSION DEVICE	1/1/2022
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	1/1/2022
E0677	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT, TRUNK	8/15/2023
E0691	UVL PNL 2 SQ FT OR LESS	1/1/2022
E0692	UVL SYS PANEL 4 FT	1/1/2022
E0693	UVL SYS PANEL 6 FT	1/1/2022
E0694	UVL MD CABINET SYS 6 FT	1/1/2022
E0700	SAFETY EQUIPMENT	1/1/2022
E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION	1/1/2022
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	1/1/2022
E0731	CONDUCTIVE GARMENT FOR TENS/NMES	1/1/2022
E0740	INCONTINENCE TREATMENT SYSTEM	1/1/2022
E0740	INCONTINENCE TREATMENT SYSTEM	1/1/2022
E0744	NEUROMUSCULAR STIM FOR SCOLIOSIS	1/1/2022
E0744	NEUROMUSCULAR STIM FOR SCOLIOSIS	1/1/2022
E0745	NEUROMUSCULAR STIM FOR SHOCK	1/1/2022
E0746	ELECTROMYOGRAPH BIOFEEDBACK	1/1/2022
E0746	ELECTROMYOGRAPH BIOFEEDBACK	1/1/2022
E0747	OSTEOGEN STIMULATOR NOT SPINAL	1/1/2022
E0748	OSTEOGENIC STIMULATOR SPINAL	1/1/2022
E0749	OSTEOGENESIS STIM SURGICAL IMPLNT	1/1/2022
E0755	ELECTRONIC SALIVARY REFLEX STIMUL	1/1/2022
E0760	OSTEOGEN ULTRASOUND STIMULATOR	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0761	NONTHERM ELECTROMGNTC DEVICE	1/1/2022
E0761	NONTHERM ELECTROMGNTC DEVICE	1/1/2022
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALLACCESSORIES	1/1/2022
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OFAMBULATION W/ COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM	1/1/2022
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OFAMBULATION WITH COMPUTER CONTROL, USED FOR WALKING BY SPINAL CORD INJURED, ENTIRE SYSTEM, AFTER COMPLETION OF TRAINING PROGRAM	1/1/2022
E0765	NERVE STIMULATOR FOR TX N&V	1/1/2022
E0766	ELEC STM DVC CA TX ALL ACC ANY TYPE	1/1/2022
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISECLASSIFIED	1/1/2022
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISECLASSIFIED	1/1/2022
E0779	AMB INFUSION PUMP MECHANICAL	1/1/2022
E0780	MECH AMB INFUSION PUMP <8HRS	1/1/2022
E0781	EXTERNAL AMBULATORY INFUSION PUMP	1/1/2022
E0782	NON-PROGRAMMABLE INFUSION PUMP	1/1/2022
E0782	NON-PROGRAMMABLE INFUSION PUMP	1/1/2022
E0783	PROGRAMMABLE INFUSION PUMP	1/1/2022
E0783	PROGRAMMABLE INFUSION PUMP	1/1/2022
E0784	EXT AMBULATORY INFUSN PUMP INSULIN	1/1/2022
E0785	REPLACEMENT IMPLANT PUMP CATHETER	1/1/2022
E0785	REPLACEMENT IMPLANT PUMP CATHETER	1/1/2022
E0786	IMPLANTABLE PUMP REPLACEMENT	1/1/2022
E0786	IMPLANTABLE PUMP REPLACEMENT	1/1/2022
E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	1/1/2022
E0791	PARENTERAL INFUSION PUMP STATIONARY	1/1/2022
E0830	AMBULATORY TRACTION DEVICE	1/1/2022
E0830	AMBULATORY TRACTION DEVICE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0840	TRACTION FRAME ATTACH TO HEADBOARD	1/1/2022
E0840	TRACTION FRAME ATTACH TO HEADBOARD	1/1/2022
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYINGTRACTION FORCE TO OTHER THAN MANDIBLE	1/1/2022
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYINGTRACTION FORCE TO OTHER THAN MANDIBLE	1/1/2022
E0850	TRACTION STAND FREE STANDING	1/1/2022
E0850	TRACTION STAND FREE STANDING	1/1/2022
E0855	CERVICAL TRACTION EQUIPMENT	1/1/2022
E0855	CERVICAL TRACTION EQUIPMENT	1/1/2022
E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER	1/1/2022
E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR W/ INFLATABLE AIR BLADDER	1/1/2022
E0860	TRACTION EQUIPMENT CERVICAL TRACT	1/1/2022
E0860	TRACTION EQUIPMENT CERVICAL TRACT	1/1/2022
E0870	TRACTION FRAME ATTACH TO FOOTBOARD	1/1/2022
E0880	TRACION STAND FREE STAND EXTREMITY	1/1/2022
E0890	TRACTION FRAME ATTACHED PELVIC	1/1/2022
E0890	TRACTION FRAME ATTACHED PELVIC	1/1/2022
E0900	TRACTION STAND FREE STAND PELVIC	1/1/2022
E0910	TRAPEZE BAR ATTACHED TO BED	1/1/2022
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,ATTACHED TO BED, WITH GRAB BAR	1/1/2022
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,FREE STANDING, COMPLETE WITH GRAB BAR	1/1/2022
E0920	FRACTURE FRAME ATTACHED TO BED	1/1/2022
E0930	FRACTURE FRAME FREE STANDING	1/1/2022
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	1/1/2022
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	1/1/2022
E0940	TRAPEZE BAR FREE STANDING	1/1/2022
E0941	GRAVITY ASSISTED TRACTION DEVICE	1/1/2022
E0942	CERVICAL HEAD HARNESS/HALTER	1/1/2022
E0942	CERVICAL HEAD HARNESS/HALTER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0944	PELVIC BELT/HARNESS/BOOT	1/1/2022
E0944	PELVIC BELT/HARNESS/BOOT	1/1/2022
E0945	BELT/HARNESS EXTREMITY	1/1/2022
E0946	FRACTURE FRAME DUAL W CROSS	1/1/2022
E0947	FRACTURE FRAME ATTACHMNTS PELVIC	1/1/2022
E0948	FRACTURE FRAME ATTACHMNTS CERVICAL	1/1/2022
E0950	TRAY	1/1/2022
E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	1/1/2022
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	1/1/2022
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTINGHARDWARE, EACH	1/1/2022
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXEDMOUNTING HARDWARE, EACH	1/1/2022
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTINGHARDWARE, EACH	1/1/2022
E0958	WHLCHR ATT TO CONV 1 ARM DRIVE	1/1/2022
E0959	AMPUTEE ADAPTER	1/1/2022
E0960	W/C SHOULDER HARNESS/STRAPS	1/1/2022
E0961	WHEELCHAIR BRAKE EXTENSION	1/1/2022
E0966	WHEELCHAIR HEAD REST EXTENSION	1/1/2022
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	1/1/2022
E0968	WHEELCHAIR COMMODE SEAT	1/1/2022
E0969	WHEELCHAIR NARROWING DEVICE	1/1/2022
E0970	WHEELCHAIR NO. 2 FOOTPLATES	1/1/2022
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	1/1/2022
E0973	WHEELCHAIR ADJUSTABLE HEIGHT	1/1/2022
E0974	WHEELCHAIR GRADE-AID	1/1/2022
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	1/1/2022
E0980	WHEELCHAIR SAFETY VEST	1/1/2022
E0981	SEAT UPHOLSTERY, REPLACEMENT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E0982	BACK UPHOLSTERY, REPLACEMENT	1/1/2022
E0983	ADD PWR JOYSTICK	1/1/2022
E0984	ADD PWR TILLER	1/1/2022
E0985	W/C SEAT LIFT MECHANISM	1/1/2022
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH	1/1/2022
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	1/1/2022
E0990	WHELLCHAIR ELEVATING LEG RES	1/1/2022
E0992	WHEELCHAIR SOLID SEAT INSERT	1/1/2022
E0994	WHEELCHAIR ARM REST	1/1/2022
E0995	WHEELCHAIR CALF REST	1/1/2022
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	1/1/2022
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	1/1/2022
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	1/1/2022
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	1/1/2022
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	1/1/2022
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	1/1/2022
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	1/1/2022
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH	1/1/2022
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR	1/1/2022
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	1/1/2022
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	1/1/2022
E1014	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH	1/1/2022
E1015	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	1/1/2022
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH	1/1/2022
E1018	HD SHCK ABSRBER FOR HD POWWC	1/1/2022
E1020	RESIDUAL LIMB SUPPORT SYSTEM	1/1/2022
E1028	W/C MANUAL SWINGAWAY	1/1/2022
E1029	W/C VENT TRAY FIXED	1/1/2022
E1030	W/C VENT TRAY GIMBALED	1/1/2022
E1031	ROLLABOUT CHAIR WITH CASTERS	1/1/2022
E1035	PATIENT TRANSFER SYSTEM	1/1/2022
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT WEIGHT CAPACITY GREATER THAN 300 LBS	1/1/2022
E1037	TRANSPORT CHAIR, PED SIZE	1/1/2022
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300POUNDS	1/1/2022
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN300 POUNDS	1/1/2022
E1050	WHEELCHAIR FIXED FULL LENGTH ARMS	1/1/2022
E1060	WHEELCHAIR DETACHABLE ARMS	1/1/2022
E1070	WHEELCHAIR DETACHABLE FOOT REST	1/1/2022
E1083	HEMI-WHEELCHAIR FIXED ARMS	1/1/2022
E1084	HEMI-WHEELCHAIR DETACHABLE ARMS	1/1/2022
E1085	HEMI-WHEELCHAIR FIXED ARMS	1/1/2022
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS	1/1/2022
E1087	WHEELCHAIR LIGHTWT FIXED ARMS	1/1/2022
E1088	WHEELCHAIR LIGHTWEIGHT DET ARMS	1/1/2022
E1089	WHEELCHAIR LIGHTWT FIXED ARMS	1/1/2022
E1090	WHEELCHAIR LIGHTWEIGHT DET ARMS	1/1/2022
E1092	WHEELCHAIR WIDE W/LEG RESTS	1/1/2022
E1093	WHEELCHAIR WIDE W/FOOT REST	1/1/2022
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E1110	WHEELCHAIR SEMI-RECL DET ARMS	1/1/2022
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	1/1/2022
E1140	WHEELCHAIR STANDARD DETACH ARMS	1/1/2022
E1150	WHEELCHAIR STANDARD W/LEG REST	1/1/2022
E1160	WHEELCHAIR FIXED ARMS	1/1/2022
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	1/1/2022
E1170	WHEELCHAIR AMPU FXD ARM LEG REST	1/1/2022
E1171	WHEELCHAIR AMPUTEE W/O LEG REST	1/1/2022
E1172	WHEELCHAIR AMPUTEE DETACH ARMS	1/1/2022
E1180	WHEELCHAIR AMPUTEE W/FOOT REST	1/1/2022
E1190	WHEELCHAIR AMPUTEE W/LEG REST	1/1/2022
E1195	WHEELCHAIR AMPUTEE HEAVY DUTY	1/1/2022
E1200	WHEELCHAIR AMPUTEE FIXED ARM	1/1/2022
E1220	WHEELCHAIR SPECIAL SIZE/CONSTRUCTION	1/1/2022
E1221	WHEELCHAIR SPECIAL SIZE W/FOOTRESTS	1/1/2022
E1222	WHEELCHAIR SPECIAL SIZE W/LEGRESTS	1/1/2022
E1223	WHEELCHAIR SPECIAL SIZE W/FOOTRESTS	1/1/2022
E1224	WHEELCHAIR SPECIAL SIZE W/LEGRESTS	1/1/2022
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15DEGREES, BUT LESS THAN 80 DEGREES), EACH	1/1/2022
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80DEGREES), EACH	1/1/2022
E1227	WHEELCHAIR SPECIAL SIZE SPEC HT ARM	1/1/2022
E1228	WHEELCHAIR SPECIAL SIZE SPEC HT BK	1/1/2022
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	1/1/2022
E1230	POWER OPERATED VEHICLE	1/1/2022
E1231	RIGID PED W/C TILT-IN-SPACE	1/1/2022
E1232	FOLDING PED WC TILT-IN-SPACE	1/1/2022
E1233	RIG PED WC TLTNPC W/O SEAT	1/1/2022
E1234	FLD PED WC TLTNPC W/O SEAT	1/1/2022
E1235	RIGID PED WC ADJUSTABLE	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E1236	FOLDING PED WC ADJUSTABLE	1/1/2022
E1237	RGD PED WC ADJSTABL W/O SEAT	1/1/2022
E1238	FLD PED WC ADJSTABL W/O SEAT	1/1/2022
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	1/1/2022
E1240	WHEELCHAIR LIGHTWT DET ARM LEG REST	1/1/2022
E1250	WHEELCHAIR LIGHTWT FIXED ARM	1/1/2022
E1260	WHEELCHAIR LIGHTWT FOOT REST	1/1/2022
E1270	WHEELCHAIR LIGHTWT LEG REST	1/1/2022
E1280	WHEELCHAIR HVY DUTY DET ARM LEG RES	1/1/2022
E1285	WHEELCHAIR HEAVY DUTY FIXED	1/1/2022
E1290	WHEELCHAIR HVY DUTY DETACH ARMS	1/1/2022
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	1/1/2022
E1296	WHEELCHAIR SPECIAL SEAT HEIGHT	1/1/2022
E1297	WHEELCHAIR SPECIAL SEAT DEPTH	1/1/2022
E1298	WHEELCHAIR SPEC SEAT DEPTH/WIDTH	1/1/2022
E1352	OXYGEN ACC FLW REG CPBL POS INSP PR	1/1/2022
E1353	OXYGEN SUPPLIES REGULATOR	1/1/2022
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2022
E1355	OXYGEN SUPPLIES STAND/RACK	1/1/2022
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2022
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2022
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2022
E1372	OXYGEN SUPPL HEATER FOR NEBULIZER	1/1/2022
E1390	OXYGEN CONCENTRATOR TO 732 CU FT	1/1/2022
E1391	OXYGEN CONCENTRATOR TO 976 CU FT	1/1/2022
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	1/1/2022
E1399	DURABLE MEDICAL EQUIPMENT MISC	1/1/2022
E1405	OXY/WATER VAPOR ENRICH W/HEATER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E1406	OXY/WATER VAPOR ENRICH W/O HEATER	1/1/2022
E1500	CENTRIFUGE	1/1/2022
E1550	BATH CONDUCTIVITY METER	1/1/2022
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENT	1/1/2022
E1575	TRANSDUCER PROTECTOR/FLUID BARRIER	1/1/2022
E1580	UNIPUNCTURE CONTROL SYSTEM	1/1/2022
E1590	HEMODIALYSIS MACHINE	1/1/2022
E1594	CYCLER DIALYSIS MACHINE	1/1/2022
E1610	REVERSE OSMOSIS WATER PURIFICATION	1/1/2022
E1615	DEIONIZER WATER PURIFICATION	1/1/2022
E1629	TABLO HEMODIALYSIS SYSTEM FOR THE BILLABLE DIALYSIS SERVICE	1/1/2022
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	1/1/2022
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	1/1/2022
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	1/1/2022
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	1/1/2022
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	1/1/2022
E1700	JAW MOTION REHAB SYSTEM	1/1/2022
E1701	REPL CUSHIONS FOR JAW MOTION	1/1/2022
E1702	REPL MEASURING SCALES JAW MOTION	1/1/2022
E1800	ADJUST ELBOW EXT/FLEX DEVICE	1/1/2022
E1801	SPS ELBOW DEVICE	1/1/2022
E1802	ADJUST FOREARM PRO/SUP DEVICE	1/1/2022
E1805	ADJUST WRIST EXT/FLEX DEVICE	1/1/2022
E1806	SPS WRIST DEVICE	1/1/2022
E1810	ADJUST KNEE EXT/FLEX DEVICE	1/1/2022
E1811	SPS KNEE DEVICE	1/1/2022
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	1/1/2022
E1815	ADJUST ANKLE EXT/FLEX DEVICE	1/1/2022
E1816	SPS ANKLE DEVICE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E1816	STATIC PROGRESSIVE STRETCH ANKLE DEVICE, FLEXION AND/OR EXTENSION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022
E1818	SPS FOREARM DEVICE	1/1/2022
E1818	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022
E1820	SOFT INTERFACE MATERIAL	1/1/2022
E1821	REPLACEMENT INTERFACE SPSD	1/1/2022
E1825	ADJUST FINGER EXT/FLEX DEVICE	1/1/2022
E1830	ADJUST TOE EXT/FLEX DEVICE	1/1/2022
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, W/ OR W/OUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022
E1840	ADJ SHOULDER EXT/FLEX DEVICE	1/1/2022
E1841	MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, W/ RANGE OF MOTION ADJUSTABILITY, INCLUDES CUFFS	1/1/2022
E1841	MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH RANGE OF MOTION ADJUSTABILITY, INCLUDES CUFFS	1/1/2022
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	1/1/2022
E1905	VIRTUAL REALITY COGNITIVE BEHAVIORAL THERAPY DEVICE (CBT), INCLUDING PRE-PROGRAMMED THERAPY SOFTWARE	8/15/2023
E2000	GASTRIC SUCTION PUMP HME MDL	1/1/2022
E2100	BLD GLUCOSE MONITOR W VOICE	1/1/2022
E2101	BLD GLUCOSE MONITOR W LANCE	1/1/2022
E2103	NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	5/15/2023
E2120	PULSE GEN SYS TX ENDOLYMP FL	1/1/2022
E2201	MAN W/CH ACC SEAT W>=20 IN <24 IN	1/1/2022
E2202	SEAT WIDTH 24-27 IN	1/1/2022
E2203	FRAME DEPTH LESS THAN 22 IN	1/1/2022
E2204	FRAME DEPTH 22 TO 25 IN	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2022
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	1/1/2022
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	1/1/2022
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	1/1/2022
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	1/1/2022
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2022
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	1/1/2022
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	1/1/2022
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	1/1/2022
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	1/1/2022
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	1/1/2022
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	1/1/2022
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	1/1/2022
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	1/1/2022
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	1/1/2022
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	1/1/2022
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	1/1/2022
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	1/1/2022
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	1/1/2022
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	1/1/2022
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	1/1/2022
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	1/1/2022
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	1/1/2022
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	1/1/2022
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHINGHARDWARE	1/1/2022
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHINGHARDWARE	1/1/2022
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	1/1/2022
E2300	PWR SEAT ELEVATION SYS	1/1/2022
E2301	PWR STANDING	1/1/2022
E2310	ELECTRO CONNECT BTW CONTROL	1/1/2022
E2311	ELECTRO CONNECT BTW 2 SYS	1/1/2022
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	1/1/2022
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	1/1/2022
E2321	HAND INTERFACE JOYSTICK	1/1/2022
E2322	MULT MECH SWITCHES	1/1/2022
E2323	SPECIAL JOYSTICK HANDLE	1/1/2022
E2324	CHIN CUP INTERFACE	1/1/2022
E2325	SIP AND PUFF INTERFACE	1/1/2022
E2326	BREATH TUBE KIT	1/1/2022
E2327	HEAD CONTROL INTERFACE MECH	1/1/2022
E2328	HEAD/EXTREMITY CONTROL INTER	1/1/2022
E2329	HEAD CONTROL NONPROPORTIONAL	1/1/2022
E2330	HEAD CONTROL PROXIMITY SWITC	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E2331	ATTENDANT CONTROL	1/1/2022
E2340	W/C WIDTH 20-23 IN SEAT FRAME	1/1/2022
E2341	W/C WIDTH 24-27 IN SEAT FRAME	1/1/2022
E2342	W/C DPTH 20-21 IN SEAT FRAME	1/1/2022
E2343	W/C DPTH 22-25 IN SEAT FRAME	1/1/2022
E2351	ELECTRONIC SPEECH GENERATING DEVICE INTERFACE	1/1/2022
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NONSEALED LEAD ACID BATTERY, EACH	1/1/2022
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASS MAT)	1/1/2022
E2360	22NF NONSEALED LEADACID	1/1/2022
E2361	22NF SEALED LEADACID BATTERY	1/1/2022
E2362	GR24 NONSEALED LEADACID	1/1/2022
E2363	GR24 SEALED LEADACID BATTERY	1/1/2022
E2364	U1NONSEALED LEADACID BATTERY	1/1/2022
E2365	U1 SEALED LEADACID BATTERY	1/1/2022
E2366	BATTERY CHARGER, SINGLE MODE	1/1/2022
E2367	BATTERY CHARGER, DUAL MODE	1/1/2022
