

Services That Need Preauthorization

AMBULANCE

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

ANESTHESIA

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

DME

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

Clinical Policy: Infusion Pumps

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

C2635	Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source	Clinical Policy: Brachytherapy
C2636	Brachytherapy linear source, nonstranded, palladium-103, per 1 mm	Clinical Policy: Brachytherapy
C2637	Brachytherapy source, nonstranded, ytterbium-169, per source	Clinical Policy: Brachytherapy
C2638	Brachytherapy source, stranded, iodine-125, per source	Clinical Policy: Brachytherapy
C2639	Brachytherapy source, nonstranded, iodine-125, per source	Clinical Policy: Brachytherapy
C2640	Brachytherapy source, stranded, palladium-103, per source	Clinical Policy: Brachytherapy
C2641	Brachytherapy source, nonstranded, palladium-103, per source	Clinical Policy: Brachytherapy
C2642	Brachytherapy source, stranded, cesium-131, per source	Clinical Policy: Brachytherapy
C2643	Brachytherapy source, nonstranded, cesium-131, per source	Clinical Policy: Brachytherapy
C2644	Brachytherapy source, cesium-131 chloride solution, per mCi	Clinical Policy: Brachytherapy
C2645	Brachytherapy planar source, palladium-103, per sq mm	Clinical Policy: Brachytherapy
C2698	Brachytherapy source, stranded, not otherwise specified, per source	Clinical Policy: Brachytherapy
C2699	Brachytherapy source, nonstranded, not otherwise specified, per source	Clinical Policy: Brachytherapy
C2725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Clinical Policy: Brachytherapy
C2726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	Clinical Policy: Brachytherapy
C8957	Prolonged IV infusion	Clinical Policy: Infusion Pumps
C9161	Injection Aflibercept HD 1 MG	Clinical Policy: Specialty tier B

C9794	Therapeutic radiology simulation-aided field setting	Clinical Policy: Radiation
C9795	Stereotactic body radiation therapy	Clinical Policy: Radiation
E0193	Powered air flotation bed	Clinical Policy: Pressure Reducing Support Surfaces
E0194	Air fluidized bed	Clinical Policy: Pressure Reducing Support Surfaces
E0277	Powered pres-redu air mattrrs	Clinical Policy: Pressure Reducing Support Surfaces
E0371	Nonpower mattress overlay	Clinical Policy: Pressure Reducing Support Surfaces
E0372	Powered air mattress overlay	Clinical Policy: Pressure Reducing Support Surfaces
E0604	Hosp grade elec breast pump	Clinical Policy: Breast Pump Human Pasteurized Milk (HPM)
E0630	Patient lift hydraulic	Clinical Policy: Seat Lifts and Patient Lifts
E0638	Standing frame sys	Clinical Policy: Standing Systems and Gait Trainers - Auth Required
E0650	Pneuma compresor non-segment	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0651	Pneum compressor segmental	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0652	Pneum compres w/cal pressure	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0655	Pneumatic appliance half arm	Clinical Policy: Lymphedema Diagnosis and Treatment
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Clinical Policy: Lymphedema Diagnosis and Treatment
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Clinical Policy: Lymphedema Diagnosis and Treatment
E0660	Pneumatic appliance full leg	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0665	Pneumatic appliance full arm	Clinical Policy: Lymphedema Diagnosis and Treatment
E0666	Pneumatic appliance half leg	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0667	Seg pneumatic appl full leg	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment

E0668	Seg pneumatic appl full arm	Clinical Policy: Lymphedema Diagnosis and Treatment
E0669	Seg pneumatic appli half leg	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0671	Pressure pneum appl full leg	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0672	Pressure pneum appl full arm	Clinical Policy: Lymphedema Diagnosis and Treatment
E0673	Pressure pneum appl half leg	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0676	Inter limb compress dev NOS	Clinical Policy: Intermittent Pneumatic Compression Devices; Lymphedema Diagnosis and Treatment
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	Clinical Policy: Phototherapy and Photochemotherapy (PUVA) for Skin Conditions
E0747	Elec osteogen stim not spine	Clinical Policy: Bone Growth Stimulators
E0748	Elec osteogen stim spinal	Clinical Policy: Bone Growth Stimulators
E0749	Elec osteogen stim implanted	Clinical Policy: Bone Growth Stimulators
E0760	Osteogen ultrasound stimltor	Clinical Policy: Bone Growth Stimulators
E0766	Electrical stimulation device used for cancer treatment	Clinical Policy: Electrical Tumor Treatment Fields
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Clinical Policy: Infusion Pumps
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Clinical Policy: Infusion Pumps

E0782	Non-programble infusion pump	Clinical Policy: Infusion Pumps
E0783	Programmable infusion pump	Clinical Policy: Infusion Pumps
E0784	Ext amb infusn pump insulin	Clinical Policy: Diabetes Tests, Programs and Supplies; Infusion Pumps
E0785	Implantable intraspinal catheter used with implantable infusion pump, replacement	Clinical Policy: Infusion Pumps
E0786	Implantable programmable infusion pump, replacement	Clinical Policy: Infusion Pumps
E0983	Add pwr joystick	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E0984	Add pwr tiller	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E0986	Man w/c push-rim powr system	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1002	Pwr seat tilt	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1003	Pwr seat recline	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1004	Pwr seat recline mech	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1005	Pwr seat recline pwr	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1006	Pwr seat combo w/o shear	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1007	Pwr seat combo w/shear	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1008	Pwr seat combo pwr shear	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1009	Add mech leg elevation	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1010	Add pwr leg elevation	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1012	Ctr mount pwr elev leg rest	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1014	Reclining back add ped w/c	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1020	Residual limb support system	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1029	Wheelchair accessory, ventilator tray, fixed	Clinical Policy: Manual Wheelchairs
E1030	W/c vent tray gimbaled	

Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

E1229 Wheelchair, pediatric size
Clinical Policy: Manual Wheelchairs

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

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

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

E1233	Rig ped wc tltnspc w/o seat	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1234	Fld ped wc tltnspc w/o seat	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1235	Rigid ped wc adjustable	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1236	Folding ped wc adjustable	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1237	Rgd ped wc adjstabl w/o seat	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1238	Fld ped wc adjstabl w/o seat	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1239	Power wheelchair, pediatric size, not otherwise specified	Clinical Policy: Power Wheelchairs and Scooters
E1240	Whchr litwt det arm leg rest	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1250	Wheelchair lightwt fixed arm	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1260	Wheelchair lightwt foot rest	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1270	Wheelchair lightweight leg r	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1280	Whchr h-duty det arm leg res	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1285	Wheelchair heavy duty fixed	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1290	Wheelchair hvy duty detach a	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1295	Wheelchair heavy duty fixed	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1296	Wheelchair special seat heig	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1297	Special wheelchair seat depth, by upholstery	Clinical Policy: Manual Wheelchairs
E1298	Wheelchair spec seat depth/w	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E1392	Portable oxygen concentrator	Clinical Policy: Oxygen
E1800	Adjust elbow ext/flex device	Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints
E1802	Adjst forearm pro/sup device	Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints
E1803	Dynamic adjustable elbow extension only device,	

	includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1805	Adjust wrist ext/flex device	Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints
E1807	Dynamic adjustable wrist extension only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1810	Adjust knee ext/flex device	Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints
E1813	Dynamic adjustable knee extension only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1822	Dynamic adjustable ankle extension only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1825	Adjust finger ext/flex devc	Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness; Orthopedic Casts Braces and Splints
E1826	Dynamic adjustable finger extension only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1827	Dynamic adjustable finger flexion only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1828	Dynamic adjustable toe extension only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1829	Dynamic adjustable toe flexion only device, includes soft interface material	Clinical Policy: Mechanical Stretching Devices
E1830	Adjust toe ext/flex device	Clinical Policy: CPM Machines; Mechanical Stretching Devices for Contracture and Joint Stiffness
E2103	Nonadjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	Clinical Policy: See Pharmacy Pre-Auth