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	1/1/2022
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	1/1/2022
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	1/1/2022
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	1/1/2022
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	1/1/2022
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	1/1/2022
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	1/1/2022
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	1/1/2022
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	1/1/2022
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	1/1/2022
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2022
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	1/1/2022
E2500	SPEECH GENERATING DEVICE DIGITIZED PRE-REC <=8MIN	1/1/2022
E2502	SPEECH GENERATING DEVICE PREREC MSG >8MIN <=20MIN	1/1/2022
E2504	SPEECH GENERATING DEVICE PREREC MSG>20MIN <=40MIN	1/1/2022
E2506	SPEECH GENERATING DEVICE PREREC MSG > 40 MIN	1/1/2022
E2508	SPEECH GENERATING DEVICE SPELLING PHYS CONTACT	1/1/2022
E2510	SPEECH GENERATING DEVICE W MULTI METHODS MSG/ACCS	1/1/2022
E2511	SPEECH GENERATING DEVICE SFTWRE PRGRM FOR PC/PDA	1/1/2022
E2512	SPEECH GENERATING DEVICE ACCESSORY, MOUNTING SYS	1/1/2022
E2599	SPEECH GENERATING DEVICE ACCESSORY NOC	1/1/2022
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1/1/2022
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1/1/2022
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1/1/2022
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1/1/2022
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1/1/2022
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1/1/2022
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22INCHES, ANY DEPTH	1/1/2022
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1/1/2022
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	1/1/2022
E2610	WHEELCHAIR SEAT CUSHION, POWERED	1/1/2022
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2022
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2022
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANYHEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2022
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2022
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES ORGREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2022
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPEMOUNTING HARDWARE	1/1/2022
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	1/1/2022
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTHLESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2022
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2022
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 IN, ANY DEPTH	1/1/2022
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 IN OR GREATER, ANY DEPTH	1/1/2022
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 IN, ANY DEPTH	1/1/2022
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 IN OR GREATER, ANY DEPTH	1/1/2022
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	1/1/2022
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	1/1/2022
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	1/1/2022
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	1/1/2022
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	1/1/2022
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	1/1/2022
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	1/1/2022
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	1/1/2022
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	1/1/2022
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	1/1/2022
G0151	PT SERVICES, HOME HEALTH, EA 15 MIN	1/1/2022
G0152	OT SERVICES, HOME HEALTH, EA 15 MIN	1/1/2022
G0153	SP SERVICES, HOME HEALTH, EA 15 MIN	1/1/2022
G0155	SW SERVICES, HOME HEALTH, EA 15 MIN	1/1/2022
G0155	SW SERVICES, HOME HEALTH, EA 15 MIN	1/1/2022
G0156	HHA SERVICES, HOME HEALTH, EA 15 MIN	1/1/2022
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE PHYSICAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	1/1/2022
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE OCCUPATIONAL THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES	1/1/2022
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE SPEECH-LANGUAGE PATHOLOGY MAINTENANCE PROGRAM, EACH 15 MINUTES	1/1/2022
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTES (THE PATIENT'S UNDERLYING CONDITION OR COMPLICATION REQUIRES AN RN TO ENSURE THAT ESSENTIAL NONSKILLED CARE ACHIEVES ITS PURPOSE IN THE HOME HEA	1/1/2022
G0166	EXTRNL COUNTERPULSE, PER TX	1/1/2022
G0179	PHYSICIAN RECERTIFICATION SERVICES	1/1/2022
G0180	MD CERTIFICATION HHA PATIENT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
G0181	HOME HEALTH CARE SUPERVISION	1/1/2022
G0182	HOSPICE CARE SUPERVISION	1/1/2022
G0219	PET IMG WHOLBOD MELANO NONCO	1/1/2022
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	1/1/2022
G0252	PET IMAGING INITIAL DX	1/1/2022
G0255	SNCT, PER LIMB, ANY NRV	1/1/2022
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPHY	1/1/2022
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT ARTHROGRAPHY	1/1/2022
G0276	PILD/PLACEBO CONTROL CLIN TR	1/1/2022
G0281	ELEC STIM UNATTEND FOR PRESS	1/1/2022
G0282	ELECT STIM WOUND CARE NOT PD	1/1/2022
G0283	ELEC STIM OTHER THAN WOUND	7/7/2020
G0295	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0329 OR FOR OTHER USES	1/1/2022
G0299	DIRECT SKILLED NURSING SERVICE RN IN HOME HEALTH OR HOSPICE SETI	1/1/2022
G0299	DIRECT SKILLED NURSING SERVICE RN IN HOME HEALTH OR HOSPICE SETI	1/1/2022
G0300	DIRECT SKILLED NURSING SERVICES LPN IN HOME HEALTH OR HOSPICE	1/1/2022
G0300	DIRECT SKILLED NURSING SERVICES LPN IN HOME HEALTH OR HOSPICE	1/1/2022
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL ULCERS, DIABETIC ULCERS AND VENOUS STASIS ULCERS NOT DEMONSTRATING MEASURABLE SIGNS OF HEALING AFTER 30 DAYS OF CONVENTIONAL CARE AS PART OF A THERAPY	1/1/2022
G0330	FACILITY SERVICES FOR DENTAL REHABILITATION PROCEDURE(S) PERFORMED ON A PATIENT WHO REQUIRES MONITORED ANESTHESIA (E.G., GENERAL, INTRAVENOUS SEDATION (MONITORED ANESTHESIA CARE) AND USE OF AN OPERATING ROOM	5/15/2023
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	1/1/2022
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	1/1/2022
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	1/1/2022
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND INFUSION	1/1/2022
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
G0460	AUTOLOGOUS PLATELET RICH PLASMA OR OTHER BLOOD-DERIVED PRODUCT FOR NON-DIABETIC CHRONIC WOUNDS/ULCERS, INCLUDING AS APPLICABLE PHLEBOTOMY, CENTRIFUGATION OR MIXING, AND ALL OTHER PREPARATORY PROCEDURES, ADMINISTRATION AND DRESSINGS, PER TREATMENT	1/1/2022
G0465	AUTOLOGOUS PLATELET RICH PLASMA (PRP) OR OTHER BLOOD-DERIVED PRODUCT FOR DIABETIC CHRONIC WOUNDS/ULCERS, USING AN FDA-CLEARED DEVICE FOR THIS INDICATION, (INCLUDES AS APPLICABLE ADMINISTRATION, DRESSINGS, PHLEBOTOMY, CENTRIFUGATION OR MIXING, AND ALL OTHE	1/1/2022
G0493	SKILLED SERVICES OF A REGISTERED NURSE (RN) FOR THE OBSERVATION AND ASSESSMENT OF THE PATIENT'S CONDITION, EACH 15 MINUTES	1/1/2022
G0515	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT, EACH 15 MINUTES	1/1/2022
G9012	OTHER SPECIFIED CASE MGMT	4/15/2020
G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBER OF SPECIMEN(S)	1/1/2022
G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT (OIVIT) EITHER PULSATILE OR CONTINUOUS, BY ANY MEANS, GUIDED BY THE RESULTS OF MEASUREMENTS FOR: RESPIRATORY QUOTIENT; AND/OR, URINE UREA NITROGEN (UUN); AND/OR, ARTERIAL, VENOUS OR CAPILLARY GLUCOSE; AND/OR POTASS	1/1/2022
G9473	SERVICES PERFORMED BY CHAPLAIN IN THE HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G9474	SERVICES PERFORMED BY DIETARY COUNSELOR IN THE HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G9475	SERVICES PERFORMED BY OTHER COUNSELOR IN THE HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G9476	SERVICES PERFORMED BY VOLUNTEER IN THE HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G9477	SERVICES PERFORMED BY CARE COORDINATOR IN THE HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G9478	SERVICES PERFORMED BY OTHER QUALIFIED THERAPIST IN THE HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G9479	SERVICES PERFORMED BY QUALIFIED PHARMACIST IN THE HOSPICE SETTING, EACH 15 MINUTES	1/1/2022
G9524	PATIENT WAS REFERRED TO HOSPICE CARE	1/1/2022
G9525	DOCUMENTATION OF PATIENT REASON(S) FOR NOT REFERRING TO HOSPICE CARE (E.G., PATIENT DECLINED, OTHER PATIENT REASONS)	1/1/2022
G9526	PATIENT WAS NOT REFERRED TO HOSPICE CARE, REASON NOT GIVEN	1/1/2022
H0010	SUB-ACUTE DETOXIFICATION; RESIDENTIAL ADDICTION PROGRAM INPATIENT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
H0011	ACUTE DETOXIFICATION; RESIDENTIAL ADDICTION PROGRAM INPATIENT	1/1/2022
H0012-HF	SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM OUTPATIENT)	1/1/2022
H0015	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 INTERVENTION, AND ACTIVITY THERAPIES OR EDUCATION	1/1/2022
H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM	1/1/2022
H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM	1/1/2022
H0031	OTPT SRVS TREATMENT - TREATMENT FOR AUTISM SPECTRUM DISORDER	4/15/2020
H0031-HF	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	4/15/2020
H0032	OTPT SRVS TREATMENT - TREATMENT FOR AUTISM SPECTRUM DISORDER	1/1/2022
H0035	PARTIAL HOSPITALIZATION- MENTAL HEALTH/SUBSTANCE ABUSE/EATING DISORDER	1/1/2022
H0047-HF	ALCOHOL AND/ OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED	1/1/2022
H2014	OTPT SRVS TREATMENT - TREATMENT FOR AUTISM SPECTRUM DISORDER	4/15/2020
H2019	OTPT SRVS TREATMENT - TREATMENT FOR AUTISM SPECTRUM DISORDER	4/15/2020
H2035-HF	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	1/1/2022
J0129	INJECTION, ABATACEPT, 10 MG	2/28/2021
J0135	INJECTION, ADALIMUMAB, 20 MG	2/28/2021
J0172	INJECTION, ADUCANUMAB-AVWA, 2 MG	1/1/2022
J0178	INJECTION, AFLIBERCEPT, 1 MG	1/1/2022
J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	1/1/2022
J0180	INJECTION, AGALSIDASE BETA, 1 MG	1/1/2022
J0202	INJECTION, ALEMTUZUMAB, 1 MG	8/15/2018
J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	8/15/2023
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	1/1/2022
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	1/1/2022
J0222	INJECTION, PATISIRAN, 0.1 MG	1/1/2022
J0223	INJECTION, GIVOSIRAN, 0.5 MG	1/1/2022
J0224	INJECTION, LUMASIRAN, 0.5 MG	1/1/2022
J0225	INJECTION, VUTRISIRAN, 1 MG	5/15/2023

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J0256	ALPHA 1-PROTEINASE, PER 500 MG, INJ	1/1/2022
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	1/1/2022
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	1/1/2022
J0490	INJECTION, BELIMUMAB, 10 MG	1/1/2022
J0491	INJECTION, ANIFROLUMAB-FNIA, 1 MG	1/1/2022
J0517	INJECTION, BENRALIZUMAB, 1 MG	1/1/2022
J0567	INJECTION, CERLIPONASE ALFA, 1 MG	1/1/2022
J0584	INJECTION, CERLIPONASE ALFA, 1 MG	1/1/2022
J0585	BOTULINUM TOXIN A, PER UNIT	1/1/2022
J0585	BOTULINUM TOXIN A, PER UNIT	1/1/2022
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS [DYSPORE]	1/1/2022
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1/1/2022
J0587	BOTULINUM TOXIN TYPE B	1/1/2022
J0587	BOTULINUM TOXIN TYPE B	1/1/2022
J0588	INJECTION, INCOBOTULINUMTOXINA, 1 UNIT [XEOMIN]	1/1/2022
J0593	INJECTION, LANADELUMAB-FLYO, 1 MG	1/1/2022
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	1/1/2022
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	1/1/2022
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	1/1/2022
J0599	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS	1/1/2022
J0606	INJECTION, ETELCALCETIDE, 0.1 MG	1/1/2022
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	1/1/2022
J0638	INJECTION, CANAKINUMAB, 1 MG	1/1/2022
J0641	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	1/1/2022
J0642	INJECTION, LEVOLEUCOVORIN, NOT OTHERWISE SPECIFIED, 0.5 MG	1/1/2022
J0717	INJECTION CERTOLIZUMAB PEGOL 1 MG	2/28/2021
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	1/1/2022
J0744	CIPROFLOXACIN IV	1/1/2022
J0775	XIAFLEX	1/1/2022
J0791	INJECTION, CRIZANLIZUMAB-TMCA, 5 MG	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J0800	CORTICOTROPIN, TO 40 UNITS, INJECT	1/1/2022
J0877	INJECTION, DAPTOMYCIN (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J0878, 1 MG	5/15/2023
J0878	INJECTION, DAPTOMYCIN, 1 MG	1/1/2022
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	1/1/2022
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	1/1/2022
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	1/1/2022
J0887	INJECTION EPOETIN BETA 1 MICROGRAM	1/1/2022
J0888	INJECTION EPOETIN BETA 1 MICROGRAM	1/1/2022
J0890	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	1/1/2022
J0891	INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	5/15/2023
J0892	INJECTION, ARGATROBAN (ACCORD), NOT THERAPEUTICALLY EQUIVALENT TO J0884, 1 MG (FOR ESRD ON DIALYSIS)	5/15/2023
J0893	INJECTION, DECITABINE (SUN PHARMA) NOT THERAPEUTICALLY EQUIVALENT TO J0894, 1 MG	5/15/2023
J0896	INJECTION, LUSPATERCEPT-AAMT, 0.25 MG	1/1/2022
J0897	INJECTION, DENOSUMAB, 1 MG	1/1/2022
J0898	INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY EQUIVALENT TO J0883, 1 MG (FOR NON-ESRD USE)	5/15/2023
J0899	INJECTION, ARGATROBAN (AUROMEDICS), NOT THERAPEUTICALLY EQUIVALENT TO J0884, 1 MG (FOR ESRD ON DIALYSIS)	5/15/2023
J1260	DOLASETRON MESYLATE	1/1/2022
J1290	INJECTION, ECALLANTIDE, 1 MG	1/1/2022
J1300	INJECTION, ECULIZUMAB, 10 MG	1/1/2022
J1301	INJECTION, EDARAVONE, 1 MG	1/1/2022
J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	1/1/2022
J1305	INJECTION, EVINACUMAB-DGNB, 5MG	1/1/2022
J1306	INJECTION, INCLISIRAN, 1 MG	1/1/2022
J1322	INJECTION, ELOSULFASE ALFA, 1 MG	1/1/2022
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	1/1/2022
J1411	INJECTION, ETRANACOGENE DEZAPARVOVEC-DRLB, PER THERAPEUTIC DOSE	8/15/2023
J1426	INJECTION, CASIMERSEN, 10 MG	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J1427	INJECTION, VILTOLARSEN, 10 MG	1/1/2022
J1428	INJECTION, ETEPLIRSEN, 10 MG	1/1/2022
J1429	INJECTION, GOLODIRSEN, 10 MG	1/1/2022
J1438	ETANERCEPT INJECTION	2/28/2021
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG	1/1/2022
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	1/1/2022
J1447	INJECTION, TBO-FILGRASTIM, 5 MICROGRAMS	1/1/2022
J1448	INJECTION, TRILACICLIB, 1MG	1/1/2022
J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 MG	8/15/2023
J1456	INJECTION, FOSAPREPITANT (TEVA), NOT THERAPEUTICALLY EQUIVALENT TO J1453, 1 MG	5/15/2023
J1458	INJECTION, GALSULFASE, 1 MG	1/1/2022
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1/1/2022
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	1/1/2022
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG), 100 MG	1/1/2022
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	1/1/2022
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	1/1/2022
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1/1/2022
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1/1/2022
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY), 100 MG	1/1/2022
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	1/1/2022
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	1/1/2022
J1560	GAMMA GLOBULIN, OVER 10 CC, INJECT	1/1/2022
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1/1/2022
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG	1/1/2022
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG	1/1/2022
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	1/1/2022
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	1/1/2022
J1574	INJECTION, GANCICLOVIR SODIUM (EXELA) NOT THERAPEUTICALLY EQUIVALENT TO J1570, 500 MG	5/15/2023
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	1/1/2022
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	1/1/2022
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	7/1/2023
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	1/1/2022
J1602	INJECTION GOLIMUMAB 1 MG FOR IV USE	2/28/2021
J1628	INJECTION GUSELKUMAB 1 MG	2/28/2021
J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	1/1/2022
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	1/1/2022
J1743	INJECTION, IDURSULFASE, 1 MG	1/1/2022
J1744	INJECTION, ICATIBANT, 1 MG	1/1/2022
J1745	INFLIXIMAB INJECTION	2/28/2021
J1747	INJECTION, SPESOLIMAB-SBZO, 1 MG	8/15/2023
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	1/1/2022
J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	1/1/2022
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	1/1/2022
J1830	INTERFERON BETA-1B, PER 0.25MG, INJ	1/1/2022
J1930	INJECTION, LANREOTIDE, 1 MG	1/1/2022
J1931	INJECTION, LARONIDASE, 0.1 MG	1/1/2022
J1952	LEUPROLIDE INJECTABLE, CAMCEVI, 1 MG	1/1/2022
J1954	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (LUTRATE), 7.5 MG	5/15/2023
J2021	INJECTION, LINEZOLID (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J2020, 200 MG	5/15/2023

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J2182	INJECTION, MEPOLIZUMAB, 1 MG	1/1/2022
J2320	NANDROLONE DECANOATE, TO 50 MG, INJ	1/1/2022
J2323	INJECTION, NATALIZUMAB, 1 MG	2/28/2021
J2326	INJECTION, NUSINERSEN, 0.1 MG	1/1/2022
J2327	INJECTION, RISANKIZUMAB-RZAA, INTRAVENOUS, 1 MG	5/15/2023
J2329	INJECTION, UBLITUXIMAB-XIIY, 1MG	7/1/2023
J2350	INJECTION, OCRELIZUMAB, 1 MG	1/1/2022
J2353	OCTREOTIDE INJECTION, DEPOT	1/1/2022
J2354	OCTREOTIDE INJ, NON-DEPOT	1/1/2022
J2356	INJECTION, TEZEPELUMAB-EKKO, 1 MG	1/1/2022
J2357	INJECTION, OMALIZUMAB, 5 MG	1/1/2022
J2427	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE (INVEGA HAFYERA, OR INVEGA TRINZA), 1 MG	7/1/2023
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	1/1/2022
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	1/1/2022
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	1/1/2022
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	1/1/2022
J2505	INJECTION, PEGFILGRASTIM 6MG	1/1/2022
J2506	INJECTION, PEGFILGRASTIM, EXCLUDES BIOSIMILAR, 0.5 MG	1/1/2022
J2507	INJECTION, PEGLOTICASE, 1 MG	1/1/2022
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	1/1/2022
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	1/1/2022
J2779	INJECTION, RANIBIZUMAB, VIA INTRAVITREAL IMPLANT (SUSVIMO), 0.1 MG	1/1/2022
J2786	INJECTION, RESLIZUMAB, 1 MG	1/1/2022
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	1/1/2022
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	1/1/2022
J2941	SOMATROPIN INJECTION	1/1/2022
J2998	INJECTION, PLASMINOGEN, HUMAN-TVMH, 1 MG	1/1/2022
J3010	FENTANYL CITRATE, TO 2 ML, INJECT	1/1/2022
J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J3060	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	1/1/2022
J3110	INJECTION, TERIPARATIDE, 10 MCG	1/1/2022
J3111	INJECTION, ROMOSUZUMAB-AQQG, 1 MG	1/1/2022
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	1/1/2022
J3241	INJECTION, TEPROTUMUMAB-TRBW, 10 MG	1/1/2022
J3245	INJECTION, TILDRAKIZUMAB, 1 MG	2/28/2021
J3262	INJECTION, TOCILIZUMAB, 1 MG	2/28/2021
J3285	INJECTION, TREPROSTINIL, 1 MG	1/1/2022
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	1/1/2022
J3357	INJECTION, USTEKINUMAB, 1 MG	2/28/2021
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	2/28/2021
J3380	INJECTION, VEDOLIZUMAB, 1 MG	2/28/2021
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	1/1/2022
J3397	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG	1/1/2022
J3398	INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES	1/1/2022
J3399	INJECTION, ONASEMNOGENE ABEPARVOVEC-XIOI, PER TREATMENT, UP TO 5X10 <sup>15</sup> VECTOR GENOMES	5/15/2023
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	1/1/2022
J3490	DRUGS UNCLASSIFIED	2/28/2021
J3590	UNCLASSIFIED BIOLOGICS	2/28/2021
J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	1/1/2022
J7175	INJECTION, FACTOR X, (HUMAN), 1 I.U.	1/1/2022
J7177	INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG	1/1/2022
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG	1/1/2022
J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO	1/1/2022
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	1/1/2022
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	1/1/2022
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	1/1/2022
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J7184	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, PER 100 IU VWF:RCO	1/1/2022
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	1/1/2022
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	1/1/2022
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	1/1/2022
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	1/1/2022
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM	1/1/2022
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	1/1/2022
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	1/1/2022
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	1/1/2022
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	1/1/2022
J7194	FACTOR IX, COMPLEX, PER I.U.	1/1/2022
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	1/1/2022
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	1/1/2022
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	1/1/2022
J7198	ANTI-INHIBITOR, PER I.U.	1/1/2022
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	1/1/2022
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	1/1/2022
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	1/1/2022
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	1/1/2022
J7203	INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU	1/1/2022
J7204	INJECTION, FACTOR VIII, ANTIHEMOPHILIC FACTOR (RECOMBINANT), (ESPEROCT), GLYCOPEGYLATED-EXEI, PER IU	1/1/2022
J7205	INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU	1/1/2022
J7207	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	1/1/2022
J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	1/1/2022
J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	1/1/2022
J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	1/1/2022
J7212	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM	1/1/2022
J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2022
J7321	HYAL/DERIV HYALGAN SUPARTZ/VISCO-3 IA INJ-DOSE	1/1/2022
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2022
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	1/1/2022
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	1/1/2022
J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2022
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	1/1/2022
J7327	HYLAN/DERV MONOVISC IA INJ PER DOSE	1/1/2022
J7328	HYALURONAN OR DERIVATIVE, GELSYN-3, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	1/1/2022
J7329	HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2022
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	1/1/2022
J7331	HYALURONAN OR DERIVATIVE, SYNOJOINT, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2022
J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2022
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MCG	1/1/2022
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MCG	1/1/2022
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	1/1/2022
J7608	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER G	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1/1/2022
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	1/1/2022
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	1/1/2022
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME	1/1/2022
J7622	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2022
J7626	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	1/1/2022
J7627	BUDESONIDE (XOLAIR), INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	1/1/2022
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2022
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2022
J7631	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MG	1/1/2022
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	1/1/2022
J7633	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MG	1/1/2022
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25 MILLIGRAM	1/1/2022
J7635	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	1/1/2022
J7636	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2022
J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG [PULMOZYME] [NOT COVERED FOR ASTHMA AND CHRONIC BRONCHITIS]	1/1/2022
J7640	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J7641	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	1/1/2022
J7642	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2022
J7643	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2022
J7644	IPATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	1/1/2022
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2022
J7647	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2022
J7648	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG	1/1/2022
J7649	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	1/1/2022
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2022
J7657	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2022
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	1/1/2022
J7660	J7660 ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2022
J7667	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MILLIGRAMS	1/1/2022
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MG	1/1/2022
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	1/1/2022
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	1/1/2022
J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J7683	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MILLIGRAM	1/1/2022
J7684	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1/1/2022
J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	1/1/2022
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG	1/1/2022
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	1/1/2022
J8700	TEMOZOLMIDE	1/1/2022
J9000	DOXORUBIC HCL, 10 MG	1/1/2022
J9015	ALDESLEUKIN, PER SINGLE USE VIAL	1/1/2022
J9017	ARSENIC TRIOXIDE	1/1/2022
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	1/1/2022
J9020	ASPARAGINASE 10,000 UNITS	1/1/2022
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	1/1/2022
J9023	INJECTION, AVELUMAB, 10 MG	1/1/2022
J9025	INJECTION, AZACITIDINE, 1 MG	1/1/2022
J9027	INJECTION, CLOFARABINE, 1 MG	1/1/2022
J9029	INJECTION, NADOFARAGENE FIRADENOVEC-VNCG, PER THERAPEUTIC DOSE	7/1/2023
J9031	BCG (INTRAVESICAL) PER INSTILLATION	1/1/2022
J9032	CISPLATIN, 50 MG	1/1/2022
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	1/1/2022
J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	1/1/2022
J9035	INJECTION, BEVACIZUMAB, 10 MG	1/1/2022
J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	1/1/2022
J9037	INJECTION, BELANTAMAB MAFODOTIN-BLMF, 0.5 MG	1/1/2022
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	1/1/2022
J9040	BLEOMYCIN SULFATE, 15 UNITS	1/1/2022
J9041	INJECTION, BORTEZOMIB, 0.1 MG	1/1/2022
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	1/1/2022
J9043	INJECTION, CABAZITAXEL, 1 MG	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J9045	CARBOPLATIN, 50 MG	1/1/2022
J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	5/15/2023
J9047	INJECTION, CARFILZOMIB, 1 MG	1/1/2022
J9048	INJECTION, BORTEZOMIB (FRESENIUS KABI), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	5/15/2023
J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT THERAPEUTICALLY EQUIVALENT TO J9041, 0.1 MG	5/15/2023
J9050	CARMUSTINE. 100 MG	1/1/2022
J9055	INJECTION, CETUXIMAB, 10 MG	1/1/2022
J9056	INJECTION, BENDAMUSTINE HYDROCHLORIDE (VIVIMUSTA), 1 MG	7/1/2023
J9058	INJECTION, BENDAMUSTINE HYDROCHLORIDE (APOTEX), 1 MG	7/1/2023
J9059	INJECTION, BENDAMUSTINE HYDROCHLORIDE (BAXTER), 1 MG	7/1/2023
J9060	CISPLATIN POWDER/SOLUTION PER 10 MG	1/1/2022
J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	1/1/2022
J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE-GYNX, 1 MG	7/1/2023
J9065	CLADRIBINE, PER 1 MG, INJECTION	1/1/2022
J9070	CYCLOPHOSPHAMIDE, 100 MG	1/1/2022
J9098	CYTARABINE LIPOSOME	1/1/2022
J9100	CYTARABINE, 100 MG	1/1/2022
J9119	INJECTION, CEMIPIMAB-RWLC, 1 MG	1/1/2022
J9120	DACTINOMYCIN, 0.5 MG	1/1/2022
J9130	DACARBAZINE, 100 MG INJ	1/1/2022
J9144	INJECTION, DARATUMUMAB, 10 MG AND HYALURONIDASE-FIHJ	1/1/2022
J9145	INJECTION, DARATUMUMAB, 10 MG	1/1/2022
J9150	DAUNORUBICIN, 10 MG	1/1/2022
J9151	DAUNORUBICIN CITRATE LIPOSOMAL 10MG	1/1/2022
J9155	INJECTION, DEGARELIX, 1 MG	1/1/2022
J9160	DENILEUKIN DIFTITOX, 300 MCG	1/1/2022
J9165	DIETHYLSTILBESTROL DIPHOSPHTE 250MG	1/1/2022
J9171	INJECTION, DOCETAXEL, 1 MG	1/1/2022
J9173	INJECTION, DURVALUMAB, 10 MG	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J9175	INJECTION, ELLIOTTS B SOLUTION, 1 ML	1/1/2022
J9176	INJECTION, ELOTUZUMAB, 1 MG	1/1/2022
J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV, 0.25 MG	1/1/2022
J9178	INJ, EPIRUBICIN HCL, 2 MG	1/1/2022
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	1/1/2022
J9181	ETOPOSIDE, 10 MG	1/1/2022
J9185	FLUDARABINE PHOSPHATE, 50 MG	1/1/2022
J9190	FLUOROURACIL, 500 MG	1/1/2022
J9200	FLOXURIDINE, 500 MG	1/1/2022
J9201	GEMCITABINE HCL, 200 MG	1/1/2022
J9202	GOSERELIN ACETATE IMPLANT PER 3.6MG	1/1/2022
J9206	IRINOTECAN, 20 MG	1/1/2022
J9207	INJECTION, IXABEPILONE, 1 MG	1/1/2022
J9208	IFOSFOMIDE, 1.0 GM	1/1/2022
J9209	MESNA, 200 MG	1/1/2022
J9211	IDARUBICIN HCL, 5 MG	1/1/2022
J9212	INTERFERON INJ	1/1/2022
J9213	INTERFERON ALFA-2A, 3 MILLION UNITS	1/1/2022
J9214	INTERFERON ALFA-2B, 1 MILLION UNITS	1/1/2022
J9215	INTERFERON ALFA-N3, 250,000 IU	1/1/2022
J9216	INTERFERON GAMMA 1-B,3 MILLION UNIT	1/1/2022
J9217	LEUPROLIDE ACETATE SUSPENSION 7.5MG	1/1/2022
J9218	LEUPROLIDE ACETATE, PER 1 MG	1/1/2022
J9219	LEUPROLIDE ACETATE IMPLANT	1/1/2022
J9225	HISTRELIN IMPLANT, 50 MG	1/1/2022
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	1/1/2022
J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	1/1/2022
J9228	INJECTION, IPILIMUMAB, 1 MG	1/1/2022
J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	1/1/2022
J9230	MECHLORETHAMINE HCL, 10 MG	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J9245	MELPHALAN HCL, 50 MG, INJECTION	1/1/2022
J9247	INJECTION, MELPHALAN FLUFENAMIDE, 1MG	1/1/2022
J9250	METHOTREXATE SODIUM, 5 MG	1/1/2022
J9259	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT) NOT THERAPEUTICALLY EQUIVALENT TO J9264, 1 MG	7/1/2023
J9260	METHOTREXATE SODIUM, 50 MG	1/1/2022
J9261	INJECTION, NELARABINE, 50 MG	1/1/2022
J9262	INJ OMACETAXINE MEPESUCCINAT .01 MG	1/1/2022
J9263	OXALIPLATIN	1/1/2022
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	1/1/2022
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	1/1/2022
J9267	INJECTION, PACLITAXEL, 1 MG	1/1/2022
J9268	PENTOSTATIN, PER 10 MG	1/1/2022
J9270	PLICAMYCIN, 2.5 MG	1/1/2022
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	1/1/2022
J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	1/1/2022
J9280	MITOMYCIN, 5 MG	1/1/2022
J9281	MITOMYCIN PYELOALYCEAL INSTILLATION, 1 MG	1/1/2022
J9285	INJECTION, OLARATUMAB, 10 MG	1/1/2022
J9293	MITOXANTHONE HCL, PER 5 MG	1/1/2022
J9294	INJECTION, C (HOSPIRA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	8/15/2023
J9296	INJECTION, PEMETREXED (ACCORD) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	8/15/2023
J9297	INJECTION, PEMETREXED (SANDOZ), NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	8/15/2023
J9299	INJECTION, NIVOLUMAB, 1 MG	1/1/2022
J9301	INJECTION OBINUTUZUMAB 10 MG	1/1/2022
J9302	INJECTION, OFATUMUMAB, 10 MG	1/1/2022
J9303	INJECTION, PANITUMUMAB, 10 MG	1/1/2022
J9305	INJECTION, PEMETREXED, 10 MG	1/1/2022
J9306	INJECTION, PERTUZUMAB, 1 MG	1/1/2022
J9307	INJECTION, PRALATREXATE, 1 MG	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J9308	INJECTION, RAMUCIRUMAB, 5 MG	1/1/2022
J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	1/1/2022
J9310	J9310INJECTION, RITUXIMAB, 100 MG	1/1/2022
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE	2/28/2021
J9312	INJECTION RITUXIMAB 10 MG	2/28/2021
J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	1/1/2022
J9314	INJECTION, PEMETREXED (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	5/15/2023
J9315	INJECTION, ROMIDEPSIN, 1 MG	1/1/2022
J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	1/1/2022
J9317	INJECTION, SACITUZUMAB GOVITECAN-HZIY, 2.5 MG	1/1/2022
J9320	STREPTOZOCIN, 1.0 GM	1/1/2022
J9322	INJECTION, PEMETREXED (BLUEPOINT) NOT THERAPEUTICALLY EQUIVALENT TO J9305, 10 MG	7/1/2023
J9323	INJECTION, PEMETREXED DITROMETHAMINE, 10 MG	7/1/2023
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	1/1/2022
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	1/1/2022
J9330	INJECTION, TEMSIROLIMUS, 1 MG	1/1/2022
J9331	INJECTION, SIROLIMUS PROTEIN-BOUND PARTICLES, 1 MG	1/1/2022
J9332	INJECTION, EFGARTIGIMOD ALFA-FCAB, 2MG	1/1/2022
J9340	THIOTEPA, 15 GM	1/1/2022
J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	7/1/2023
J9348	INJECTION, NAXITAMAB-GQGK, 1 MG	1/1/2022
J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	1/1/2022
J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	7/1/2023
J9351	INJECTION, TOPOTECAN, 0.1 MG	1/1/2022
J9353	INJECTION, MARGETUXIMAB-CMKB, 5 MG	1/1/2022
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	1/1/2022
J9355	TRASTUZUMAB	1/1/2022
J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	1/1/2022
J9357	VALRUBICIN, 200 MG	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECAN-NXKI, 1 MG	1/1/2022
J9360	VINBLASTINE SULFATE, 1 MG	1/1/2022
J9370	VINCRISTINE SULFATE, 1 MG	1/1/2022
J9371	INJ VINCRISTINE SULF LIPOSOME 1 MG	1/1/2022
J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	7/1/2023
J9381	INJECTION, TEPLIZUMAB-MZWV, 5 MCG	7/1/2023
J9390	VINORELBINE TARTRATE, PER 10 MG	1/1/2022
J9393	INJECTION, FULVESTRANT (TEVA) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG	5/15/2023
J9394	INJECTION, FULVESTRANT (FRESENIUS KABI) NOT THERAPEUTICALLY EQUIVALENT TO J9395, 25 MG	5/15/2023
J9395	INJECTION, FULVESTRANT	1/1/2022
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	1/1/2022
J9600	PORFIMER SODIUM, 75 MG	1/1/2022
J9999	CHEMOTHERAPY DRUG NOC	2/28/2021
K0001	STANDARD WHEELCHAIR	1/1/2022
K0002	STND HEMI (LOW SEAT) WHEELCHAIR	1/1/2022
K0003	LIGHTWEIGHT WHEELCHAIR	1/1/2022
K0004	HIGH STRENGTH LTWT WHEELCHAIR	1/1/2022
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	1/1/2022
K0006	HEAVY DUTY WHEELCHAIR	1/1/2022
K0007	EXTRA HEAVY DUTY WHEELCHAIR	1/1/2022
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	1/1/2022