E2201	Man w/ch acc seat w>=20<24	Wheelchairs and Power Operated Vehicles, Scooters
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2202	Seat width 24-27 in	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2203	Frame depth less than 22 in	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2204	Frame depth 22 to 25 in	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2293	Contour back for ped size wc	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2294	Contour seat for ped size wc	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	
Clinical Policy: Power Wheelchair		
E2300	Pwr seat elevation sys	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2310	Electro connect btw control	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2311	Electro connect btw 2 sys	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2312	Mini-prop remote joystick	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2313	PWC harness, expand control	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2321	Hand interface joystick	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2322	Mult mech switches	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2325	Sip and puff interface	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2326	Breath tube kit	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2327	Head control interface mech	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2328	Head/extremity control inter	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2329	Head control nonproportional	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		

E2330	Head control proximity switc	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2331	Attendant control	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2340	W/c wdth 20-23 in seat frame	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2341	W/c wdth 24-27 in seat frame	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2342	W/c dpth 20-21 in seat frame	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2343	W/c dpth 22-25 in seat frame	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2351	Electronic SGD interface	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2359	Power wheelchair accessory, group 34 sealed lead acid battery	
Clinical Policy: Power Wheelchairs and Scooters		
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery	
Clinical Policy: Power Wheelchairs and Scooters		
E2363	Power wheelchair accessory, group 24 sealed lead acid battery	
Clinical Policy: Power Wheelchairs and Scooters		
E2365	Power wheelchair accessory, U-1 sealed lead acid battery	
Clinical Policy: Power Wheelchairs and Scooters		
E2371	Power wheelchair accessory, group 27 sealed lead acid battery	
Clinical Policy: Power Wheelchairs and Scooters		
E2372	Gr27 non-sealed leadacid	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2378	Pw actuator replacement	
Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
E2397	Power wheelchair accessory, lithium-based battery	
Clinical Policy: Power Wheelchairs and Scooters		
E2402	Neg press wound therapy pump	
Clinical Policy: Negative Pressure Wound therapy		
E2500	Digital speech recorder	
Clinical Policy: Speech Generating Devices		
E2502	Digital speech recorder	
Clinical Policy: Speech Generating Devices		
E2504	Digital speech recorder	
Clinical Policy: Speech Generating Devices		
E2506	Digital speech recorder	
Clinical Policy: Speech Generating Devices		
E2508	Typed input speech synthesizer	
Clinical Policy: Speech Generating Devices		

E2510	Speech synthesizer	Clinical Policy: Speech Generating Devices
E2512	Speaking device mounting kit	Clinical Policy: Speech Generating Devices
E2599	Add-on for speaking device	Clinical Policy: Speech Generating Devices
E2605	Position wc cush wdth <22 in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2606	Position wc cush wdth>=22 in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2607	Skin pro/pos wc cus wd <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2608	Skin pro/pos wc cus wd>=22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2609	Custom fabricate w/c cushion	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2611	Gen use back cush wdth <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2612	Gen use back cush wdth>=22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2613	Position back cush wd <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2614	Position back cush wd>=22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2615	Pos back post/lat wdth <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2616	Pos back post/lat wdth>=22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2617	Custom fab w/c back cushion	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2620	WC planar back cush wd <22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E2621	WC planar back cush wd>=22in	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
E8000	Gait trainer, pediatric size, posterior support	Clinical Policy: Standing Systems and Gait Trainers - Auth Required
E8001	Gait trainer, pediatric size, upright support	Clinical Policy: Standing Systems and Gait Trainers - Auth Required
E8002	Gait trainer, pediatric size, upright support	Clinical Policy: Standing Systems and Gait Trainers - Auth Required
G0235	PET imaging, any site, not otherwise specified	Clinical Policy: Positron Emission Tomography (PET) for Cardiac and Oncologic Indications
K0001	Standard wheelchair	Clinical Policy: Manual Wheelchairs

K0002	Stnd hemi (low seat) whlchr	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0003	Lightweight wheelchair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0004	High strength ltwt whlchr	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0005	Ultralightweight wheelchair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0006	Heavy duty wheelchair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0007	Extra heavy duty wheelchair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0008	Cstm manual wheelchair/base	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0009	Other manual wheelchair/base	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0010	Stnd wt frame power whlchr	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0011	Stnd wt pwr whlchr w control	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0012	Ltwt portbl power whlchr	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0013	Custom power whlchr base	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0014	Other motorized/power wheelchair base	Clinical Policy: Power Wheelchairs and Scooters
K0108	W/c component-accessory NOS	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0552	Sup/ext non-ins inf pump syr	Clinical Policy: Diabetes Tests, Programs and Supplies; Infusion Pumps
K0606	AED garment w elec analysis	Clinical Policy: Cardioverter-Defibrillators
K0743	Portable home suction pump	Clinical Policy: Negative Pressure Wound therapy
K0744	Absorp drg <= 16 suc pump	Clinical Policy: Negative Pressure Wound therapy
K0745	Absorp drg >16<=48 suc pump	Clinical Policy: Negative Pressure Wound therapy
K0746	Absorp drg >48 suc pump	Clinical Policy: Negative Pressure Wound therapy
K0800	POV group 1 std up to 300lbs	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0801	POV group 1 hd 301-450 lbs	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

K0802	POV group 1 vhd 451-600 lbs	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0806	POV group 2 std up to 300lbs	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0807	POV group 2 hd 301-450 lbs	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0808	POV group 2 vhd 451-600 lbs	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0812	Power operated vehicle, not otherwise classified	Clinical Policy: Power Wheelchairs and Scooters
K0813	PWC gp 1 std port seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0814	PWC gp 1 std port cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0815	PWC gp 1 std seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0816	PWC gp 1 std cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0820	PWC gp 2 std port seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0821	PWC gp 2 std port cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0822	PWC gp 2 std seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0823	PWC gp 2 std cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0824	PWC gp 2 hd seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0825	PWC gp 2 hd cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0826	PWC gp 2 vhd seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0827	PWC gp vhd cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0828	PWC gp 2 xtra hd seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0829	PWC gp 2 xtra hd cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0830	PWC gp2 std seat elevate s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0831	PWC gp2 std seat elevate cap	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0835	PWC gp2 std sing pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0836	PWC gp2 std sing pow opt cap	

Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters		
K0837	PWC gp 2 hd sing pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0838	PWC gp 2 hd sing pow opt cap	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0839	PWC gp2 vhd sing pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0840	PWC gp2 xhd sing pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0841	PWC gp2 std mult pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0842	PWC gp2 std mult pow opt cap	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0843	PWC gp2 hd mult pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0848	PWC gp 3 std seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0849	PWC gp 3 std cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0850	PWC gp 3 hd seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0851	PWC gp 3 hd cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0852	PWC gp 3 vhd seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0853	PWC gp 3 vhd cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0854	PWC gp 3 xhd seat/back	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0855	PWC gp 3 xhd cap chair	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0856	PWC gp3 std sing pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0857	PWC gp3 std sing pow opt cap	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0858	PWC gp3 hd sing pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0859	PWC gp3 hd sing pow opt cap	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0860	PWC gp3 vhd sing pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0861	PWC gp3 std mult pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0862	PWC gp3 hd mult pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters
K0863	PWC gp3 vhd mult pow opt s/b	Clinical Policy: Wheelchairs and Power Operated Vehicles, Scooters

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

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

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

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

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

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

L1200 Furnsh initial orthosis only
Clinical Policy: Spinal Orthoses

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MATERNITY

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

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

MEDICAL - DIAGNOSTIC

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

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

92607	Speaking device exam, training
Clinical Policy: Speech Generating Devices	
92608	Speaking device exam, training
Clinical Policy: Speech Generating Devices	
92609	Speaking device exam, training
Clinical Policy: Speech Generating Devices	
92640	Analysis auditory brainstem implant, w programming
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAH	
93613	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries
Clinical Policy: Cardiac Catheter Ablation and Radioablation	
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
Clinical Policy: Cardiac Catheter Ablation and Radioablation	
93653	Evaluation of electrical activity within the heart by placing a thin tube (catheter) threaded through a leg or neck blood vessel. The heart may be stimulated to find the diseased area that can then be treated
Clinical Policy: Cardiac Catheter Ablation and Radioablation	
93654	Evaluation of electrical activity within the heart by placing a thin tube (catheter) threaded through a leg or neck blood vessel. The heart may be stimulated to find the diseased area that can then be treated
Clinical Policy: Cardiac Catheter Ablation and Radioablation	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia
Clinical Policy: Cardiac Catheter Ablation and Radioablation	
93656	Evaluation of electrical activity within the heart by placing a thin tube (catheter) threaded through a leg or neck blood vessel. The heart may be stimulated to find the diseased area that can then be treated
Clinical Policy: Cardiac Catheter Ablation and Radioablation	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation
Clinical Policy: Cardiac Catheter Ablation and Radioablation; Cryoablation	
95700	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95705	EEG monitoring without video review of data, technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95706	EEG monitoring without video review of data, technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95707	EEG monitoring without video review of data, technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	

95708	EEG monitoring without video review of data, technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95709	EEG monitoring without video review of data, technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95710	EEG monitoring without video review of data, technical description by EEG Tech
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95711	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95712	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95713	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95714	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95715	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95716	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95717	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95718	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95719	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95720	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95721	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95722	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95723	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95724	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95725	EEG monitoring without video, continuous recording, physician review of recorded events, analysis of spike and seizure detection
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	

95726	EEG monitoring/videorecord
Clinical Policy: Ambulatory EEG and Video EEG Monitoring	
95800	Slp stdy unattended
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment	
95801	Slp stdy unatnd w/anal
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment	
95805	Multiple sleep latency test
Clinical Policy: Multiple Sleep Latency Test (MSLT) and Maintenance Wakefulness Test (MWT); Obstructive Sleep Apnea in Adults - Diagnosis and Treatment	
95806	Sleep study unatt&resp efft
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment	
95807	Sleep study attended
Clinical Policy: Obstructive Sleep Apnea in Adults - Diagnosis and Treatment	
95808	Polysom any age 1-3> param
Clinical Policy: Noninvasive Positive Pressure Ventilation; Obstructive Sleep Apnea in Adults - Diagnosis and Treatment	
95810	Polysom 6/> yrs 4/> param
Clinical Policy: Noninvasive Positive Pressure Ventilation; Obstructive Sleep Apnea in Adults - Diagnosis and Treatment	
95811	Polysom 6/>yrs cpap 4/> parm
Clinical Policy: Noninvasive Positive Pressure Ventilation; Obstructive Sleep Apnea in Adults - Diagnosis and Treatment	
95940	Monitoring the function of the brain and spinal cord during surgery
Clinical Policy: Evoked Potential Studies including Intraoperative Monitoring; Vagus Nerve Stimulation	
95941	Monitoring the function of the brain and spinal cord during surgery addition
Clinical Policy: Evoked Potential Studies including Intraoperative Monitoring; Vagus Nerve Stimulation	
95961	Electrode stimulation brain
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Quantitative EEG (Brain Mapping); Trigeminal Neuralgia Treatments	
95962	Electrode stim brain add-on
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Quantitative EEG (Brain Mapping); Trigeminal Neuralgia Treatments	
95965	Meg spontaneous
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Magnetic Source Imaging Magnetoencephalography	
95966	Meg evoked single
Clinical Policy: Magnetic Source Imaging Magnetoencephalography	
95967	Meg evoked each addl
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation;	

Magnetic Source Imaging Magnetoencephalography

G0453	Cont intraop neuro monitor
Clinical Policy: Evoked Potential Studies Incl Intraoperative Monitoring	
G0562	Therapeutic radiology simulation-aided field setting; complex,
Clinical Policy: Radiation Therapy	
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions
Clinical Policy: Stereotactic Radiosurgery	
MISCELLANEOUS MEDICAL	
Code	Description
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment	
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment	
0402T	Collagen crosslinking cornea
Clinical Policy: Vision Surgery and Vision Screening for Medical Diseases or Injury	
0479T	Fractional ablative laser fenestration of burn and traumatic scars, each additional 100 cm2, infant and children
Clinical Policy: Carbon Dioxide Laser for Actinic Lesions and Other Selected Indications	
0480T	Fractional ablative laser fenestration of burn and traumatic scars, first 100 cm2, infant and children
Clinical Policy: Carbon Dioxide Laser for Actinic Lesions and Other Selected Indications	
0552T	Low-level laser therapy
Clinical Policy: Cold Laser and High-Power Laser Therapies	
96547	Intraop Hipec Px 1st 60 min
Clinical Policy: Hyperthermia	
96548	Intraop Hipec Px each additional 30 min
Clinical Policy: Hyperthermia	
97151	Behavior identification assessment qualified health care professional each 15 minutes
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment	
97152	Behavior identification-supporting assessment each 15 minutes
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment	
97153	Adaptive behavior treatment by protocol each 15 minutes
Clinical Policy: Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment	
97154	Group adaptive behavior treatment by protocol each

15 minutes

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

97155 Adaptive behavior treatment with protocol modification each 15 minutes

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

97158 Group adaptive behavior treatment with protocol modification each 15 minutes

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

97605 Neg press wound tx </=50 cm

Clinical Policy: Negative Pressure Wound therapy

97606 Neg press wound tx >50 cm

Clinical Policy: Negative Pressure Wound therapy

99183 Hyperbaric oxygen therapy

Clinical Policy: Hyperbaric Oxygen therapy; Tinnitus Treatments

99304 Initial nursing facility care, per day 25 min

Clinical Policy: Skilled Nursing Facility Care

99305 Initial nursing facility care, per day 35 min

Clinical Policy: Skilled Nursing Facility Care

99306 Initial nursing facility care, per day 45 min

Clinical Policy: Skilled Nursing Facility Care

99307 Subsequent nursing facility care, per day 10 min

Clinical Policy: Skilled Nursing Facility Care

99308 Subsequent nursing facility care, per day 15 min

Clinical Policy: Skilled Nursing Facility Care

99309 Subsequent nursing facility care, per day 30 min

Clinical Policy: Skilled Nursing Facility Care

99310 Subsequent nursing facility care, per day 45 min

Clinical Policy: Skilled Nursing Facility Care

99315 Nursing facility discharge management 30 min or less

Clinical Policy: Skilled Nursing Facility Care

99316 Nursing facility discharge management 30 min or more

Clinical Policy: Skilled Nursing Facility Care

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

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

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

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

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

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

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

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

B4164 Parenteral nutrition solution; carbohydrates

Clinical Policy: Nutritional Support

B4168 Parenteral nutrition solution; amino acid

Clinical Policy: Nutritional Support

B4172 Parenteral nutrition solution; amino acid

Clinical Policy: Nutritional Support

B4176 Parenteral nutrition solution; amino acid

Clinical Policy: Nutritional Support

B4178 Parenteral nutrition solution; amino acid

Clinical Policy: Nutritional Support

B4180 Parenteral nutrition solution; carbohydrates

Clinical Policy: Nutritional Support

B4185 Parenteral nutrition solution; not otherwise specified

Clinical Policy: Nutritional Support

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

Clinical Policy: Nutritional Support

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

Clinical Policy: Nutritional Support

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

Clinical Policy: Nutritional Support

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

Clinical Policy: Nutritional Support

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

Clinical Policy: Nutritional Support

B4220 Parenteral nutrition supply kit; premix, per day

Clinical Policy: Nutritional Support

B4222 Parenteral nutrition supply kit; home mix, per day

Clinical Policy: Nutritional Support

B4224 Parenteral nutrition administration kit, per day

Clinical Policy: Nutritional Support

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

Clinical Policy: Nutritional Support

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

Clinical Policy: Nutritional Support

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

Clinical Policy: Nutritional Support

C1715	Brachytherapy needle
Clinical Policy: Brachytherapy	
C1716	Brachytherapy source, nonstranded, gold-198, per source
Clinical Policy: Brachytherapy	
C1717	Brachytherapy source, nonstranded, high dose rate iridium-192, per source
Clinical Policy: Brachytherapy	
C1719	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source
Clinical Policy: Brachytherapy	
G0277	Hbot, full body chamber, 30m
Clinical Policy: Hyperbaric Oxygen therapy; Tinnitus Treatments	
G0398	Home sleep study test, type II
Clinical Policy: Obstructive Sleep Apnea in Adults-Diagnosis and Treatment	
G0399	Home sleep study test, type III
Clinical Policy: Obstructive Sleep Apnea in Adults-Diagnosis and Treatment	
Q5005	Hospital hospice care
Clinical Policy: Hospice	
S9365	Home Infusion Therapy, total parenteral nutrition; one liter per day, per diem
Clinical Policy: Nutritional Support	
S9366	Home Infusion Therapy, total parenteral nutrition; two liters per day, per diem
Clinical Policy: Nutritional Support	
S9367	Home Infusion Therapy, total parenteral nutrition; three liters per day, per diem
Clinical Policy: Nutritional Support	
S9368	Home Infusion Therapy, total parenteral nutrition; no more than three liters per day, per diem
Clinical Policy: Nutritional Support	
V2790	Amniotic membrane
Clinical Policy: Corneal Graft With Amniotic Membrane Transplant Or Limbal Stem Cell Transplant	

NON-PRESCRIPTION DRUGS

Code	Description
90283	Immune globulin (IgIV), human, for intravenous use
Clinical Policy: See Pharmacy Pre-Auth	
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
Clinical Policy: See Pharmacy Pre-Auth	
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
Clinical Policy: See Pharmacy Pre-Auth	
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each

Clinical Policy: See Pharmacy Pre-Auth

96440 Chemotherapy intracavitary
Clinical Policy: Hyperthermia in Cancer therapy

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

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

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

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

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

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

J0129 Abatacept injection
Clinical Policy: See Pharmacy Pre-Auth

J0135 Adalimumab injection
Clinical Policy: Graves' Ophthalmopathy Treatments

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

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

J0221 Lumizyme injection
Clinical Policy: See Pharmacy Pre-Auth

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

J0470 Dimecaprol injection
Clinical Policy: Chelation therapy

J0485 Belatacept injection
Clinical Policy: Kidney Transplantation

J0490 Belimumab injection
Clinical Policy: Kidney Transplantation

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

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

J0587 Inj, rimabotulinumtoxinB
Clinical Policy: Headaches: Invasive Procedures; Mechanical Stretching Devices for Contracture and Joint Stiffness; Plantar Fasciitis

Treatments; Post-Herpetic Neuralgia; Spasticity Management; Speech therapy; Tinnitus Treatments; Trigeminal Neuralgia: Treatments

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

J0600 Edetate calcium disodium inj
Clinical Policy: Chelation therapy

J0638 Canakinumab injection
Clinical Policy: Chelation therapy

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

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

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

J0800 Corticotropin injection
Clinical Policy: See Pharmacy Pre-Auth

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

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

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

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

J0897 Denosumab injection
Clinical Policy: See Pharmacy Pre-Auth

J1290 Ecallantide injection
Clinical Policy: See Pharmacy Pre-Auth

J1300 Eculizumab injection
Clinical Policy: Kidney Transplantation

J1301 Edaravone injection
Clinical Policy: See Pharmacy Pre-Auth

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

J1324 Enfuvirtide injection
Clinical Policy: See Pharmacy Pre-Auth

J1325 Epoprostenol injection
Clinical Policy: See Pharmacy Pre-Auth

J1438 Etanercept injection
Clinical Policy: Dry Eyes Treatments and Devices; Graves' Ophthalmopathy Treatments

J1458 Galsulfase injection
Clinical Policy: See Pharmacy Pre-Auth

J1459 Inj IVIG privigen 500 mg
Clinical Policy: Graves' Ophthalmopathy Treatments

J1556 Injection, immune globulin (Bivigam), 500 mg
Clinical Policy: See Pharmacy Pre-Auth

J1557 Injection, immune globulin, (Gammalex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Clinical Policy: See Pharmacy Pre-Auth

J1559 Hizentra injection
Clinical Policy: See Pharmacy Pre-Auth

J1561 Gamunex-C/Gammaked
Clinical Policy: Graves' Ophthalmopathy Treatments

J1566 Immune globulin, powder
Clinical Policy: Graves' Ophthalmopathy Treatments

J1568 Octagam Injection
Clinical Policy: Graves' Ophthalmopathy Treatments

J1569 Gammagard Liquid injection
Clinical Policy: Graves' Ophthalmopathy Treatments