K0009	OTHER MANUAL WHEELCHAIR/BASE	1/1/2022
K0010	STND WT FRAME POWER WHEELCHAIR	1/1/2022
K0011	STND WT PWR WHEELCHAIR W CONTROL	1/1/2022
K0012	LTWT PORTBLE POWER WHEELCHAIR	1/1/2022
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	1/1/2022
K0014	OTHER POWER WHEELCHAIR BASE	1/1/2022
K0015	DETACH NON-ADJUS HGHT ARMREST	1/1/2022
K0017	DETACH ADJUST ARMREST BASE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
K0018	DETACH ADJUST ARMREST UPPER	1/1/2022
K0019	ARM PAD EACH	1/1/2022
K0020	FIXED ADJUST ARMREST PAIR	1/1/2022
K0037	HIGH MOUNT FLIP-UP FOOTREST	1/1/2022
K0038	LEG STRAP EACH	1/1/2022
K0039	LEG STRAP H STYLE EACH	1/1/2022
K0040	ADJUSTABLE ANGLE FOOTPLATE	1/1/2022
K0041	LARGE SIZE FOOTPLATE EACH	1/1/2022
K0042	STANDARD SIZE FOOTPLATE EACH	1/1/2022
K0043	FOOTREST LOWER EXTENSION TUBE	1/1/2022
K0044	FOOTREST UPPER HANGER BRACKET	1/1/2022
K0045	FOOTREST COMPLETE ASSEMBLY	1/1/2022
K0046	ELEVATING LEGREST LOW EXTENSION	1/1/2022
K0047	ELEVATING LEGREST UP HANGER BRACKET	1/1/2022
K0050	RATCHET ASSEMBLY	1/1/2022
K0051	CAM RELEASE ASSEMBLY FOOT/LEG REST	1/1/2022
K0052	SWINGAWAY DETACH FOOTREST	1/1/2022
K0053	ELEVATE FOOTREST ARTICULATE	1/1/2022
K0056	SEAT HT <17 OR <=21 LTWT WHEELCHAIR	1/1/2022
K0065	SPOKE PROTECTORS	1/1/2022
K0069	REAR WHEEL COMPLETE SOLID TIRE	1/1/2022
K0070	REAR WHEEL COMPLETE PNEUM TIRE	1/1/2022
K0071	FRONT CASTER COMPLETE PNEUM TIRE	1/1/2022
K0072	FRONT CASTER COMPLETE SEMIPNEUM TIRE	1/1/2022
K0073	CASTER PIN LOCK EACH	1/1/2022
K0077	FRONT CASTER ASSEMBLY COMPLETE	1/1/2022
K0098	DRIVE BELT POWER WHEELCHAIR	1/1/2022
K0108	OTHER ACCESSORIES	1/1/2022
K0195	ELEVATING WHEELCHAIR LEG RESTS	1/1/2022
K0455	PUMP UNINTERRUPTED INFUSION	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
K0462	TEMPORARY REPLACEMENT EQPMNT	1/1/2022
K0552	SUPPL EXT INF PUMP	1/1/2022
K0601	REPL BATT SILVER OXIDE 1.5 V	1/1/2022
K0602	REPL BATT SILVER OXIDE 3 V	1/1/2022
K0603	REPL BATT ALKALINE 1.5 V	1/1/2022
K0604	REPL BATT LITHIUM 3.6 V	1/1/2022
K0605	REPL BATT LITHIUM 4.5 V	1/1/2022
K0606	AUTO EXTRN DEFIB W/ECG ANALY GARMNT	1/1/2022
K0607	REPLC BATRY, AUTO EXTRNL DEFIB, EA	1/1/2022
K0608	REPLC GRMNT, AUTO EXTRNL DEFIB, EA	1/1/2022
K0609	REPLC ELCTRD, AUTO EXTRNL DEFIB, EA	1/1/2022
K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFICCODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM SADMERC	1/1/2022
K0672	ADDITION TO LOWER EXTREMITY ORTHOTIC, REMOVABLE SOFT INTERFACE, ALL COMPONENTS, REPLACEMENT ONLY, EACH	1/1/2022
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	1/1/2022
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH(E.G., GEL CELL, ABSORBED GLASSMAT)	1/1/2022
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLEOXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER,HUMIDIFIER, CANNULA OR MASK, AND TUBING	1/1/2022
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	1/1/2022
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	1/1/2022
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	1/1/2022
K0744	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE 16 SQ IN OR LESS	1/1/2022
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE MORE THAN 16 SQ IN BUT LESS THAN OR EQUAL TO 48 SQ IN	1/1/2022
K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD SIZE GREATER THAN 48 SQ IN	1/1/2022
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO ANDINCLUDING 300 POUNDS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450POUNDS	1/1/2022
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO600 POUNDS	1/1/2022
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO ANDINCLUDING 300 POUNDS	1/1/2022
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450POUNDS	1/1/2022
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO600 POUNDS	1/1/2022
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	1/1/2022
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHTCAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHTCAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UPTO AND INCLUDING 300 POUNDS	1/1/2022
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENTWEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHTCAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHTCAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UPTO AND INCLUDING 300 POUNDS	1/1/2022
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHTCAPACITY 301 TO 450 POUNDS	1/1/2022
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY301 TO 450 POUNDS	1/1/2022
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENTWEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2022
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHTCAPACITY 451 TO 600 POUNDS	1/1/2022
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENTWEIGHT CAPACITY 601 POUNDS OR MORE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601POUNDS OR MORE	1/1/2022
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENTWEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2022
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR,PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2022
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2022
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1/1/2022
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2022
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHTCAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UPTO AND INCLUDING 300 POUNDS	1/1/2022
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHTCAPACITY 301 TO 450 POUNDS	1/1/2022
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY301 TO 450 POUNDS	1/1/2022
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENTWEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2022
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHTCAPACITY 451 TO 600 POUNDS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENTWEIGHT CAPACITY 601 POUNDS OR MORE	1/1/2022
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHTCAPACITY 601 POUNDS OR MORE	1/1/2022
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS	1/1/2022
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR,PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2022
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2022
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2022
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2022
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1/1/2022
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHTCAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UPTO AND INCLUDING 300 POUNDS	1/1/2022
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHTCAPACITY 301 TO 450 POUNDS	1/1/2022
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENTWEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2022
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR,PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	1/1/2022
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2022
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2022
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	1/1/2022
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLIDSEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	1/1/2022
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	1/1/2022
K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	1/1/2022
K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	1/1/2022
K0901	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	1/1/2022
K0902	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	1/1/2022
K1002	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, ANY TYPE	1/1/2022
K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2022
L0112	CRANIAL CERVICAL ORTHOSIS	1/1/2022
L0113	CRANIAL CERVICAL ORTHOTIC, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITHOUT SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L0120	CERV FLEXIBLE NON-ADJUSTABLE	1/1/2022
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	1/1/2022
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	1/1/2022
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L0170	CERVICAL COLLAR MOLDED TO PATIENT	1/1/2022
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO-PIECE, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	1/1/2022
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	1/1/2022
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	1/1/2022
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	1/1/2022
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED	1/1/2022
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S),	1/1/2022
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUC	1/1/2022
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER	1/1/2022
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SO	1/1/2022
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RES	1/1/2022
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED ITEM TH	1/1/2022
L0470	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-TH	1/1/2022
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, R	1/1/2022
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STER	1/1/2022
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTC	1/1/2022
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STER	1/1/2022
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTC	1/1/2022
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTC	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMP	1/1/2022
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGIDPLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION ANDTERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THESYMPHYSIS PUBIS TO THE XIPHOID, SOFT L	1/1/2022
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGIDPLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION ANDTERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THESYMPHYSIS PUBIS TO THE XIPHOID, SOFT	1/1/2022
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTIONABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUSABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTIONABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUSABDOMEN DESIGN, CUSTOM FABRICATED	1/1/2022
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	1/1/2022
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STR	1/1/2022
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOREXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TOREDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDEPADDING, STAYS, SHOULDER ST	1/1/2022
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOU	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHO	1/1/2022
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOU	1/1/2022
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PAD	1/1/2022
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY	1/1/2022
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY	1/1/2022
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD	1/1/2022
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOA	1/1/2022
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATE	1/1/2022
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERA	1/1/2022
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO R	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO R	1/1/2022
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBR	1/1/2022
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBR	1/1/2022
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	1/1/2022
L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	1/1/2022
L0810	HALO CERVICAL INTO JACKET VEST	1/1/2022
L0820	HALO CERVICAL INTO BODY JACKET	1/1/2022
L0830	HALO CERV INTO MILWAUKEE TYPE	1/1/2022
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGSAND PINS, ANY MATERIAL	1/1/2022
L0861	HALO REPL LINER/INTERFACE	1/1/2022
L0970	TLSO CORSET FRONT	1/1/2022
L0972	LSO CORSET FRONT	1/1/2022
L0974	TLSO FULL CORSET	1/1/2022
L0976	LSO FULL CORSET	1/1/2022
L0978	AXILLARY CRUTCH EXTENSION	1/1/2022
L0980	PERONEAL STRAPS PAIR	1/1/2022
L0982	STOCKING SUPPORT GRIPS SET OF FOUR	1/1/2022
L0984	PROTECTIVE BODY SOCK EACH	1/1/2022
L0999	ADDITION TO SPINAL ORTHOSIS NOS	1/1/2022
L1000	CTLSO MILWAUKEE INITIAL MODEL	1/1/2022
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L1005	TENSION BASED SCOLIOSIS ORTH	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L1010	CTLSO AXILLA SLING	1/1/2022
L1020	KYPHOSIS PAD	1/1/2022
L1025	KYPHOSIS PAD FLOATING	1/1/2022
L1030	LUMBAR BOLSTER PAD	1/1/2022
L1040	LUMBAR OR LUMBAR RIB PAD	1/1/2022
L1050	STERNAL PAD	1/1/2022
L1060	THORACIC PAD	1/1/2022
L1070	TRAPEZIUS SLING	1/1/2022
L1080	OUTRIGGER	1/1/2022
L1085	OUTRIGGER BILAT W/VERT EXTENSION	1/1/2022
L1090	LUMBAR SLING	1/1/2022
L1100	RING FLANGE PLASTIC/LEATHER	1/1/2022
L1110	RING FLANGE PLASTOC/LEATHER MOLDED	1/1/2022
L1120	COVERS FOR UPRIGHT EACH	1/1/2022
L1200	FURNISHING INITIAL ORTHOSIS ONLY	1/1/2022
L1210	LATERAL THORACIC EXTENSION	1/1/2022
L1220	ANTERIOR THORACIC EXTENSION	1/1/2022
L1230	MILWAUKEE TYPE SUPERSTRUCTURE	1/1/2022
L1240	LUMBAR DEROTATION PAD	1/1/2022
L1250	ANTERIOR ASIS PAD	1/1/2022
L1260	ANTERIOR THORACIC DEROTATION	1/1/2022
L1270	ABDOMINAL PAD	1/1/2022
L1280	RIB GUSSET (ELASTIC) EACH	1/1/2022
L1290	LATERAL TROCHANTERIC PAD	1/1/2022
L1300	BODY JACKET MOLD TO PATIENT	1/1/2022
L1310	POST-OPERATIVE BODY JACKET	1/1/2022
L1499	UNLISTED PROC FOR SPINAL ORTHOSIS	1/1/2022
L1600	ABDUCT HIP FLEX FREJKA W/COVER	1/1/2022
L1610	ABDUCT HIP FLEX FREJKA COVER ONLY	1/1/2022
L1620	ABDUCT HIP FLEX PAVLIK HARNESS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L1630	ABDUCT CONTROL HIP SEMI-FLEXIBLE	1/1/2022
L1640	PELV BAND/SPREAD BAR THIGH CUFFS	1/1/2022
L1650	ABDUCT HIP ADJUSTABLE CUSTOM FIT	1/1/2022
L1652	HO BI THIGHCUFFS W SPRDR BAR	1/1/2022
L1660	ABDUCT HIP PLASTIC CUSTOM FIT	1/1/2022
L1680	PELVIC & HIP CONTROL THIGH CUFFS	1/1/2022
L1685	POST-OP HIP ABDUCT CUSTOM FAB	1/1/2022
L1686	POST-OP HIP ABDUCT CUSTOM FIT	1/1/2022
L1690	COMBINATION BILATERAL HO	1/1/2022
L1700	LEG PERTHES ORTHOSIS TORONTO TYPE	1/1/2022
L1710	LEGG PERTHES ORTHOSIS NEWINGTON	1/1/2022
L1720	LEGG PERTHES ORTHOSIS TRILATERAL	1/1/2022
L1730	LEGG PERTHES ORTHOSIS SCOTTISH RITE	1/1/2022
L1755	LEGG PERTHES PATTEN BOTTOM TYPE	1/1/2022
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1/1/2022
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLARCONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONALORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L1834	KNEE ORTHOSIS WITHO JOINT RIGID MOLD TO PATIENT	1/1/2022
L1836	RIGID KNEE ORTHOSIS WO JOINTS	1/1/2022
L1840	KNEE ORTHOSIS DEROTATION ANT CRUCIATE CUSTOM	1/1/2022
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION ANDEXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATIONCONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION ANDEXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATIONCONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	1/1/2022
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION ANDEXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATIONCONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT	1/1/2022
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION ANDEXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATIONCONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	1/1/2022
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1/1/2022
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM FABRICATED (SK)	1/1/2022
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM FABRICATED	1/1/2022
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED	1/1/2022
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L1907	ANKLE ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	1/1/2022
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM FABRICATED	1/1/2022
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM FABRICATED	1/1/2022
L1945	AFO MOLDED PLASTIC RIGID ANT TIBIAL	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM FABRICATED	1/1/2022
L1951	ANKLE FOOT ORTHOSIS SPIRAL PREFABRICATED	1/1/2022
L1960	ANKLE FOOT ORTHOSIS POST SOLID ANKLE PLAST MOLDED	1/1/2022
L1970	ANKLE FOOT ORTHOSIS PLASTIC MOLDED WITHANKLE JOINT	1/1/2022
L1971	ANKLE FOOT ORTHOSIS WITHANKLE JOINT, PREFAB	1/1/2022
L1980	ANKLE FOOT ORTHOSIS SINGLE SOLID STIRRUP CALF	1/1/2022
L1990	ANKLE FOOT ORTHOSIS DOUBLE SOLID STIRRUP CALF	1/1/2022
L2000	KNEE ANKLE FOOT ORTHOSIS SNGL FREE KNEE STIRUP THI/CALF	1/1/2022
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCECONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTIVATION,INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	1/1/2022
L2010	KNEE ANKLE FOOT ORTHOSIS SNGL SOLID STIRRUP WITHO JOINT	1/1/2022
L2020	KNEE ANKLE FOOT ORTHOSIS DBL SOLID STIRRUP BAND/CUFFS	1/1/2022
L2030	KNEE ANKLE FOOT ORTHOSIS DBL SOLID STIRRUP WITHO JOINT	1/1/2022
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREEMOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTIONANKLE, CUSTOM FABRICATED	1/1/2022
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREEMOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREEMOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1/1/2022
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREEMOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	1/1/2022