J1572 Flebogamma injection
Clinical Policy: Graves' Ophthalmopathy Treatments

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

J1743 Idursulfase injection
Clinical Policy: See Pharmacy Pre-Auth

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

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

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

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

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

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

J1930 Lanreotide injection
Clinical Policy: Graves' Ophthalmopathy Treatments

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

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

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

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

J2170	Mecasermin injection	See Pharmacy Pre-Auth
Clinical Policy: See Pharmacy Pre-Auth		
J2182	Injection, mepolizumab, 1mg	
Clinical Policy: See Pharmacy Pre-Auth		
J2212	Methylxaltrexone injection	
Clinical Policy: See Pharmacy Pre-Auth		
J2267	Injection, mirikizumab-mrkz, 1 mg	
Clinical Policy: See Pharmacy Pre-Auth		
J2278	Ziconotide injection	
Clinical Policy: Infusion Pumps		
J2315	Naltrexone, depot form	
Clinical Policy: See Pharmacy Pre-Auth		
J2323	Natalizumab injection	
Clinical Policy: See Pharmacy Pre-Auth		
J2326	Injection, nusinersen, 0.1 mg	
Clinical Policy: See Pharmacy Pre-Auth		
J2329	Injection, ublituximab-xiiy, 1mg	
Clinical Policy: See Pharmacy Pre-Auth		
J2350	Injection, ocrelizumab, 1 mg	
Clinical Policy: See Pharmacy Pre-Auth		
J2353	Octreotide injection, depot	
Clinical Policy: Graves' Ophthalmopathy Treatments; Liver and Other Neoplasms – Treatment Approaches		
J2354	Octreotide inj, non-depot	
Clinical Policy: Graves' Ophthalmopathy Treatments; Liver and Other Neoplasms – Treatment Approaches		
J2355	Injection, oprelvekin, 5 mg	
Clinical Policy: See Pharmacy Pre-Auth		
J2357	Omalizumab injection	
Clinical Policy: Allergy Testing and Allergy Immunotherapy		
J2503	Pegaptanib sodium injection	
Clinical Policy: See Pharmacy Pre-Auth		
J2778	Ranibizumab injection	
Clinical Policy: See Pharmacy Pre-Auth		
J2793	Injection, rilonacept, 1 mg	
Clinical Policy: See Pharmacy Pre-Auth		
J2796	Romiplostim injection	
Clinical Policy: See Pharmacy Pre-Auth		
J2802	Injection, romiplostim, 1 mcg	
Clinical Policy: See Pharmacy Pre-Auth		
J2916	Na ferric gluconate complex	
Clinical Policy: See Pharmacy Pre-Auth		
J2941	Somatropin injection	
Clinical Policy: See Pharmacy Pre-Auth		
J3010	Injection, fentanyl citrate, 0.1 mg	

Clinical Policy: See Pharmacy Pre-Auth

J3060 Injection, taliglucerase alfa, 10 units

Clinical Policy: See Pharmacy Pre-Auth

J3110 Teriparatide injection

Clinical Policy: See Pharmacy Pre-Auth

J3262 Tocilizumab injection

Clinical Policy: Graves' Ophthalmopathy Treatments

J3285 Treprostinil injection

Clinical Policy: Iontophoresis

J3357 Ustekinumab sub cu inj, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J3358 Ustekinumab, iv inject, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J3380 Injection, vedolizumab

Clinical Policy: See Pharmacy Pre-Auth

J3385 Velaglucerase alfa

Clinical Policy: See Pharmacy Pre-Auth

J3399 Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10

Clinical Policy: See Pharmacy Pre-Auth

J7178 Human fibrinogen conc inj

Clinical Policy: See Pharmacy Pre-Auth

J7181 Injection, Factor XIII A-subunit, (recombinant), per IU

Clinical Policy: See Pharmacy Pre-Auth

J7183 Wilate injection

Clinical Policy: See Pharmacy Pre-Auth

J7185 Xyntha inj

Clinical Policy: See Pharmacy Pre-Auth

J7186 Antihemophilic viii/vwf comp

Clinical Policy: See Pharmacy Pre-Auth

J7187 Humate-P, inj

Clinical Policy: See Pharmacy Pre-Auth

J7188 Factor viii recomb obizur

Clinical Policy: See Pharmacy Pre-Auth

J7189 Factor viia

Clinical Policy: See Pharmacy Pre-Auth

J7190 Factor viii

Clinical Policy: See Pharmacy Pre-Auth

J7192 Factor VIII (antihemophilic factor, recombinant) per IU

Clinical Policy: See Pharmacy Pre-Auth

J7193 Factor IX non-recombinant

Clinical Policy: See Pharmacy Pre-Auth

J7194 Factor ix complex

Clinical Policy: See Pharmacy Pre-Auth

J7195 Factor ix recombinant nos

Clinical Policy: See Pharmacy Pre-Auth

J7197 Antithrombin iii injection

Clinical Policy: See Pharmacy Pre-Auth

J7198 Anti-inhibitor

Clinical Policy: See Pharmacy Pre-Auth

J7316 Injection, ocriplasmin, 0.125 mg

Clinical Policy: See Pharmacy Pre-Auth

J7318 Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J7330 Cultured chondrocytes implnt

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

J7639 Dornase alfa non-comp unit

Clinical Policy: See Pharmacy Pre-Auth

J7682 Tobramycin non-comp unit

Clinical Policy: See Pharmacy Pre-Auth

J7686 Treprostinil, non-comp unit

Clinical Policy: Iontophoresis

J9019 Erwinaze injection

Clinical Policy: See Pharmacy Pre-Auth

J9021 Injection, asparaginase, recombinant, (Rylaze), 0.1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9022 Inj, atezolizumab,10 mg

Clinical Policy: See Pharmacy Pre-Auth

J9039 Injection, blinatumomab

Clinical Policy: See Pharmacy Pre-Auth

J9042 Brentuximab vedotin inj

Clinical Policy: See Pharmacy Pre-Auth

J9043 Cabazitaxel injection

Clinical Policy: See Pharmacy Pre-Auth

J9047 Injection, carfilzomib, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9055 Cetuximab injection

Clinical Policy: Genetic Testing - Tumor Markers

J9144 Injection, daratumumab, 10 mg and hyaluronidase-fihj

Clinical Policy: See Pharmacy Pre-Auth

J9145 Injection, daratumumab, 10 mg

Clinical Policy: See Pharmacy Pre-Auth

J9173 Durvalumab, 10 mg

Clinical Policy: See Pharmacy Pre-Auth

J9207 Injection, ixabepilone, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9217 Leuprolide acetate suspnsion

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

J9218 Leuprolide acetate injeciton

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

J9225 Histrelin implant (Vantas), 50 mg

Clinical Policy: See Pharmacy Pre-Auth

J9226 Supprelin LA implant

Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

J9228 Ipilimumab injection

Clinical Policy: See Pharmacy Pre-Auth

J9229 Inotuzumab ozogamicin, 0.1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9271 Inj pembrolizumab