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE,MULTI-AXIS ANKLE, CUSTOM FABRICATED	1/1/2022
L2040	HIP KNEE ANKLE FOOT ORTHOSIS TORSION BILAT ROT STRAPS	1/1/2022
L2050	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CABLE HIP PELV BAND	1/1/2022
L2060	HIP KNEE ANKLE FOOT ORTHOSIS TORSION BALL BEARING JOINT	1/1/2022
L2070	HIP KNEE ANKLE FOOT ORTHOSIS TORSION UNILAT ROT STRAP	1/1/2022
L2080	HIP KNEE ANKLE FOOT ORTHOSIS UNILAT TORSION CABLE	1/1/2022
L2090	HIP KNEE ANKLE FOOT ORTHOSIS UNILAT TORSION BALL BEARING	1/1/2022
L2106	ANKLE FOOT ORTHOSIS TIBIAL FRACTURE CAST PLASTER MOLDED	1/1/2022
L2108	ANKLE FOOT ORTHOSIS TIBIAL FRACTURE CAST MOLDED	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L2112	ANKLE FOOT ORTHOSIS TIBIAL FRACTURE SOFT CUSTOM FITTED	1/1/2022
L2114	ANKLE FOOT ORTHOSIS TIBIAL FRACTURE SEMI-RIGID CUSTOM	1/1/2022
L2116	ANKLE FOOT ORTHOSIS TIBIAL FRACTURE RIGID CUSTOM FITTED	1/1/2022
L2126	KNEE ANKLE FOOT ORTHOSIS FEM FRACTURE CAST THERMOPLASTIC	1/1/2022
L2128	KNEE ANKLE FOOT ORTHOSIS FEM FRACTURE CAST MOLDED	1/1/2022
L2132	KNEE ANKLE FOOT ORTHOSIS FEM FRACTURE CAST SOFT CUSTOM FIT	1/1/2022
L2134	KNEE ANKLE FOOT ORTHOSIS FEM FRACTURE CAST SEMI-RIG CUSTOM FT	1/1/2022
L2136	KNEE ANKLE FOOT ORTHOSIS FEM FRACTURE CAST RIGID CUSTOM FIT	1/1/2022
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	1/1/2022
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	1/1/2022
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	1/1/2022
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	1/1/2022
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	1/1/2022
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	1/1/2022
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	1/1/2022
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	1/1/2022
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	1/1/2022
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	1/1/2022
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	1/1/2022
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLEFOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	1/1/2022
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	1/1/2022
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	1/1/2022
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	1/1/2022
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD	1/1/2022
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	1/1/2022
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	1/1/2022
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	1/1/2022
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	1/1/2022
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSISONLY	1/1/2022
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOMFABRICATED ORTHOSIS ONLY	1/1/2022
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	1/1/2022
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	1/1/2022
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	1/1/2022
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	1/1/2022
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	1/1/2022
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	1/1/2022
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	1/1/2022
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	1/1/2022
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEEANKLE FOOT ORTHOSIS, EACH JOINT	1/1/2022
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	1/1/2022
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	1/1/2022
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	1/1/2022
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	1/1/2022
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	1/1/2022
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	1/1/2022
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	1/1/2022
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	1/1/2022
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	1/1/2022
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	1/1/2022
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	1/1/2022
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	1/1/2022
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	1/1/2022
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	1/1/2022
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	1/1/2022
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	1/1/2022
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	1/1/2022
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	1/1/2022
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	1/1/2022
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	1/1/2022
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	1/1/2022
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	1/1/2022
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	1/1/2022
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	1/1/2022
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	1/1/2022
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	1/1/2022
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	1/1/2022
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	1/1/2022
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	1/1/2022
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	1/1/2022
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALLHYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	1/1/2022
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	1/1/2022
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	1/1/2022
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	1/1/2022
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	1/1/2022
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	1/1/2022
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	1/1/2022
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	1/1/2022
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	1/1/2022
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	1/1/2022
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	1/1/2022
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	1/1/2022
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	1/1/2022
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	1/1/2022
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	1/1/2022
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	1/1/2022
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	1/1/2022
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	1/1/2022
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	1/1/2022
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	1/1/2022
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	1/1/2022
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	1/1/2022
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	1/1/2022
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	1/1/2022
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	1/1/2022
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	1/1/2022
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	1/1/2022
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	1/1/2022
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	1/1/2022
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	1/1/2022
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	1/1/2022
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	1/1/2022
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	1/1/2022
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	1/1/2022
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	1/1/2022
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	1/1/2022
L3208	SURGICAL BOOT EACH INFANT	1/1/2022
L3209	SURGICAL BOOT EACH CHILD	1/1/2022
L3211	SURGICAL BOOT EACH JUNIOR	1/1/2022
L3212	BENESCH BOOT PAIR INFANT	1/1/2022
L3213	BENESCH BOOT PAIR CHILD	1/1/2022
L3214	BENESCH BOOT PAIR JUNIOR	1/1/2022
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	1/1/2022
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	1/1/2022
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	1/1/2022
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	1/1/2022
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	1/1/2022
L3224	WOMANS SHOE OXFORD BRACE	1/1/2022
L3225	MANS SHOE OXFORD BRACE	1/1/2022
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	1/1/2022
L3250	CUSTOM MOLD SHOE REMOVABLE PROSTH	1/1/2022
L3251	SHOE MOLDED TO PT SILICONE SHOE	1/1/2022
L3252	SHOE MOLDED PLASTAZOTE CUSTOM FAB	1/1/2022
L3253	SHOE MOLDED PLASTAZOTE CUSTOM FIT	1/1/2022
L3254	ORTH FOOT NON-STANDARD SIZE/WIDTH	1/1/2022
L3255	ORTH FOOT NON-STANDARD SIZE/LENGTH	1/1/2022
L3257	ORTH FOOT ADD CHARGE SPLIT SIZE	1/1/2022
L3260	AMBULATORY SURGICAL BOOT EACH	1/1/2022
L3265	PLASTAZOTE SANDAL EACH	1/1/2022
L3300	SHOE LIFT TAPER TO METATARSAL	1/1/2022
L3310	SHOE LIFT ELEV HEEL/SOLE NEOPRENE	1/1/2022
L3320	SHOE LIFT ELEV HEEL/SOLE CORK	1/1/2022
L3330	LIFTS ELEVATION METAL EXTENSION	1/1/2022
L3332	SHOE LIFTS TAPERED TO ONE-HALF INCH	1/1/2022
L3334	SHOE LIFTS ELEVATION HEEL PER INCH	1/1/2022
L3340	SHOE WEDGE SACH	1/1/2022
L3350	SHOE HEEL WEDGE	1/1/2022
L3360	SHOE SOLE WEDGE OUTSIDE SOLE	1/1/2022
L3370	SHOE SOLE WEDGE BETWEEN SOLE	1/1/2022
L3380	SHOE CLUBFOOT WEDGE	1/1/2022
L3390	SHOE OUTFLARE WEDGE	1/1/2022
L3400	SHOE METATARSAL BAR WEDGE ROCKER	1/1/2022
L3410	SHOE METATARSAL BAR BETWEEN SOLE	1/1/2022
L3420	FULL SOLE/HEEL WEDGE BETWEEN SOLE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L3430	SHOE HEEL COUNT PLASTIC REINFORCED	1/1/2022
L3440	HEEL LEATHER REINFORCED	1/1/2022
L3450	SHOE HEEL SACH CUSHION TYPE	1/1/2022
L3455	SHOE HEEL NEW LEATHER STANDARD	1/1/2022
L3460	SHOE HEEL NEW RUBBER STANDARD	1/1/2022
L3465	SHOE HEEL THOMAS WITH WEDGE	1/1/2022
L3470	SHOE HEEL THOMAS EXTEND TO BALL	1/1/2022
L3480	SHOE HEEL PAD & DEPRESS FOR SPUR	1/1/2022
L3485	SHOE HEEL PAD REMOVABLE FOR SPUR	1/1/2022
L3500	SHOE MISC ADDITION INSOLE LEATHER	1/1/2022
L3510	SHOE MISC ADDITION INSOLE RUBBER	1/1/2022
L3520	SHOE INSOLE FELT COVER W/LEATHER	1/1/2022
L3530	SHOE MISC ADDITION SOLE HALF	1/1/2022
L3540	SHOE MISC ADDITION SOLE FULL	1/1/2022
L3550	SHOE MISC ADD TOE TAP STANDARD	1/1/2022
L3560	SHOE MISC ADD TOE TAP HORSESHOE	1/1/2022
L3570	SHOE SPECIAL EXTENSION TO INSTEP	1/1/2022
L3580	SHOE CONVERT INSTEP VELCRO CLOSURE	1/1/2022
L3590	SHOE CONVERT FIRM TO SOFT COUNTER	1/1/2022
L3595	SHOE MISC ADDITIONS MARCH BAR	1/1/2022
L3600	TRANSFER SHOE CALIPER PLATE EXIST	1/1/2022
L3610	TRANSFER SHOE CALIPER PLATE NEW	1/1/2022
L3620	TRANSFER SHOE SOLID STIRRUP EXIST	1/1/2022
L3630	TRANSFER SHOE SOLID STIRRUP NEW	1/1/2022
L3640	SHOE DENNIS BROWNE SPLINT BOTH SHOE	1/1/2022
L3649	UNLIST PROC ORTH SHOE MODIF/XFERS	1/1/2022
L3650	SHOULDER FIG 8 ABDUCT RESTRAINER	1/1/2022
L3660	ABDUCT RESTRAINER CANVAS & WEBBING	1/1/2022
L3670	ACROMIO/CLAVICULAR CANVAS & WEBBING	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L3671	SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFTINTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3674	SHOULDER ORTHOTIC, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L3677	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1/1/2022
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM FABRICATED	1/1/2022
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM FABRICATED	1/1/2022
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM FABRICATED	1/1/2022
L3760	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1/1/2022
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTICBANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED,INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFTINTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS,ELASTIC BANDS, TURNUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTICBANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1/1/2022
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACEMATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	1/1/2022
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	1/1/2022
L3900	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM FABRICATED	1/1/2022
L3901	WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM FABRICATED	1/1/2022
L3904	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM FABRICATED	1/1/2022
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS,TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDESFITTING AND ADJUSTMENT	1/1/2022
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L3912	HAND FINGER ORTHOSIS (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS,TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDESFITTING AND ADJUSTMENT	1/1/2022
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS,TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDESFITTING AND ADJUSTMENT	1/1/2022
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3925	FINGER ORTHOTIC (FO), PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NONTORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3927	FINGER ORTHOTIC (FO), PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G., STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3929	HAND-FINGER ORTHOTIC (HFO), INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3931	WRIST-HAND-FINGER ORTHOTIC (WHFO), INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED,INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOMFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	1/1/2022
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAYINCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING ANDADJUSTMENT	1/1/2022
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN),THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE,STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORENONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE,STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND A	1/1/2022
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	1/1/2022
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS HUMERAL	1/1/2022
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS RAD/ULNAR	1/1/2022
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS WRIST	1/1/2022
L3995	SOCK FRACTURE OR EQUAL EACH	1/1/2022
L3999	UNLISTED PROC UPPER LIMB ORTHOSIS	1/1/2022
L4000	REPLACE GIRDLE MILWAUKEE ORTHOSIS	1/1/2022
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	1/1/2022
L4010	REPLACE TRILATERAL SOCKET BRIM	1/1/2022
L4020	REPLACE QUADLAT SOCKET BRIM MOLDED	1/1/2022
L4030	REPLACE SOCKET BRIM CUST FITTED	1/1/2022
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	1/1/2022
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	1/1/2022
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	1/1/2022
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	1/1/2022
L4060	REPLACE HIGH ROLL CUFF	1/1/2022
L4070	REPLACE PROX/DIST UPRIGHT FOR KNEE ANKLE FOOT ORTHOSIS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L4080	REPL METAL BAND KNEE ANKLE FOOT ORTHOSIS-AFO PROX/THIGH	1/1/2022
L4090	REPL METAL BAND KNEE ANKLE FOOT ORTHOSIS-AFO CALF/DIST	1/1/2022
L4100	REPL LEATHER CUFF KNEE ANKLE FOOT ORTHOSIS PROX THIGH	1/1/2022
L4110	REPL LEATH CUFF KNEE ANKLE FOOT ORTHOSIS-AFO CALF/THIGH	1/1/2022
L4130	REPLACE PRETIBIAL SHELL	1/1/2022
L4205	ORTHOTIC DEVICE REPAIR, PER 15 MIN	1/1/2022
L4210	ORTH DEV REPAIR/REPL MINOR PARTS	1/1/2022
L4350	PNEUMATIC ANKLE CONTROL SPLINT	1/1/2022
L4360	PNEUMATIC WALKING SPLINT	1/1/2022
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	1/1/2022
L4370	PNEUMATIC FULL LEG SPLINT	1/1/2022
L4386	NON-PNEUMATIC WALKING SPLINT	1/1/2022
L4392	REPLACE ANKLE CONTRACTURE SPLINT	1/1/2022
L4394	REPLACE FOOT DROP SPINT	1/1/2022
L4396	ANKLE CONTRACTURE SPLINT	1/1/2022
L4398	FOOT DROP SPLINT, RECUMBENT	1/1/2022
L4631	ANKLE-FOOT ORTHOTIC, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	1/1/2022
L5000	SHOE INSERT W/ARCH TOE FILLER	1/1/2022
L5010	MOLDED SOCKET ANKLE HGT W/TOE FILL	1/1/2022
L5020	TIBIAL TUBERCLE HGT W/TOE FILLER	1/1/2022
L5050	ANKLE SYMES MOLD SOCKET SACH FOOT	1/1/2022
L5060	SYMES METAL FRAME LEATH SOCKET ART	1/1/2022
L5100	MOLDED SOCKET SHIN SACH FOOT	1/1/2022
L5105	PLASTIC SOCKET JOINTS/THIGH LACER	1/1/2022
L5150	MOLD SOCKET EXT KNEE SHIN SACH	1/1/2022
L5160	MOLD SOCKET BENT KNEE SHIN SACH FT	1/1/2022
L5200	KNEE SNGL AXIS FRICT SHIN SACH	1/1/2022
L5210	NO KNEE/ANKLE JOINTS W/FOOT BLOCKS	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L5220	NO KNEE JOINT W/ARTIC ANK/FOOT ALIG	1/1/2022
L5230	FEM FOCAL DEFIC CONST FRICT KNEE	1/1/2022
L5250	HIP CANADIAN SNGL AXIS CONST FRICT	1/1/2022
L5270	TILT TABLE LOCKING HIP SNGL AXIS	1/1/2022
L5280	HEMIPELVECT CANADIAN SNGL AXIS	1/1/2022
L5301	BK MOLD SOCKET SACH FT ENDO	1/1/2022
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	1/1/2022
L5321	AK OPEN END SACH	1/1/2022
L5331	HIP DISART CANADIAN SACH FT	1/1/2022
L5341	HEMIPELVECTOMY CANADIAN SACH	1/1/2022
L5400	POSTOP DRESS & 1 CAST CHANGE BK	1/1/2022
L5410	POSTOP DSG BELOW KNEE EA ADDL CAST CHANGE	1/1/2022
L5420	POSTOP DSG & 1 CAST CHNG AK/DISART	1/1/2022
L5430	POSTOP DSG ABOVE KNEE EA ADDL CAST CHANGE	1/1/2022
L5450	POSTOP APP NON-WGT BEARING DSG	1/1/2022
L5460	POSTOP APP NON-WGT BEARING DSG	1/1/2022
L5500	INIT BELOW KNEE PTB PLASTER DIRECT FORMED	1/1/2022
L5505	INIT ABOVE KNEE ISCHAL PLASTER DIRECT FORM	1/1/2022