Clinical Policy: See Pharmacy Pre-Auth

J9272 Injection, dostarlimab-gxly, 10mg

Clinical Policy: See Pharmacy Pre-Auth

J9299 Injection, nivolumab, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

J9301 Obinutuzumab inj

Clinical Policy: See Pharmacy Pre-Auth

J9302 Ofatumumab injection

Clinical Policy: See Pharmacy Pre-Auth

J9303 Panitumumab injection

Clinical Policy: Genetic Testing - Tumor Markers

J9308 Injection, ramucirumab

Clinical Policy: See Pharmacy Pre-Auth

J9330 Temsirolimus injection

Clinical Policy: See Pharmacy Pre-Auth

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

Clinical Policy: See Pharmacy Pre-Auth

J9352 Injection trabectedin 0.1mg

Clinical Policy: See Pharmacy Pre-Auth

J9400 Injection, ziv-aflibercept, 1 mg

Clinical Policy: See Pharmacy Pre-Auth

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

Clinical Policy: See Pharmacy Pre-Auth

J9999 Chemotherapy drug

Clinical Policy: See Pharmacy Pre-Auth

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

Clinical Policy: See Pharmacy Pre-Auth

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

Clinical Policy: See Pharmacy Pre-Auth

Q2026 Radiesse injection

Clinical Policy: Vocal Cord Paralysis Insufficiency Treatments

Q2041	An infusion of axicabtagene ciloleucel
Clinical Policy: See Pharmacy Pre-Auth	
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Clinical Policy: See Pharmacy Pre-Auth	
Q2053	Brexucabtagene autoleucel/CAR T-cell typically given IV for the treatment for mantle cell lymphoma
Clinical Policy: Non Prescription Drugs	
Q2054	Modified and selected immune cells (white blood cells) used in the treatment of lymphoma
Clinical Policy: See Pharmacy Pre-Auth	
Q3001	Radioelements for brachytherapy, any type, each
Clinical Policy: Brachytherapy	
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Clinical Policy: See Pharmacy Pre-Auth	
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Clinical Policy: See Pharmacy Pre-Auth	
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg
Clinical Policy: See Pharmacy Pre-Auth	
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Clinical Policy: See Pharmacy Pre-Auth	
Q5119	Injection, rituximab-pvvr, biosimilar (Ruxience)
Clinical Policy: See Pharmacy Pre-Auth	
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg
Clinical Policy: See Pharmacy Pre-Auth	
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg
Clinical Policy: See Pharmacy Pre-Auth	
S0088	Imatinib 100 mg
Clinical Policy: See Pharmacy Pre-Auth	

NON-STANDARD BENEFIT

Code	Description
0205T	Inirs each vessel add-on
Clinical Policy: Infrared therapy and/or Cold Laser and High-Power Laser therapies	
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
Clinical Policy: Brachytherapy	
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple
Clinical Policy: Brachytherapy	

55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application
Clinical Policy: Brachytherapy	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Clinical Policy: Brachytherapy	
58974	Embryo transfer, intrauterine
Clinical Policy: Assisted Reproductive Technology	
59000	Amniocentesis; diagnostic
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing	
59001	Amniocentesis; therapeutic amniotic fluid reduction
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing	
59012	Cordocentesis (intrauterine), any method
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing	
59015	Chorionic villus sampling, any method
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing	
G0249	Provide INR test mater/equip
Clinical Policy: Prothrombin Time (INR) Home Testing Devices	
S0812	Phototherap keratect
Clinical Policy: Computerized Corneal Topography; Vision Surgery and Vision Screening for Medical Diseases or Injury	
S4015	Complete IVF nos case rate
Clinical Policy: Assisted Reproductive Benefit (State Risk Pool)	
S4016	Frozen in vitro fertilization cycle, case rate
Clinical Policy: Assisted Reproductive Technology	
S4037	Cryopreserved embryo transfer, case rate
Clinical Policy: Assisted Reproductive Technology	
V5030	Body-worn hearing aid air
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5040	Body-worn hearing aid bone
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5050	Hearing aid monaural in ear
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5060	Behind ear hearing aid
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5095	Semi-implantable hearing aid
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5100	Body-worn bilat hearing aid
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5120	Body-worn binaur hearing aid

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

V5130 In ear binaural hearing aid

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

V5140 Behind ear binaural hearing aid

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

V5171 Hearing aid monaural in ear

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

V5172 Hearing aid monaural in canal

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

V5181 Hearing aid, mon, bte

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

V5211 Hearing aid, bin, ite

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

V5212 Hearing aid, bin, ite

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

V5213 Hearing aid, bin, ite

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

V5214 Hearing aid, bin, itc

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

V5215 Hearing aid, bin, itc

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

V5221 Hearing aid, bin, bte

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

V5242 Hearing aid, monaural, cic

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

V5243 Hearing aid, monaural, itc

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

V5244 Hearing aid, prog, mon, cic

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

V5245 Hearing aid, prog, mon, itc

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

V5246 Hearing aid, prog, mon, ite

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

V5247 Hearing aid, prog, mon, bte

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

V5248 Hearing aid, binaural, cic

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

V5249 Hearing aid, binaural, itc

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

V5250 Hearing aid, prog, bin, cic

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

V5251 Hearing aid, prog, bin, itc

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

V5252 Hearing aid, prog, bin, ite

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

V5253 Hearing aid, prog, bin, bte

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

V5254 Hearing aid, digit, mon, cic

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

V5255 Hearing aid, digit, mon, itc

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

V5256 Hearing aid, digit, mon, ite

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

V5257 Hearing aid, digit, mon, bte

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

V5258 Hearing aid, digit, bin, cic

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

V5259 Hearing aid, digit, bin, itc

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

V5260 Hearing aid, digit, bin, ite

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

V5261 Hearing aid, digit, bin, bte

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

V5262 Hearing aid, disp, monaural

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

V5263 Hearing aid, disp, binaural

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

V5264	Ear mold or insert
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5265	Ear mold or insert, disposable
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5267	Hearing aid sup/access/dev
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5275	Ear impression
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus)	
V5298	Hearing aid noc
Clinical Policy: Hearing Aids (Not covered for SL County or Consumer Plus); Cochlear Implants Auditory Brainstem Implants and BAHA	
V5336	Repair/modification of augmentative communicative system/device
Clinical Policy: Speech Generating Devices	

OP PSYCH-ALCOHOL/DRUG ABUSE

Code	Description
90867	Tcranial magn stim tx plan
Clinical Policy: Migraine and Cluster Headache Nonsurgical Management; Spasticity Management; Speech therapy; Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation	
90868	Tcranial magn stim tx deli
Clinical Policy: Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation	
90869	Tcran magn stim redetermine
Clinical Policy: Migraine and Cluster Headache Nonsurgical Management; Spasticity Management; Speech therapy; Tinnitus Treatments; Transcranial Magnetic Stimulation and Cranial Electrical Stimulation	
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis inter
Clinical Policy: Intensive Outpatient Program (IOP)	

PATHOLOGY AND LABORATORY

Code	Description
0047U	Oncology prostate
Clinical Policy: Prostate Cancer Prognosis Policy	
81105	Hpa-1 Genotyping
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81106	Hpa-2 Genotyping
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81107	HPA-3 Genotyping
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic	

Testing

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

Coding]] (Eg, Spinocerebellar At

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81172 Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81173 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81174 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81175 ASXL1 Full Gene Sequence

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81176 ASXL1 Gene target Seq Alys

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81177 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluatio

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81178 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Full Gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81179 Atxn2 (Ataxin 2) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To D

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81180 Atxn3 (Ataxin 3) (Eg, Spinocerebellar Ataxia, Machado-Joseph Disease) Gene A