L5510	PREP BELOW KNEE PTB PLASTER MOLDED	1/1/2022
L5520	PERP BELOW KNEE PTB THERMOPLASTIC DIRECT	1/1/2022
L5530	PREP BELOW KNEE PTB THERMOPLASTIC MOLDED	1/1/2022
L5535	PREP BELOW KNEE PTB OPEN END SOCKET	1/1/2022
L5540	PREP BELOW KNEE PTB LAMINATED SOCKET	1/1/2022
L5560	PREP ABOVE KNEE ISCHIAL PLASTIC MOLDED	1/1/2022
L5570	PREP ABOVE KNEE ISCHIAL DIRECT FORM	1/1/2022
L5580	PREP ABOVE KNEE ISCHIAL THERMO MOLD	1/1/2022
L5585	PREP ABOVE KNEE ISCHIAL OPEN END	1/1/2022
L5590	PREP ABOVE KNEE ISCHIAL LAMINATED	1/1/2022
L5595	HIP DISARTIC SACH THERMOPLASTIC	1/1/2022
L5600	HIP DISART SACH LAMINATED MOLD	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L5610	ABOVE KNEE HYDRACADENCE	1/1/2022
L5611	AK 4 BAR LINK W/FRICTION SWING	1/1/2022
L5613	AK 4 BAR LINKAGE W/HYDRAULIC SWING	1/1/2022
L5614	AK 4-BAR LINKAGE W/PNEUM SWING CTRL	1/1/2022
L5616	AK UNIV MULTIPLEX SYSTEM FRICTION	1/1/2022
L5617	AK/BK SELF-ALIGNING UNIT EA	1/1/2022
L5618	TEST SOCKET SYMES	1/1/2022
L5620	TEST SOCKET BELOW KNEE	1/1/2022
L5622	TEST SOCKET KNEE DISARTICULATION	1/1/2022
L5624	TEST SOCKET ABOVE KNEE	1/1/2022
L5626	TEST SOCKET HIP DISARTICULATION	1/1/2022
L5628	TEST SOCKET HEMIPELVECTOMY	1/1/2022
L5629	BELOW KNEE ACRYLIC SOCKET	1/1/2022
L5630	SYME TYPE EXPANDABLE WALL SOCKET	1/1/2022
L5631	AK/KNEE DISARTIC ACRYLIC SOCKET	1/1/2022
L5632	SYMES TYPE PTB BRIM DESIGN SOCKET	1/1/2022
L5634	SYMES TYPE POSTER OPENING SOCKET	1/1/2022
L5636	SYMES TYPE MEDIAL OPENING SOCKET	1/1/2022
L5637	BELOW KNEE TOTAL CONTACT	1/1/2022
L5638	BELOW KNEE LEATHER SOCKET	1/1/2022
L5639	BELOW KNEE WOOD SOCKET	1/1/2022
L5640	KNEE DISARTICULATING LEATHER SOCKET	1/1/2022
L5642	ABOVE KNEE LEATHER SOCKET	1/1/2022
L5643	HIP FLEX INNER SOCKET EXT FRAME	1/1/2022
L5644	ABOVE KNEE WOOD SOCKET	1/1/2022
L5645	AK FLEXIBLE INNER SOCKET EXT FRAME	1/1/2022
L5646	BELOW KNEE AIR CUSHION SOCKET	1/1/2022
L5647	BELOW KNEE SUCTION SOCKET	1/1/2022
L5648	ABOVE KNEE AIR CUSHION SOCKET	1/1/2022
L5649	ISCHIAL CONTAINMT/NARROW M-L SOCKET	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L5650	TOTAL CONTACT AK/KNEE DISART SOCKET	1/1/2022
L5651	AK FLEX INNER SOCKET EXT FRAME	1/1/2022
L5652	SUCTION SUSP AK/KNEE DISART SOCKET	1/1/2022
L5653	KNEE DISART EXPAND WALL SOCKET	1/1/2022
L5654	SOCKET INSERT SYMES	1/1/2022
L5655	SOCKET INSERT BELOW KNEE	1/1/2022
L5656	SOCKET INSERT KNEE ARTICULATING	1/1/2022
L5658	SOCKET INSERT ABOVE KNEE	1/1/2022
L5661	MULTI-DUROMETER SYMES	1/1/2022
L5665	MULTI-DUROMETER BELOW KNEE	1/1/2022
L5666	BELOW KNEE CUFF SUSPENSION	1/1/2022
L5668	SOCKET INSERT W/O LOCK LOWER	1/1/2022
L5670	BK MOLDED SUPRACONDYLAR SUSPENSION	1/1/2022
L5671	BK/AK LOCKING MECHANISM	1/1/2022
L5672	BK REMOVABLE MEDIAL BRIM SUSPENSION	1/1/2022
L5673	SOCKET INSERT W LOCK MECH	1/1/2022
L5676	BK KNEE JOINTS SNGL AXIS PAIR	1/1/2022
L5677	BK KNEE JOINTS POLYCENTRIC PAIR	1/1/2022
L5678	BK JOINT COVERS PAIR	1/1/2022
L5679	SOCKET INSERT W/O LOCK MECH	1/1/2022
L5680	BK THIGH LACER NON-MOLDED	1/1/2022
L5681	INTL CUSTM CONG/LATYP INSERT	1/1/2022
L5682	BK THIGH LACER GLUT/ISCHIAL MOLDED	1/1/2022
L5683	INITIAL CUSTOM SOCKET INSERT	1/1/2022
L5684	BK FORK STRAP	1/1/2022
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	1/1/2022
L5686	BK BACK CHECK	1/1/2022
L5688	BK WAIST BELT WEBBING	1/1/2022
L5690	BK WAIST BELT PADDED AND LINED	1/1/2022
L5692	AK PELVIC CONTROL BELT LIGHT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L5694	AK PELVIC CONTROL BELT PADDED/LINED	1/1/2022
L5695	AK SLEEVE SUSP NEOPRENE/EQUAL	1/1/2022
L5696	AK/KNEE DISARTIC PELVIC JOINT	1/1/2022
L5697	AK/KNEE DISARTIC PELVIC BAND	1/1/2022
L5698	AK/KNEE DISARTIC SILESIA BANDAGE	1/1/2022
L5699	SHOULDER HARNESS	1/1/2022
L5700	REPLACE SOCKET BELOW KNEE	1/1/2022
L5701	REPLACE SOCKET ABOVE KNEE	1/1/2022
L5702	REPLACE SOCKET HIP	1/1/2022
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL(SACH) FOOT, REPLACEMENT ONLY	1/1/2022
L5704	CUSTOM SHAPE COVER BELOW KNEE	1/1/2022
L5705	CUSTOM SHAPE COVER ABOVE KNEE	1/1/2022
L5706	CUSTOM SHAPE COVER KNEE DISART	1/1/2022
L5707	CUSTOM SHAPE COVER HIP DISART	1/1/2022
L5710	KNEE-SHIN EXO SNG AXI MANUAL LOCK	1/1/2022
L5711	KNEE-SHIN EXO MANUAL LOCK ULTRA LGT	1/1/2022
L5712	KNEE-SHIN EXO FRICT SWING/STANCE	1/1/2022
L5714	KNEE-SHIN EXO VARIABLE FRICT SWING	1/1/2022
L5716	KNEE-SHIN EXO MECH STANCE PHASE LCK	1/1/2022
L5718	KNEE-SHIN EXO FRICTION SWING/STANCE	1/1/2022
L5722	KNEE-SHIN PNEUM SWING FRICTION EXO	1/1/2022
L5724	KNEE-SHIN EXO FLUID SWING PHASE	1/1/2022
L5726	KNEE-SHIN EXT JNTS FLUID SWING EXO	1/1/2022
L5728	KNEE-SHIN FLUID SWING/STANCE	1/1/2022
L5780	KNEE-SHIN PNEUM/HYDRA PNEUM SWING	1/1/2022
L5781	LOWER LIMB PROS VACUUM PUMP	1/1/2022
L5782	HD LOW LIMB PROS VACUUM PUMP	1/1/2022
L5785	EXOSKELETAL BELOW KNEE ULTRA LGT MATERIAL	1/1/2022
L5790	EXOSKELETAL ABOVE KNEE ULTRA-LIGHT MATERIAL	1/1/2022
L5795	EXOSKEL HIP ULTRA-LIGHT MATERIAL	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L5810	ENDOSKEL KNEE-SHIN MANUAL LOCK	1/1/2022
L5811	ENDO KNEE-SHIN MANUAL LCK ULTRA LGT	1/1/2022
L5812	ENDO KNEE-SHIN FRICT SWING/STANCE	1/1/2022
L5814	ENDO KNEE-SHIN HYDRAUL SWNG PHASE	1/1/2022
L5816	ENDO KNEE-SHIN POLYCENT MECH STANCE	1/1/2022
L5818	ENDO KNEE-SHIN FRICT SWING/STANCE	1/1/2022
L5822	ENDO KNEE-SHIN PNEUM SWG FRCT STNC	1/1/2022
L5824	ENDO KNEE-SHIN FLUID SWING PHASE	1/1/2022
L5826	ENDO KNEE-SHIN HYDRO SWING PHASE	1/1/2022
L5828	ENDO KNEE-SHIN FLUID SWING/STANCE	1/1/2022
L5830	ENDO KNEE-SHIN PNEUM/SWING PHASE	1/1/2022
L5840	MULTI-AXIAL KNEE/SHIN SYSTEM	1/1/2022
L5845	KNEE-SHIN SYS STANCE FLEXION ADJ	1/1/2022
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENINGFEATURE, WITH OR WITHOUT ADJUSTABILITY	1/1/2022
L5850	ENDO AK/HIP KNEE EXTENS ASSIST	1/1/2022
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	1/1/2022
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONICSENSOR(S), ANY TYPE	1/1/2022
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONICSENSOR(S), ANY TYPE	1/1/2022
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM,MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONICSENSOR(S), ANY TYPE	1/1/2022
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	1/1/2022
L5910	ENDO BELOW KNEE ALIGNABLE SYS	1/1/2022
L5920	ENDO ABOVE KNEE/HIP ALIGNABLE SYSTEM	1/1/2022
L5925	ABOVE KNEE MANUAL LOCK	1/1/2022
L5930	HIGH ACTIVITY KNEE FRAME	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L5940	ENDO BELOW KNEE ULTRA-LIGHT MATERIAL	1/1/2022
L5950	ENDO ABOVE KNEE ULTRA-LIGHT MATERIAL	1/1/2022
L5960	ENDO HIP ULTRA-LIGHT MATERIAL	1/1/2022
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH OR WITHOUT FLEXION AND/OR EXTENSION CONTROL	1/1/2022
L5962	BELOW KNEE FLEX COVER SYSTEM	1/1/2022
L5964	ABOVE KNEE FLEX COVER SYSTEM	1/1/2022
L5966	HIP FLEXIBLE COVER SYSTEM	1/1/2022
L5968	MULTIAXIAL SHOCK ABSORB ANKLE	1/1/2022
L5969	ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST	1/1/2022
L5970	FOOT EXTERNAL KEEL SACH FOOT	1/1/2022
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	1/1/2022
L5972	FLEXIBLE KEEL FOOT	1/1/2022
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	1/1/2022
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR FLEXION CONTROL, INCLUDES POWER SOURCE	1/1/2022
L5974	FOOT SINGLE AXIS ANKLE/FOOT	1/1/2022
L5975	COMBO ANKLE/FOOT PROSTHESIS	1/1/2022
L5976	ENERGY STORING FOOT	1/1/2022
L5978	FOOT PROSTH MULTIAXIAL ANKLE/FOOT	1/1/2022
L5979	MULTI-AXIAL ANKLE/FOOT PROSTHESIS	1/1/2022
L5980	FLEX FOOT SYSTEM	1/1/2022
L5981	FLEX-WALK SYS LOW EXT PROSTH	1/1/2022
L5982	EXOSKELETAL AXIAL ROTATION UNIT	1/1/2022
L5984	ENDOSKELETAL AXIAL ROTATION	1/1/2022
L5985	LOWER EXT DYNAMIC PROSTHESIS PYLON	1/1/2022
L5986	MULTI-AXIAL ROTATION UNIT	1/1/2022
L5987	SHANK FOOT SYS W/VERT LOAD PYLON	1/1/2022
L5988	VERTICAL SHOCK/ROTATION PYLON	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L5990	USER ADJUSTABLE HEEL HEIGHT	1/1/2022
L5999	UNLIST PROC LOSER EXT PROSTHESIS	1/1/2022
L6000	PARTIAL HAND ROBIN-AIDS THUMB REM	1/1/2022
L6010	HAND ROBIN-AIDS LITTLE/RING FINGER	1/1/2022
L6020	PARTIAL HAND ROBIN-AIDS NO FINGER	1/1/2022
L6050	WRIST MOLD SCK FLX HNG TRICEPS PAD	1/1/2022
L6055	WRIST MOLD SOCK W/EXP INTERFACE	1/1/2022
L6100	ELBOW MOLD SOCK FLEX HINGE TRI PAD	1/1/2022
L6110	ELBOW MOLD SOCK SUSPENSION TYPE	1/1/2022
L6120	ELBOW MOLD DOUB SPLT SOCK STEPUP	1/1/2022
L6130	ELBOW STUMP ACTIVATED LOCK HINGE	1/1/2022
L6200	ELBOW MOLD OUTSIDE LOCK HINGE	1/1/2022
L6205	ELBOW MOLDED W/EXPAND INTERFACE	1/1/2022
L6250	ELBOW INTERNAL LOCK ELBOW FOREARM	1/1/2022
L6300	SHOULDER DISART INTERNAL LOCK ELBOW	1/1/2022
L6310	SHOULDER PASSIVE RESTORE COMPLETE	1/1/2022
L6320	SHOULDER PASSIVE RESTORE CAP ONLY	1/1/2022
L6350	THORACIC INTERNAL LOCK ELBOW	1/1/2022
L6360	THORACIC PASSIVE RESTORE COMPLETE	1/1/2022
L6370	THORACIC PASSIVE RESTORE CAP ONLY	1/1/2022
L6380	POSTOP DSG CAST CHNG WRIST/ELBOW	1/1/2022
L6382	POSTOP DSG CAST CHNG ELBOW DISART	1/1/2022
L6384	POSTOP DSG CAST CHNG SHLDER/THORAC	1/1/2022
L6386	POSTOP EA CAST CHNG & REALIGN	1/1/2022
L6388	POSTOP APPLICATION RIGID DSG ONLY	1/1/2022
L6400	BELOW ELBOW PROSTH TISSUE SHAPING	1/1/2022
L6450	ELBOW DISART PROSTH TISSUE SHAPING	1/1/2022
L6500	ABOVE ELBOW PROSTH TISSUE SHAPING	1/1/2022
L6550	SHOULDER DISART PROSTH TISS SHAPING	1/1/2022
L6570	SCAPULAR THORAC PROSTH TISS SHAPING	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L6580	WRIST/ELBOW BOWDEN CABLE MOLDED	1/1/2022
L6582	WRIST/ELBOW BOWDEN CABLE DIRECT FRM	1/1/2022
L6584	ELBOW FAIR LEAD CABLE MOLDED	1/1/2022
L6586	ELBOW FAIR LEAD CABLE DIRECT FORMED	1/1/2022
L6588	SHOULDER FAIR LEAD CABLE MOLDED	1/1/2022
L6590	SHOULDER FAIR LEAD CABLE DIRECT FRM	1/1/2022
L6600	POLYCENTRIC HINGE PAIR	1/1/2022
L6605	SINGLE PIVOT HINGE PAIR	1/1/2022
L6610	FLEXIBLE METAL HINGE PAIR	1/1/2022
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH,ANY TYPE	1/1/2022
L6615	DISCONNECT LOCKING WRIST UNIT	1/1/2022
L6616	DISCONNECT INSERT LOCKING WRIST UNT	1/1/2022
L6620	FLEXION-FRICTION WRIST UNIT	1/1/2022
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUTFRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	1/1/2022
L6623	SPRING ASSIST ROT WRIST W/LATCH	1/1/2022
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	1/1/2022
L6625	ROTATION WRIST W/CABLE LOCK	1/1/2022
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	1/1/2022
L6629	LAMINATION COLLAR W/COUPLING	1/1/2022
L6630	STAINLESS STEEL ANY WRIST	1/1/2022
L6632	LATEX SUSPENSION SLEEVE EACH	1/1/2022
L6635	LIFT ASSIST FOR ELBOW	1/1/2022
L6637	NUDGE CONTROL ELBOW LOCK	1/1/2022
L6638	ELEC LOCK ON MANUAL PW ELBOW	1/1/2022
L6640	SHOULDER ABDUCTION JOINT PAIR	1/1/2022
L6641	EXCURSION AMPLIFIER PULLEY TYPE	1/1/2022
L6642	EXCURSION AMPLIFIER LEVER TYPE	1/1/2022
L6645	SHOULDER FLEXION-ABDUCTION JOINT	1/1/2022
L6646	MULTIPO LOCKING SHOULDER JNT	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L6647	SHOULDER LOCK ACTUATOR	1/1/2022
L6648	EXT PWRD SHLDER LOCK/UNLOCK	1/1/2022
L6650	SHOULDER UNIVERSAL JOINT	1/1/2022
L6655	STANDARD CONTROL CABLE EXTRA	1/1/2022
L6660	HEAVY DUTY CONTROL CABLE	1/1/2022
L6665	TEFLON OR EQUAL CABLE LINING	1/1/2022
L6670	HOOK TO HAND CABLE ADAPTER	1/1/2022
L6672	HARNESS CHEST/SHOULDER SADDLE	1/1/2022
L6675	HARNESS FIGURE OF 8 SINGLE CONTROL	1/1/2022
L6676	HARNESS FIGURE OF 8 DUAL CONTROL	1/1/2022
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	1/1/2022
L6680	TEST SOCK WRIST DISART BELOW ELBOW	1/1/2022
L6682	TEST SOCK ELBOW DISART/ABOVE ELBOW	1/1/2022
L6684	TEST SOCKET SHOULDER DISART/THORAC	1/1/2022
L6686	SUCTION SOCKET	1/1/2022
L6687	FRAME TYPE SOCKET BELOW ELBOW/WRIST	1/1/2022
L6688	FRAME TYPE SOCK ABOVE ELBOW/DISART	1/1/2022
L6689	FRAME TYPE SOCKET SHOULDER DISART	1/1/2022
L6690	FRAME TYPE SOCK INTERSCAP/THORACIC	1/1/2022
L6691	REMOVABLE INSERT EACH	1/1/2022
L6692	SILICONE GEL INSERT OR EQUAL	1/1/2022
L6693	LOCKING ELBOW FOREARM COUNTERBALANC	1/1/2022
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW WITH ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	1/1/2022
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW WITH ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	1/1/2022
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW WITH ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITI	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY	1/1/2022
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCKMECHANISM, EXCLUDES SOCKET INSERT	1/1/2022
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	1/1/2022
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	1/1/2022
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	1/1/2022
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	1/1/2022
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	1/1/2022
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	1/1/2022
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	1/1/2022
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	1/1/2022
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	1/1/2022
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	1/1/2022
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	1/1/2022
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY-DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	1/1/2022
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY-DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	1/1/2022
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT	1/1/2022
L6810	ADDITION TO TERMINAL DEVICE, PRECISION PINCH DEVICE	1/1/2022
L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR COMBINATION OF GRASP PATTERNS, INCLUDES MOTOR(S)	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINALDEVICE	1/1/2022
L6882	MICROPROCESSOR CONTROL UPLMB	1/1/2022
L6883	REPLACEMENT SOCKET, BELOW ELBOWWITHWRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	1/1/2022
L6884	REPLACEMENT SOCKET, ABOVE ELBOWITHELLOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	1/1/2022
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TOPATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	1/1/2022
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANYMATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2022
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANYMATERIAL, CUSTOM FABRICATED	1/1/2022
L6900	HAND RESTORATION THUMB/1 FINGER	1/1/2022
L6905	HAND RESTORATION MULTIPLE FINGER	1/1/2022
L6910	HAND RESTORATION NO FINGERS	1/1/2022
L6915	HAND RESTORATION REPLACEMENT GLOVE	1/1/2022
L6920	WRIST DISART SWITCH CONTROL	1/1/2022
L6925	WRIST DISART MYOELECTRONIC CONTROL	1/1/2022
L6930	BELOW ELBOW SWITCH CONTROL	1/1/2022
L6935	BELOW ELBOW MYOELECTRONIC CONTROL	1/1/2022
L6940	ELBOW DISARTICULATION SWITCH	1/1/2022
L6945	ELBOW DISART MYOELECTRONIC CONTROL	1/1/2022
L6950	ABOVE ELBOW SWITCH CONTROL	1/1/2022
L6955	ABOVE ELBOW MYOELECTRONIC CONTROL	1/1/2022
L6960	SHOULDER DISART SWITCH CONTROL	1/1/2022
L6965	SHOULDER DISART MYOELECTRONIC CTRL	1/1/2022
L6970	INTERSCAPULAR-THORACIC SWITCH CTRL	1/1/2022
L6975	INTERSCAP-THORACIC MYOELECTRONIC	1/1/2022
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	1/1/2022
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	1/1/2022
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	1/1/2022
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC	1/1/2022
L7170	ELECTRONIC ELBOW HOSMER SWITCH	1/1/2022
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	1/1/2022
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINALDEVICE	1/1/2022
L7185	ELECTRON ELBOW ADOLESCENT SWITCH	1/1/2022
L7186	ELECTRON ELBOW CHILD SWITCH	1/1/2022
L7190	ELBOW ADOLESCENT MYOELECTRON	1/1/2022
L7191	ELBOW CHILD MYOELECTRONIC CONTROL	1/1/2022
L7360	SIX VOLT BATTERY OTTO BOCK/EQ EA	1/1/2022
L7362	BATTERY CHARGER SIX VOLT OTTO BOCK	1/1/2022
L7364	TWELVE VOLT BATTERY UTAH OR EQUAL	1/1/2022
L7366	BATTERY CHARGER 12 VOLT UTAH/EQ	1/1/2022
L7367	REPLACEMENT LITHIUM IONBATTERY	1/1/2022
L7368	LITHIUM ION BATTERY CHARGER	1/1/2022
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION,ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1/1/2022
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHTMATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1/1/2022
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULARTHORACIC, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	1/1/2022
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION,ACRYLIC MATERIAL	1/1/2022
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLICMATERIAL	1/1/2022
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULARTHORACIC, ACRYLIC MATERIAL	1/1/2022
L7499	UNLISTED PROC FOR UPPER EXT PROSTH	1/1/2022
L7510	PROSTHETIC DEVICE REPAIR/REPLACE	1/1/2022
L7520	REPAIR PROSTHESIS, PER 15 MIN	1/1/2022
L7600	PROSTHETIC DANNING SLEEVE, ANY MATERIAL, EACH	1/1/2022
L7900	MALE VACUUM ERECTION SYSTEM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	1/1/2022
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITHOUT INTEGRATED BREAST PROSTHESIS FORM, ANY SIZE, ANY TYPE	1/1/2022
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	1/1/2022
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE	1/1/2022
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	1/1/2022
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	1/1/2022
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	1/1/2022
L8032	NIPPLE PROSTHESIS, PREFABRICATED, REUSABLE, ANY TYPE, EACH	1/1/2022
L8033	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH	1/1/2022
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	1/1/2022
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	1/1/2022
L8040	NASAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8040	NASAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NONPHYSICIAN	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NONPHYSICIAN	1/1/2022
L8300	TRUSS SINGLE W/STANDARD PAD	1/1/2022
L8310	TRUSS DOUBLE W/STANDARD PAD	1/1/2022
L8320	TRUSS ADD TO STNDRD PAD WATER	1/1/2022
L8330	TRUSS ADD TO STNDRD PAD SCROTAL	1/1/2022
L8400	SHEATH BELOW KNEE	1/1/2022
L8410	SHEATH ABOVE KNEE	1/1/2022
L8415	SHEATH UPPER LIMB	1/1/2022
L8417	PROS SHEATH/SOCK W/GEL CUSHION	1/1/2022
L8420	SOCK WOOL BELOW KNEE	1/1/2022
L8430	SOCK WOOL ABOVE KNEE	1/1/2022
L8435	SOCK WOOL UPPER LIMB	1/1/2022
L8440	SHRINKER BELOW KNEE	1/1/2022
L8460	SHRINKER ABOVE KNEE	1/1/2022
L8465	SHRINKER UPPER LIMB	1/1/2022
L8470	STUMP SOCK SINGLE BELOW KNEE	1/1/2022
L8480	STUMP SOCK SINGLE ABOVE KNEE	1/1/2022
L8485	STUMP SOCK FITTING UPPER LIMB	1/1/2022
L8499	UNLISTED MISC PROSTHETIC SERVICE	1/1/2022
L8500	ARTIFICIAL LARYNX	1/1/2022
L8501	TRACHEOSTOMY SPEAKING VALVE	1/1/2022
L8505	ARTIFICIAL LARYNX, ACCESSORY	1/1/2022
L8507	TRACH-ESOPH VOICE PROS PT IN	1/1/2022
L8509	TRACH-ESOPH VOICE PROS MD IN	1/1/2022
L8510	VOICE AMPLIFIER	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L8511	INDWELLING TRACH INSERT	1/1/2022
L8512	GEL CAP FOR TRACH VOICE PROS	1/1/2022
L8513	TRACH PROS CLEANING DEVICE	1/1/2022
L8514	REPL TRACH PUNCTURE DILATOR	1/1/2022
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICEPROSTHESIS, EACH	1/1/2022
L8600	IMPLANT BREAST SILICONE OR EQU	1/1/2022
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1/1/2022
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY TRACT, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1/1/2022
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CANAL, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1/1/2022
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CANAL, 1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1/1/2022
L8606	SYNTHETIC IMPLNT URINARY 1ML	1/1/2022
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	1/1/2022
L8608	MISC EXT COMP SPL/ACSS FOR ARGUS II RET PROS SYS	1/1/2022
L8609	ARTIFICIAL CORNEA	1/1/2022
L8610	OCULAR IMPLANT	1/1/2022
L8612	AQUEOUS SHUNT PROSTHESIS	1/1/2022
L8613	OSSICULAR PROSTHESIS	1/1/2022
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	1/1/2022
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	1/1/2022
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1/1/2022
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1/1/2022
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1/1/2022
L8618	TRNSMT CBL USE CI DEVC/AUD OSSEOINTG DEVC REPL	1/1/2022
L8619	REPLACE COCHLEAR PROCESSOR	1/1/2022
L8619	REPLACE COCHLEAR PROCESSOR	1/1/2022
L8620	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	1/1/2022
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT, EACH	1/1/2022
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH	1/1/2022
L8624	LIB CI/AUD OSSEOINTEG DEVC SP EAR LEVEL REPL EA	1/1/2022
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT ONLY, EACH	1/1/2022
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	1/1/2022
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	1/1/2022
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1/1/2022
L8630	METACARPOPHALANGEAL PROSTH	1/1/2022
L8631	MCP JOINT REPL 2 PC OR MORE	1/1/2022
L8641	METATARSAL JOINT PROSTHESIS	1/1/2022
L8642	HALLUX IMPLANT	1/1/2022
L8658	INTERPHALANGEAL JOINT PROSTHESIS	1/1/2022
L8659	INTERPHALANGEAL JOINT REPL	1/1/2022
L8670	VASCULAR GRAFT, SYNTHETIC	1/1/2022
L8678	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, PER MONTH	8/15/2023
L8679	IMPL NEUROSTIMULATOR PULSE GEN ANY	1/1/2022
L8679	IMPL NEUROSTIMULATOR PULSE GEN ANY	1/1/2022
L8679	IMPL NEUROSTIMULATOR PULSE GEN ANY	1/1/2022
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	1/1/2022
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	1/1/2022
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	1/1/2022
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE W/ IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	1/1/2022
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	1/1/2022
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	1/1/2022
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	1/1/2022
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATORRADIOFREQUENCY RECEIVER	1/1/2022
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE W/ IMPLANTABLE NEUROSTIMULATORRADIOFREQUENCY RECEIVER	1/1/2022
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE W/ IMPLANTABLE NEUROSTIMULATORRADIOFREQUENCY RECEIVER	1/1/2022
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT, REPLACEMENT	1/1/2022
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE,INCLUDES EXTENSION	1/1/2022
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE,INCLUDES EXTENSION	1/1/2022
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE,INCLUDES EXTENSION	1/1/2022
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE,INCLUDES EXTENSION	1/1/2022
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE,INCLUDES EXTENSION	1/1/2022
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDESEXTENSION	1/1/2022
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDESEXTENSION	1/1/2022
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDESEXTENSION	1/1/2022
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE,INCLUDES EXTENSION	1/1/2022
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE,INCLUDES EXTENSION	1/1/2022
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE,INCLUDES EXTENSION	1/1/2022
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	1/1/2022
L8689	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE W/ IMPLANTABLENEUROSTIMULATOR	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	1/1/2022
L8691	AUD OI DEVC EXT SP EXCL TRNSDUCR/ACTUATR REPL EA	1/1/2022
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	1/1/2022
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	1/1/2022
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	1/1/2022
L8696	ANT FOR IMPL DIA/PN ST DEV REPL EA	1/1/2022
L8699	PROSTHETIC IMPLANT NOS	1/1/2022
L9900	O&P SUPPLY/ACCESSORY/SERVICE	1/1/2022
M0076	PROLOTHERAPY	1/1/2022
P9020	PLATELET RICH PLASMA, EACH UNIT	1/1/2022
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	1/1/2022
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	1/1/2022
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	1/1/2022
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0489	POWER BACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0491	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0496	BATTERY FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0499	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	1/1/2022
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	1/1/2022
Q0505	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH VENTRICULAR ASSIST DEVICE	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2022
Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST DEVICE	1/1/2022
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	1/1/2022
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH ANY IMPLANTED VENTRICULAR ASSIST DEVICE FOR WHICH PAYMENT WAS NOT MADE UNDER MEDICARE PART A	1/1/2022
Q2041	AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	1/1/2022
Q2042	TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	1/1/2022
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL OTHER PREPARATORY PROCEDURES, PER INFUSION	1/1/2022
Q2052	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME UNDER THE MEDICARE INTRAVENOUS IMMUNE GLOBULIN (IVIG) DEMONSTRATION	1/1/2022
Q2053	BREXUCABTAGENE AUTOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	1/1/2022
Q2054	LISOCABTAGENE MARALEUCEL, UP TO 110 MILLION AUTOLOGOUS ANTI-CD19 CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	5/15/2023
Q2055	IDECABTAGENE VICLEUCEL, UP TO 460 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	1/1/2022
Q2056	CILTACABTAGENE AUTOLEUCEL, UP TO 100 MILLION AUTOLOGOUS B-CELL MATURATION ANTIGEN (BCMA) DIRECTED CAR-POSITIVE T CELLS, INCLUDING LEUKAPHERESIS AND DOSE PREPARATION PROCEDURES, PER THERAPEUTIC DOSE	5/15/2023
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	1/1/2022
Q3028	INJ INTERFERON BETA-1A 1 MCG SUBQ	1/1/2022
Q3031	COLLAGEN SKIN TEST	1/1/2022
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	1/1/2022
Q4101	APLIGRAF, PER SQUARE CENTIMETER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q4101	APLIGRAF, PER SQUARE CENTIMETER	1/1/2022
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	1/1/2022
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	1/1/2022
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	1/1/2022
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERATION MATRIX, PER SQUARE CENTIMETER	1/1/2022
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	1/1/2022
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	1/1/2022
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	1/1/2022
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	1/1/2022
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	1/1/2022
Q4112	CYMETRA, INJECTABLE, 1 CC	1/1/2022
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	1/1/2022
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	1/1/2022
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	1/1/2022
Q4118	MATRISTEM MICROMATRIX, 1 MG	1/1/2022
Q4121	THERASKIN, PER SQUARE CENTIMETER	1/1/2022
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	1/1/2022
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	1/1/2022
Q4126	MEMODERM, PER SQUARE CENTIMETER	1/1/2022
Q4127	TALYMED, PER SQUARE CENTIMETER	1/1/2022
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	1/1/2022
Q4134	HMATRIX, PER SQUARE CENTIMETER	1/1/2022
Q4135	MEDISKIN, PER SQUARE CENTIMETER	1/1/2022
Q4136	E-Z DERM, PER SQUARE CENTIMETER	1/1/2022
Q4137	AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODExcel, PER SQUARE CENTIMETER	1/1/2022
Q4138	BIODFENCE DRYFLEX, PER SQUARE CENTIMETER	1/1/2022
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1 CC	1/1/2022
Q4140	IODFENCE, PER SQUARE CENTIMETER	1/1/2022
Q4141	ALLOSKIN AC PER SQUARE CENTIMETER	1/1/2022
Q4142	XCM BIOLOGIC TISSUE MATRIX PER SQUARE CENTIMETER	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q4143	REPRIZA PER SQUARE CENTIMETER	1/1/2022
Q4145	EPIFIX, INJECTABLE, 1 MG	1/1/2022
Q4146	TENSIX PER SQUARE CENTIMETER	1/1/2022
Q4147	ARCHITECT EXTRACELLULAR MATRIX PER	1/1/2022
Q4148	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER	1/1/2022
Q4149	EXCELLAGEN 0.1 CC	1/1/2022
Q4150	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	1/1/2022
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	5/15/2023
Q4152	DERMAPURE PER SQUARE CENTIMETER	1/1/2022
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	1/1/2022
Q4154	BIOVANCE, PER SQUARE CENTIMETER	5/15/2023
Q4155	NEOXFLO OR CLARIXFLO, 1 MG	1/1/2022
Q4156	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER	1/1/2022
Q4157	REVITALON, PER SQUARE CENTIMETER	1/1/2022
Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER	1/1/2022
Q4159	AFFINITY, PER SQUARE CENTIMETER	1/1/2022
Q4160	NUSHIELD, PER SQUARE CENTIMETER	1/1/2022
Q4161	BIO-CONNEKT WOUND MATRIX, PER SQUARE CENTIMETER	1/1/2022
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	1/1/2022
Q4163	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER	1/1/2022
Q4164	HELICOLL, PER SQUARE CENTIMETER	1/1/2022
Q4165	KERAMATRIX OR KERASORB, PER SQUARE CENTIMETER	1/1/2022
Q4166	CYTAL, PER SQUARE CENTIMETER	1/1/2022
Q4167	TRUSKIN, PER SQUARE CENTIMETER	1/1/2022
Q4169	ARTACENT WOUND, PER SQUARE CENTIMETER	1/1/2022
Q4170	CYGNUS, PER SQUARE CENTIMETER	1/1/2022
Q4171	INTERFYL, 1 MG	1/1/2022
Q4173	PALINGEN OR PALINGEN XPLUS, PER SQUARE CENTIMETER	1/1/2022
Q4174	PALINGEN OR PROMATRX, 0.36 MG PER 0.25 CC	1/1/2022
Q4175	MIRODERM, PER SQUARE CENTIMETER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q4176	NEOPATCH OR THERION, PER SQUARE CENTIMETER	1/1/2022
Q4177	FLOWERAMNIOFLO, 0.1 CC	1/1/2022
Q4178	FLOWERAMNIOPATCH, PER SQUARE CENTIMETE	1/1/2022
Q4179	FLOWERDERM, PER SQUARE CENTIMETER	1/1/2022
Q4180	REVITA, PER SQUARE CENTIMETER	1/1/2022
Q4181	AMNIO WOUND, PER SQUARE CENTIMETER	1/1/2022
Q4182	TRANSCYTE PER SQUARE CENTIMETER	1/1/2022
Q4183	SURGIGRAFT PER SQUARE CENTIMETER	1/1/2022
Q4184	CELLESTA PER SQUARE CENTIMETER	1/1/2022
Q4185	CELLESTA FLOWABLE AMNION; PER 0.5 CC	1/1/2022
Q4187	EPICORD, PER SQUARE CENTIMETER	1/1/2022
Q4188	AMNIOARMOR PER SQUARE CENTIMETER	1/1/2022
Q4189	ARTACENT AC 1 MG	1/1/2022
Q4190	ARTACENT AC PER SQUARE CENTIMETER	1/1/2022
Q4191	RESTORIGIN PER SQUARE CENTIMETER	1/1/2022
Q4192	RESTORIGIN 1 CC	1/1/2022
Q4193	COLL-E-DERM PER SQUARE CENTIMETER	1/1/2022
Q4194	NOVACHOR PER SQUARE CENTIMETER	1/1/2022
Q4195	PURAPLY, PER SQUARE CENTIMETER	1/1/2022
Q4196	PURAPLY AM, PER SQUARE CENTIMETER	1/1/2022
Q4197	PURAPLY XT PER SQUARE CENTIMETER	1/1/2022
Q4198	GENESIS AMNIOTIC MEMBRANE PER SQUARE CENTIMETER	1/1/2022
Q4200	SKINTE PER SQUARE CENTIMETER	1/1/2022
Q4201	MATRION PER SQUARE CENTIMETER	1/1/2022
Q4202	KEROXX (2.5G/CC) 1CC	1/1/2022
Q4203	DERMA-GIDE PER SQUARE CENTIMETER	1/1/2022
Q4204	XWRAP PER SQUARE CENTIMETER	1/1/2022
Q4205	MEMBRANE GRAFT OR MEMBRANE WRAP, PER SQUARE CENTIMETER	1/1/2022
Q4206	FLUID FLOW OR FLUID GF, 1 CC	1/1/2022
Q4208	NOVAFIX, PER SQUARE CENITMETER	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q4209	SURGRAFT, PER SQUARE CENTIMETER	1/1/2022
Q4210	AXOLOTL GRAFT OR AXOLOTL DUALGRAFT, PER SQUARE CENTIMETER	1/1/2022
Q4211	AMNION BIO OR AXOBIOMEMBRANE, PER SQUARE CENTIMETER	1/1/2022
Q4212	ALLOGEN, PER CC	1/1/2022
Q4213	ASCENT, 0.5 MG	1/1/2022
Q4214	ELLESTA CORD, PER SQUARE CENTIMETER	1/1/2022
Q4215	AXOLOTL AMBIENT OR AXOLOTL CRYO, 0.	1/1/2022
Q4216	ARTACENT CORD, PER SQUARE CENTIMETE	1/1/2022
Q4217	WOUNDFIX, BIOWOUND, WOUNDFIX PLUS,	1/1/2022
Q4218	SURGICORD, PER SQUARE CENTIMETER	1/1/2022
Q4219	SURGIGRAFT-DUAL, PER SQUARE CENTIME	1/1/2022
Q4221	AMNIO WRAP2, PER SQUARE CENTIMETER	1/1/2022
Q4227	AMNIOCORE, PER SQUARE CENTIMETER	1/1/2022
Q4228	BIONEXTPATCH, PER SQUARE CENTIMETER	1/1/2022
Q4229	COGENEX AMNIOTIC MEMBRANE, PER SQUA	1/1/2022
Q4230	COGENEX FLOWABLE AMNION, PER 0.5 CC	1/1/2022
Q4231	CORPLEX P, PER CC	1/1/2022
Q4232	CORPLEX, PER SQUARE CENTIMETER	1/1/2022
Q4233	SURFACTOR OR NUDYN, PER 0.5 CC	1/1/2022
Q4234	XCELLERATE, PER SQUARE CENTIMETER	1/1/2022
Q4235	AMNIOREPAIR OR ALTIPLY, PER SQUARE	1/1/2022
Q4236	CAREPATCH, PER SQUARE CENTIMETER	1/1/2022
Q4237	CRYO-CORD, PER SQUARE CENTIMETER	1/1/2022
Q4239	AMNIO-MAXX OR AMNIO-MAXX LITE, PER	1/1/2022
Q4240	CORECYTE, FOR TOPICAL USE ONLY, PER	1/1/2022
Q4241	POLYCYTE, FOR TOPICAL USE ONLY, PER	1/1/2022
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	1/1/2022
Q4244	PROCENTA, PER 200 MG	1/1/2022
Q4245	AMNIOTEXT, PER CC	1/1/2022
Q4246	CORETEXT OR PROTEXT, PER CC	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q4247	AMNIOTEXT PATCH, PER SQUARE CENTIME	1/1/2022
Q4248	DERMACYTE AMNIOTIC MEMBRANE ALLOGRA	1/1/2022
Q4262	DUAL LAYER IMPAX MEMBRANE, PER SQUARE CENTIMETER	5/15/2023
Q4263	SURGRAFT TL, PER SQUARE CENTIMETER	5/15/2023
Q4264	COCOON MEMBRANE, PER SQUARE CENTIMETER	5/15/2023
Q4265	NEOSTIM TL, PER SQUARE CENTIMETER	8/15/2023
Q4266	NEOSTIM MEMBRANE, PER SQUARE CENTIMETER	8/15/2023
Q4267	NEOSTIM DL, PER SQUARE CENTIMETER	8/15/2023
Q4268	SURGRAFT FT, PER SQUARE CENTIMETER	8/15/2023
Q4269	SURGRAFT XT, PER SQUARE CENTIMETER	8/15/2023
Q4270	COMPLETE SL, PER SQUARE CENTIMETER	8/15/2023
Q4271	COMPLETE FT, PER SQUARE CENTIMETER	8/15/2023
Q4272	ESANO A, PER SQUARE CENTIMETER	7/1/2023
Q4273	ESANO AAA, PER SQUARE CENTIMETER	7/1/2023
Q4274	ESANO AC, PER SQUARE CENTIMETER	7/1/2023
Q4275	ESANO ACA, PER SQUARE CENTIMETER	7/1/2023
Q4276	ORION, PER SQUARE CENTIMETER	7/1/2023
Q4277	WOUNDPLUS MEMBRANE OR E-GRAFT, PER SQUARE CENTIMETER	7/1/2023
Q4278	EPIEFFECT, PER SQUARE CENTIMETER	7/1/2023
Q4280	XCELL AMNIO MATRIX, PER SQUARE CENTIMETER	7/1/2023
Q4281	BARRERA SL OR BARRERA DL, PER SQUARE CENTIMETER	7/1/2023
Q4282	CYGNUS DUAL, PER SQUARE CENTIMETER	7/1/2023
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L, PER SQUARE CENTIMETER	7/1/2023
Q4284	DERMABIND SL, PER SQUARE CENTIMETER	7/1/2023
Q5001	HOSPICE CARE PROVIDED IN PATIENTS HOME/RESIDENCE	1/1/2022
Q5002	HOSPICE CARE PROVIDED IN ASSISTED LIVING FACILITY	1/1/2022
Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLEDNURSING FACILITY (NF)	1/1/2022
Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	1/1/2022
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	1/1/2022
Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	1/1/2022
Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	1/1/2022
Q5009	HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	1/1/2022
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	1/1/2022
Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM	1/1/2022
Q5103	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	2/28/2021
Q5104	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	2/28/2021
q5106	INJECTION, EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	1/1/2022
Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	1/1/2022
Q5108	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	1/1/2022
Q5109	INJECTION, INFLIXIMAB-QBTX, BIOSIMILAR, (IXIFI), 10 MG	2/28/2021
Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	1/1/2022
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	1/1/2022
Q5112	INJECTION, TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	1/1/2022
Q5113	INJECTION, TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG	1/1/2022
Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	1/1/2022
Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	2/28/2021
Q5116	INJECTION, TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	1/1/2022
Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	1/1/2022
Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	2/28/2021
Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	1/1/2022
Q5121	INJECTION, INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	2/28/2021
Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	1/1/2022
Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	1/1/2022
Q5124	INJECTION, RANIBIZUMAB-NUNA, BIOSIMILAR, (BYOOVIZ), 0.1 MG	1/1/2022
Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG	5/15/2023
Q5127	INJECTION, PEGFILGRASTIM-FPGK (STIMUFEND), BIOSIMILAR, 0.5 MG	8/15/2023
Q5128	INJECTION, RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR, 0.1 MG	8/15/2023
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG	8/15/2023
Q5130	INJECTION, PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR, 0.5 MG	8/15/2023

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
Q5131	INJECTION, ADALIMUMAB-AACF (IDACIO), BIOSIMILAR, 20 MG	7/1/2023
Q9980	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2022
S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	1/1/2022
S0148	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG	1/1/2022
S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	1/1/2022
S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	1/1/2022
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	1/1/2022
S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	1/1/2022
S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	1/1/2022
S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	1/1/2022
S0280	MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, INITIAL PLAN	1/1/2022
S0281	MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, MAINTENANCE OF PLAN	1/1/2022
S1030	GLUC MONITOR PURCHASE	1/1/2022
S1031	GLUC MONITOR RENTAL	1/1/2022
S1034	ARTIFICIAL PANCREAS DEVICE SYSTEM (E.G., LOW GLUCOSE SUSPEND [LGS] FEATURE) INCLUDING CONTINUOUS GLUCOSE MONITOR, BLOOD GLUCOSE DEVICE, INSULIN PUMP AND COMPUTER ALGORITHM THAT COMMUNICATES WITH ALL OF THE DEVICES	1/1/2022
S1035	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	1/1/2022
S1036	TRANSMITTER; EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	1/1/2022
S1037	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH ARTIFICIAL PANCREAS DEVICE SYSTEM	1/1/2022
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	1/1/2022
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS	1/1/2022
S2065	SIMULT PANC KIDN TRANS	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
S2066	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	1/1/2022
S2067	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA) FLAP, INCLUDING HARVESTING OF THE FLAP, MICROVASCULAR TRANSFER, CLOSURE OF DONOR SITE AND SHAPING THE FLAP INTO A BREAST, UNILATERAL	1/1/2022
S2075	LAPAROSCOPY, SURGICAL; REPAIR INCISIONAL OR VENTRAL HERNIA	1/1/2022
S2077	LAPAROSCOPY, SURGICAL; IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR INCISIONAL OR VENTRAL HERNIA REPAIR)	1/1/2022
S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CELLS)	1/1/2022
S2117	ARTHROEREISIS, SUBTALAR	1/1/2022
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENTS	1/1/2022
S2202	ECHOSCLEROTHERAPY	1/1/2022
S2202	ECHOSCLEROTHERAPY	1/1/2022
S2235	IMPLANT AUDITORY BRAIN IMP	1/1/2022
S2300	ARTHROSCOPY SHOULDER SURGI	1/1/2022
S2348	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, USING RADIOFREQUENCY ENERGY, SINGLE OR MULTIPLE LEVELS, LUMBAR	1/1/2022
S3650	ALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE	1/1/2022
S3652	SALIVA TEST, HORMONE LEVEL; TO ASSESS PRETERM LABOR RISK	1/1/2022
S3722	DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOROURACIL	1/1/2022
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)	1/1/2022
S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE FOR SUSCEPTIBILITY TO MULTIPLE ENDOCRINE NEOPLASIA TYPE 2	1/1/2022
S3841	GENE TEST RETINOBLASTOMA	1/1/2022
S3842	GENE TEST HIPPEL-LINDAU	1/1/2022
S3844	DNA ANALYSIS OF THE CONNEXIN 26 GENE (GJB2) FOR SUSCEPTIBILITY TO CONGENITAL, PROFOUND DEAFNESS	1/1/2022
S3845	GENE TEST ALPHA-THALASSEMIA	1/1/2022
S3846	GENE TEST BETA-THALASSEMIA	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
S3849	GENE TEST NIEMANN-PICK DISEASE	1/1/2022
S3850	GENE TEST SICKLE CELL ANEMIA	1/1/2022
S3853	GENE TEST MYOTONIC MUSCULAR DYSTOPHY	1/1/2022
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT	1/1/2022
S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME	1/1/2022
S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME	1/1/2022
S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY	1/1/2022
S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY	1/1/2022
S3866	GENETIC ANALYSIS FOR A SPECIFIC GENE MUTATION FOR HYPERTROPHIC CARDIOMYOPATHY (HCM) IN AN INDIVIDUAL WITH A KNOWN HCM MUTATION IN THE FAMILY	1/1/2022
S3870	COMPARATIVE GENOMIC HYBRIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY, AUTISM SPECTRUM DISORDER AND/OR MENTAL RETARDATION	1/1/2022
S3900	SURFACE EMG	1/1/2022
S5035	HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE (E.G., PUMP MAINTENANCE)	1/1/2022
S5036	HOME INFUSION THERAPY DEVICE REPAIR	1/1/2022
S5108	HEMOCARE TRAIN PT 15 MIN	4/14/2020
S5108	HEMOCARE TRAIN PT 15 MIN	4/14/2020
S5109	HEMOCARE TRAIN PT SESSION	4/14/2020
S5109	HEMOCARE TRAIN PT SESSION	4/14/2020
S5110	FAMILY HEMOCARE TRAINING, 15 MIN	4/14/2020
S5110	FAMILY HEMOCARE TRAINING, 15 MIN	4/14/2020
S5111	FAMILY HEMOCARE TRAIN/SESSION	4/14/2020
S5111	FAMILY HEMOCARE TRAIN/SESSION	4/14/2020
S5115	NONFAMILY HEMOCARE TRAINS/15 MIN	1/1/2022
S5116	NONFAMILY HC TRAIN/SESSION	1/1/2022
S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	1/1/2022
S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
S5497	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DI	1/1/2022
S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1/1/2022
S5501	HOME INFUSION THERAPY COMPLEX CATH CARE	1/1/2022
S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AND ALL NECESSARY SUPPLIES AND EQUIPMENT, (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIE	1/1/2022
S5517	HOME INFUSION THERAPY DECLOTTING KIT	1/1/2022
S5518	HOME INFUSION THERAPY CATH REPAIR KIT	1/1/2022
S5520	HOME INFUSION THERAPY PICC INSERTION KIT	1/1/2022
S5521	HOME INFUSION THERAPY MIDLINE CATHETER INSERTION KIT	1/1/2022
S5522	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	1/1/2022
S5523	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES ONLY (NO SUPPLIES OR CATHETER INCLUDED)	1/1/2022
S8035	MAGNETIC SOURCE IMAGING	1/1/2022
S8037	MRCP	1/1/2022
S8040	TOPOGRAPHIC BRAIN MAPPING	1/1/2022
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD	1/1/2022
S8085	FLUORINE-18 FLUORODEOXYGLUCO	1/1/2022
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)	1/1/2022
S8096	PORTABLE PEAK FLOW METER	1/1/2022
S8097	ASTHMA KIT	1/1/2022
S8120	O2 CONTENTS GAS CUBIC FT	1/1/2022
S8121	O2 CONTENTS LIQUID LB	1/1/2022
S8130	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	1/1/2022
S8130	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
S8131	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	1/1/2022
S8131	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	1/1/2022
S8265	HABERMAN FEEDER	1/1/2022
S8270	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE	1/1/2022
S8301	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED	1/1/2022
S8415	SUPPLIES FOR HOME DELIVERY	1/1/2022
S8930	ELECTRICAL STIMULATION OF AURICULAR ACUPUNCTURE POINTS; EACH 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH PATIENT	1/1/2022
S8940	EQUESTRIAN/HIPPOTHERAPY, PER SESSION	1/1/2022
S8990	PT OR MANIP FOR MAINT	7/7/2020
S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	1/1/2022
S9055	PROCUREN OR OTHER GROWTH FACTOR PREPARATION TO PROMOTE WOUND HEALING	1/1/2022
S9056	COMA STIMULATION PER DIEM	1/1/2022
S9061	MEDICAL SUPPLIES AND EQUIPME	1/1/2022
S9090	VERTEBRAL AXIAL DECOMPRESSIO	1/1/2022
S9097	HOME VISIT FOR WOUND CARE	1/1/2022
S9098	HOME PHOTOTHERAPY VISIT	1/1/2022
S9110	TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECESSARY EQUIPMENT; COMPUTER SYSTEM, CONNECTIONS, AND SOFTWARE; MAINTENANCE; PATIENT EDUCATION AND SUPPORT; PER MONTH	1/1/2022
S9123	NURSING CARE, IN THE HOME; B	1/1/2022
S9124	NURSING CARE, IN THE HOME; B	1/1/2022
S9126	HOSPICE CARE, IN THE HOME, P	1/1/2022
S9127	SOCIAL WORK VISIT, IN THE HO	1/1/2022
S9128	SPEECH THERAPY, IN THE HOME,	1/1/2022
S9129	OCCUPATIONAL THERAPY, IN THE	1/1/2022
S9131	PT IN THE HOME PER DIEM	1/1/2022
S9208	HOME MGMT PRETERM LABOR	1/1/2022
S9209	HOME MGMT PPROM	1/1/2022
S9211	HOME MGMT GEST HYPERTENSION	1/1/2022
S9212	HM POSTPAR HYPER PER DIEM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
S9213	HM PREECLAMP PER DIEM	1/1/2022
S9214	HM GEST DM PER DIEM	1/1/2022
S9325	HOME INFUSION THERAPY PAIN MGMT PER DIEM	1/1/2022
S9326	HOME INFUSION THERAPY CONT PAIN PER DIEM	1/1/2022
S9327	HOME INFUSION THERAPY INT PAIN PER DIEM	1/1/2022
S9328	HOME INFUSION THERAPY PAIN IMP PUMP DIEM	1/1/2022
S9329	HOME INFUSION THERAPY CHEMO PER DIEM	1/1/2022
S9330	HOME INFUSION THERAPY CONT CHEM DIEM	1/1/2022
S9331	HOME INFUSION THERAPY INTERMIT CHEMO DIEM	1/1/2022
S9335	HT HEMODIALYSIS DIEM	1/1/2022
S9335	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING SERVICES CODED SEPARATELY), PER DIEM	1/1/2022
S9336	HOME INFUSION THERAPY CONT ANTICOAG DIEM	1/1/2022
S9338	HOME INFUSION THERAPY IMMUNOTHERAPY DIEM	1/1/2022
S9339	HOME INFUSION THERAPY PERITON DIALYSIS DIEM	1/1/2022
S9339	HOME INFUSION THERAPY PERITON DIALYSIS DIEM	1/1/2022
S9340	HOME INFUSION THERAPY ENTERAL PER DIEM	1/1/2022
S9341	HOME INFUSION THERAPY ENTERAL GRAV DIEM	1/1/2022
S9342	HOME INFUSION THERAPY ENTERAL PUMP DIEM	1/1/2022
S9343	HOME INFUSION THERAPY ENTERAL BOLUS NURS	1/1/2022
S9345	HOME INFUSION THERAPY ANTI-HEMOPHIL DIEM	1/1/2022
S9346	HOME INFUSION THERAPY ALPHA-1-PROTEINAS DIEM	1/1/2022
S9347	HOME INFUSION THERAPY LONGTERM INFUSION DIEM	1/1/2022
S9348	HOME INFUSION THERAPY SYMPATHOMIM DIEM	1/1/2022
S9349	HOME INFUSION THERAPY TOCOLYSIS DIEM	1/1/2022
S9351	HOME INFUSION THERAPY CONT ANTIEMETIC DIEM	1/1/2022
S9353	HOME INFUSION THERAPY CONT INSULIN DIEM	1/1/2022
S9355	HOME INFUSION THERAPY CHELATION DIEM	1/1/2022
S9357	HOME INFUSION THERAPY ENZYME REPLACE DIEM	1/1/2022
S9359	HOME INFUSION THERAPY ANTI-TNF PER DIEM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
S9361	HOME INFUSION THERAPY DIURETIC INFUS DIEM	1/1/2022
S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1/1/2022
S9364	HOME INFUSION THERAPY TPN TOTAL DIEM	1/1/2022
S9365	HOME INFUSION THERAPY TPN 1 LITER DIEM	1/1/2022
S9366	HOME INFUSION THERAPY TPN 2 LITER DIEM	1/1/2022
S9367	HOME INFUSION THERAPY TPN 3 LITER DIEM	1/1/2022
S9368	HOME INFUSION THERAPY TPN OVER 3L DIEM	1/1/2022
S9370	HT INJ ANTIEMETIC DIEM	1/1/2022
S9372	HT INJ ANTICOAG DIEM	1/1/2022
S9373	HOME INFUSION THERAPY HYDRA TOTAL DIEM	1/1/2022
S9374	HOME INFUSION THERAPY HYDRA 1 LITER DIEM	1/1/2022
S9375	HOME INFUSION THERAPY HYDRA 2 LITER DIEM	1/1/2022
S9376	HOME INFUSION THERAPY HYDRA 3 LITER DIEM	1/1/2022
S9377	HOME INFUSION THERAPY HYDRA OVER 3L DIEM	1/1/2022
S9379	HOME INFUSION THERAPY NOC PER DIEM	1/1/2022
S9445	LIMITED FUNCTIONAL ASSESSMENT, SUBSTANCE ABUSE PROGRAM 1 HOUR	1/1/2022
S9480	INTENSIVE OUTPATIENT MENTAL HEALTH PROGRAM 3-4 HOURS	1/1/2022
S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICE DAY	1/1/2022
S9490	HOME INFUSION THERAPY CORTICOSTEROID/DIEM	1/1/2022
S9494	HOME INFUSION THERAPY ANTIBIOTIC TOTAL DIEM	1/1/2022
S9497	HOME INFUSION THERAPY ANTIBIOTIC Q3H DIEM	1/1/2022
S9500	HOME INFUSION THERAPY ANTIBIOTIC Q24H DIEM	1/1/2022
S9501	HOME INFUSION THERAPY ANTIBIOTIC Q12H DIEM	1/1/2022
S9502	HOME INFUSION THERAPY ANTIBIOTIC Q8H DIEM	1/1/2022
S9503	HOME INFUSION THERAPY ANTIBIOTIC Q6H DIEM	1/1/2022
S9504	HOME INFUSION THERAPY ANTIBIOTIC Q4H DIEM	1/1/2022
S9529	VENIPUNCTURE HOME/SNF	1/1/2022
S9537	HT HEM HORM INJ DIEM	1/1/2022
S9538	HOME INFUSION THERAPY BLOOD PRODUCTS DIEM	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
S9542	HT INJ NOC PER DIEM	1/1/2022
S9558	HT INJ GROWTH HORM DIEM	1/1/2022
S9559	HOME INFUSION THERAPY INJ INTERFERON DIEM	1/1/2022
S9560	HT INJ HORMONE DIEM	1/1/2022
S9562	HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1/1/2022
S9562	HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND ALL NECESSARY SUPPLIES AND EQUIPMENT (DRUGS AND NURSING VISITS CODED SEPARATELY), PER DIEM	1/1/2022
S9590	IN HOME IRRIGATION THERAPY	1/1/2022
S9810	HT PHARM PER HOUR	1/1/2022
T1000	PRIVATE DUTY/INDEPENDENT NSG	8/15/2023
T2004	T2004 NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS	1/1/2022
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	1/1/2022
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	1/1/2022
V2624	PROSTHETIC EYE, PLASTIC, CUSTOM	1/1/2022
V2625	POLISHING/RESURFACING OF OCULAR PROSTHESIS	1/1/2022
V2626	ENLARGEMENT OF OCULAR PROSTHESIS	1/1/2022
V2627	REDUCTION OF OCULAR PROSTHESIS	1/1/2022
V2628	SCLERAL COVER SHELL	1/1/2022
V2629	FABRICATION AND FITTING OF OCULAR CONFORMER	1/1/2022
V5030	BODY-WORN HEARING AID AIR	1/1/2022
V5040	BODY-WORN HEARING AID BONE	1/1/2022
V5050	BODY-WORN HEARING AID IN EAR	1/1/2022
V5060	BEHIND EAR HEARING AID	1/1/2022
V5070	GLASSES AIR CONDUCTION	1/1/2022
V5080	GLASSES BONE CONDUCTION	1/1/2022
V5095	IMPLANT MID EAR HEARING PROS	1/1/2022
V5095	IMPLANT MID EAR HEARING PROS	1/1/2022
V5100	BODY-WORN BILAT HEARING AID	1/1/2022

## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
V5120	BODY-WORN BINAURAL HEARING AID	1/1/2022
V5130	IN EAR BINAURAL HEARING AID	1/1/2022
V5140	BEHIND EAR BINAURAL HEARING AID	1/1/2022
V5150	GLASSES BINAURAL HEARING AID	1/1/2022
V5170	HEARING AID, CROS, IN THE EAR	1/1/2022
V5180	HEARING AID, CROS, BEHIND THE EAR	1/1/2022
V5190	GLASSES CROS HEARING AID	1/1/2022
V5210	HEARING AID, BICROS, IN THE EAR	1/1/2022
V5220	HEARING AID, BICROS, BEHIND THE EAR	1/1/2022
V5230	GLASSES BICROS HEARING AID	1/1/2022
V5242	HEARING AID, MONAURAL, CIC	1/1/2022
V5243	HEARING AID, MONAURAL, ITC	1/1/2022
V5244	HEARING AID, PROG, MON, CIC	1/1/2022
V5245	HEARING AID, PROG, MON, ITC	1/1/2022
V5246	HEARING AID, PROG, MON, ITE	1/1/2022
V5247	HEARING AID, PROG, MON, BTE	1/1/2022
V5248	HEARING AID, BINAURAL, CIC	1/1/2022
V5249	HEARING AID, BINAURAL, ITC	1/1/2022
V5250	HEARING AID, PROG, BIN, CIC	1/1/2022
V5251	HEARING AID, PROG, BIN, ITC	1/1/2022
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	1/1/2022
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	1/1/2022
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	1/1/2022
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	1/1/2022
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	1/1/2022
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	1/1/2022
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	1/1/2022
V5259	HEARING AID, DIGITAL, BINAURAL, ITE	1/1/2022
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	1/1/2022
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	1/1/2022



## 2023-08-15 Health Care Services Requiring Preauthorization

Code	Description	Effective Date
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	1/1/2022
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	1/1/2022
V5267	HEARING AID OR ASSISTIVE LISTENING DEVICE/SUPPLIES/ACCESSORIES, NOT OTHERWISE SPECIFIED	1/1/2022
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	1/1/2022
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	1/1/2022
V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	1/1/2022
V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	1/1/2022
V5272	ASSISTIVE LISTENING DEVICE, TDD	1/1/2022
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	1/1/2022
V5274	ALD UNSPECIFIED	1/1/2022
V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, MONAURAL (1 RECEIVER, TRANSMITTER, MICROPHONE), ANY TYPE	1/1/2022
V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	1/1/2022
V5283	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	1/1/2022
V5284	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER	1/1/2022
V5285	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	1/1/2022
V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER	1/1/2022
V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER, NOT OTHERWISE SPECIFIED	1/1/2022
V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	1/1/2022
V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER, ANY TYPE	1/1/2022
V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	1/1/2022
V5298	HEARING AID NOC	1/1/2022