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81181 Atxn7 (Ataxin 7) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To D

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81182 Atxn8Os (Atxn8 Opposite Strand [Non-Protein Coding]] (Eg, Spinocerebellar At

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81183 Atxn10 (Ataxin 10) (Eg, Spinocerebellar Ataxia) Gene Analysis, Evaluation To

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81184 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81185 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81186 Cacna1A (Calcium Voltage-Gated Channel Subunit Alpha1 A) (Eg, Spinocerebella

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81187 Cnbp (Cchc-Type Zinc Finger Nucleic Acid Binding Protein) (Eg, Myotonic Dyst

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81188 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Evaluatio

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81189 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Full Gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81190 Cstb (Cystatin B) (Eg, Unverricht-Lundborg Disease) Gene Analysis; Known Fam

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81200 Aspa gene

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

81201 Apc gene full sequence

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

81202 Apc gene known fam variants

Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81203 Apc gene dup/delet variants

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

81204 AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)

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

81205 Bckdhb gene

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

81206 Bcr/abl1 gene major bp

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

81207 Bcr/abl1 gene minor bp

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

81208	Bcr/abl1 gene other bp
Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing	
81209	Blm gene
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81210	Braf gene
Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing	
81212	Brca1&2 185&5385&6174 var
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing	
81215	Brca1 gene known fam variant
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing	
81216	Brca2 gene full sequence
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing	
81217	Brca2 gene known fam variant
Clinical Policy: Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing	
81218	Cebpa gene full sequence
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81219	Calr gene com variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing; Genetic Testing - Comparative Genomic Hybridization	
81220	Cftr gene com variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing	
81221	Cftr gene known fam variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81222	Cftr gene dup/delet variants
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81223	Cftr gene full sequence
Clinical Policy: Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81224	Cftr gene intron poly t
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing	
81225	Cyp2c19 gene com variants
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing	
81226	Cyp2d6 gene com variants
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing	

81228	Cytogen micrarray copy nmbr
Clinical Policy: Genetic Testing - Comparative Genomic Hybridization (CGH); Recurrent Pregnancy Loss; Genetic Testing; Genetic Testing - Comparative Genomic Hybridization	
81229	Cytogen m array copy no&snp
Clinical Policy: Genetic Testing - Comparative Genomic Hybridization (CGH); Genetic Testing - Invasive Prenatal Diagnostic Testing; Recurrent Pregnancy Loss; Genetic Testing	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene anal
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; ev
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81235	Egfr gene com variants
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Tumor Markers; Genetic Testing	
81236	EZH2 gene analysis, full gene sequence
Clinical Policy: Master Policy; Genetic Testing	
81237	Ezh2 (Enhancer Of Zeste 2 Polycomb Repressive Complex 2 Subunit) (Eg, Diffus
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence
Clinical Policy: Master Policy; Genetic Testing	
81239	Dmpk (Dm1 Protein Kinase) (Eg, Myotonic Dystrophy Type 1) Gene Analysis; Cha
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81240	F2 gene
Clinical Policy: Genetic Testing - Thrombophilias - Factor V Leiden and Prothrombin Gene Mutations; Recurrent Pregnancy Loss; Genetic Testing	
81241	F5 gene
Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Thrombophilias - Factor V Leiden and Prothrombin Gene Mutations; Recurrent Pregnancy Loss; Genetic Testing	
81242	Fancc gene
Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing	
81243	Fmr1 gene detection
Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment; Genetic Testing	
81244	Fmr1 gene characterization
Clinical Policy: Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Tumor Markers; Autism Spectrum Disorders Pervasive Developmental Disorders: Assessment and Treatment;	

Genetic Testing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

81267 Chimerism anal no cell selec
Clinical Policy: Genetic Testing

81268 Chimerism anal w/cell select
Clinical Policy: Genetic Testing

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

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

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

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

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

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

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

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

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

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

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

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81287 MGMT Gene Methylation Anal

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81288 Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Promoter Methylation Analysis

Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81289 Fxn (Frataxin) (Eg, Friedreich Ataxia) Gene Analysis; Known Familial Variant

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81290 Mcoln1 gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81292 Mlh1 gene full seq

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

81293 Mlh1 gene known variants

Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81294 Mlh1 gene dup/delete variant

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

81295 Msh2 gene full seq

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

81296 Msh2 gene known variants

Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81297 Msh2 gene dup/delete variant

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

81298 Msh6 gene full seq

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

81299 Msh6 gene known variants

Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81300 Msh6 gene dup/delete variant

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

81301 Microsatellite instability

Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81302 Mecp2 gene full seq

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

81303 Mecp2 gene known variant

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

81304 Mecp2 gene dup/delet variant

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

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

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81306 Nudt15 Gene Common Variants

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

81307 PALB2 full gene

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

81308 PALB2 known variant

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

81309 PIK3CA colon/breast cancer gene analysis

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

81310 Npm1 gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81311 Nras gene variants exon 2&3

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

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

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81314 Pdgfra gene

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81315 Pml/raralpha com breakpoints

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

81316 Pml/raralpha 1 breakpoint

Clinical Policy: Genetic Testing - Tumor Markers; Genetic Testing

81317 Pms2 gene full seq analysis

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

81318 Pms2 known familial variants

Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

81319 Pms2 gene dup/delet variants

Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing

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

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

81321 Pten gene full sequence

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing

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

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

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

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

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

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

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

81330 Smpd1 gene common variants
Clinical Policy: Genetic Testing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

81374	HLA Class I typing, low resolution, one antigen equivalent	Clinical Policy: Master Policy; Genetic Testing
81375	Hla ii typing ag equiv lr	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81376	Hla ii typing 1 locus lr	Clinical Policy: Celiac Disease Laboratory Testing (Genetic Testing); Genetic Testing
81377	Hla ii type 1 ag equiv lr	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81378	Hla i & ii typing hr	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81379	Hla i typing complete hr	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81380	Hla i typing 1 locus hr	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81381	Hla i typing 1 allele hr	Clinical Policy: Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing
81382	Hla ii typing 1 loc hr	Clinical Policy: Celiac Disease Laboratory Testing (Genetic Testing); Genetic Testing
81383	Hla ii typing 1 allele hr	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81400	Mopath procedure level 1	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Recurrent Pregnancy Loss; Genetic Testing
81401	Mopath procedure level 2	Clinical Policy: Genetic Testing - Colon Cancer; Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Inflammatory Bowel Disease Laboratory; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug Toxicity and Response; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Recurrent Pregnancy Loss; Genetic Testing
81402	Mopath procedure level 3	Clinical Policy: Recurrent Pregnancy Loss; Genetic Testing
81403	Mopath procedure level 4	Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing

81404	Mopath procedure level 5	Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Prenatal Screening and Diagnostic Testing; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing
81405	Mopath procedure level 6	Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing
81406	Mopath procedure level 7	Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Breast Cancer Prognosis; Genetic Testing - Colon Cancer; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - RET Protooncogene and Hereditary Paraganglioma- Pheochromocytoma (PGL PCC) Syndrome; Genetic Testing - Tumor Markers; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing
81407	Mopath procedure level 8	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing
81408	Mopath procedure level 9	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - Prenatal Screening and Diagnostic Testing; Recurrent Pregnancy Loss; Genetic Testing
81410	Aortic dysfunction/dilation	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81411	Aortic dysfunction/dilation	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81412	Ashkenazi jewish assoc dis	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81413	Car ion chnnlpath inc 10 gns	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81414	Car ion chnnlpath inc 2 gns	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing
81419	Epilepsy genomic sequence	Clinical Policy: Master Policy; Genetic Testing
81420	Fetal chromosomal aneuploidy	Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Serum Marker Screening for Down Syndrome; Genetic Testing

81434	Hereditary retinal disorders
Clinical Policy: Master Policy; Genetic Testing	
81435	Hereditary colon ca dsordrs
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81436	Hereditary colon ca dsordrs
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81437	Hereditary neuroendocrine tumor disorders
Clinical Policy: Master Policy; Genetic Testing	
81439	Inherited cardmypythy 5 gns
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81441	Inherited bone marrow failure syndromes
Clinical Policy: Master Policy; Genetic Testing	
81442	Noonan spectrum disorders
Clinical Policy: Master Policy; Genetic Testing	
81443	Genetic Testing For Severe Inherited Conditions (Eg, Cystic Fibrosis, Ashken
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81448	Hrdtry perph neurphy panel
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing	
81479	Unlisted molecular pathology
Clinical Policy: Genetic Testing - Amyotrophic Lateral Sclerosis Mutations; Genetic Testing - Colon Cancer; Genetic Testing - Comparative Genomic Hybridization (CGH); Genetic Testing - Hereditary Pancreatitis; Genetic Testing - Inflammatory Bowel Disease Laboratory Tests; Genetic Testing - Miscellaneous Diagnoses; Genetic Testing - Pharmacogenomic Testing for Drug toxicity and Response; Genetic Testing Predisposition to Inherited Hypertrophic Cardiomyopathy; Genetic Testing - Prostate Cancer Screening, Detection, and Disease Monitoring; Genetic Testing - Serum Marker Screening for Down Syndrome; Genetic Testing - Tumor Markers; Genetic Testing - Whole Exome and Whole Genome Sequencing for Diagnosis of Genetic Disorders; Molecular Markers in Fine Needle Aspirates of the Thyroid; Genetic Testing	
81503	Onco (ovar) five proteins
Clinical Policy: Genetic Testing - Tumor Markers	
81507	Fetal aneuploidy (trisomy 21, 18, and 13)
Clinical Policy: Genetic Testing – Serum Marker Screening for Down Syndrome	
81518	Breast Cancer Index
Clinical Policy: Genetic Testing - Breast Cancer Prognosis	
81519	Oncology breast mrna
Clinical Policy: Genetic Testing - Breast Cancer Prognosis; Genetic Testing - Tumor Markers	
81538	Oncology lung
Clinical Policy: Genetic Testing - Tumor Markers	
81541	Oncology prostate
Clinical Policy: Prostate Cancer Prognosis Policy	

81542	Oncology prostate
Clinical Policy: Prostate Cancer Prognosis Policy	
81595	Cardiology hrt trnspl mrna
Clinical Policy: Heart Transplantation; Laboratory Testing for Transplantation Rejection	
81599	Unlisted maaa
Clinical Policy: Genetic Testing - Prostate Cancer Screening, Detection, and Disease Monitoring; Molecular Markers in Fine Needle Aspirates of the Thyroid	
83006	Growth stimulation gene 2
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses	
87903	Phenotype dna hiv w/culture
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses	
88235	Issue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing	
88245	Chromosome analysis 20-25
Clinical Policy: Mammography and MRI of the Breast; Recurrent Pregnancy Loss	
88248	Chromosome analysis 50-100
Clinical Policy: Master Policy	
88249	Chromosome analysis 100
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses	
88261	Chromosome analysis 5
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses	
88262	Chromosome analysis 15-20
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses	
88263	Chromosome analysis 45
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses	
88264	Chromosome analysis 20-25
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing	
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing	
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding
Clinical Policy: Genetic Testing – Invasive Prenatal Diagnostic Testing	
88271	Cytogenetics dna probe
Clinical Policy: Celiac Disease Laboratory Testing (Genetic Testing); Cervical Cancer Screening and Diagnosis; Colorectal Cancer Screening; Genetic Testing - Hereditary Breast and Ovarian Cancer Testing; Genetic Testing - Tumor Markers; Mammography and MRI of the Breast; Recurrent Pregnancy Loss; Genetic Testing – Invasive Prenatal Diagnostic Testing	
88272	Cytogenetics 3-5
Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing	
88273	Cytogenetics 10-30

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses; Genetic Testing – Invasive Prenatal Diagnostic Testing

88274 Cytogenetics 25-99

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

88275 Cytogenetics 100-300

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

88280 Chromosome karyotype study

Clinical Policy: Recurrent Pregnancy Loss

88283 Chromosome banding study

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88285 Chromosome count additional

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88289 Chromosome study additional

Clinical Policy: Recurrent Pregnancy Loss

88291 Cyto/molecular report

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

88299 Cytogenetic study

Clinical Policy: Genetic Testing - Miscellaneous Diagnoses

88364 Insitu hybridization (fish)

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

88366 Insitu hybridization (fish)

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

88375 Optical endomicroscopy interp

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

89258 (State only) Cryopreservation; embryo(s)

Clinical Policy: Assisted Reproductive Technology

89259 (State only) Cryopreservation; sperm

Clinical Policy: Assisted Reproductive Technology

89335 (State only) Cryopreservation, reproductive tissue, testicular

Clinical Policy: Assisted Reproductive Technology

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

Clinical Policy: Assisted Reproductive Technology

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

Clinical Policy: Assisted Reproductive Technology

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

Clinical Policy: Assisted Reproductive Technology

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

Clinical Policy: Assisted Reproductive Technology

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

Clinical Policy: Assisted Reproductive Technology

G0452 Molecular pathology interpr

Clinical Policy: Genetic Testing - Predisposition to Inherited Hypertrophic Cardiomyopathy

S3840 DNA analysis RET-oncogene

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

PDN/HH

Code	Description
------	-------------

S9355	HIT chelation diem
-------	--------------------

Clinical Policy: Chelation therapy; Infusion Pumps

S9379 HIT noc per diem

Clinical Policy: Skilled Home Private Duty Nursing Care

PROSTHETICS

Code	Description
------	-------------

C1789	Prosthesis, breast (implantable)
-------	----------------------------------

Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy

C1815 Pros, urinary sph, imp

Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

C9363 Integra Meshed Bil Wound Mat

Clinical Policy: Wound Care

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5010 Mold socket ank hgt w/ toe f

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5020 Tibial tubercle hgt w/ toe f

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5050 Ank symes mold sckt sach ft

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5060 Symes met fr leath socket ar

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5100 Molded socket shin sach foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5105 Plast socket jts/thgh lacer

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb

L5150	Mold sockt ext knee shin sach
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5160	Mold socket bent knee shin s
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5200	Kne sing axis fric shin sach
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5210	No knee/ankle joints w/ ft b
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5220	No knee joint with artic ali
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5230	Fem focal defic constant fri
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5250	Hip canad sing axi cons fric
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5270	Tilt table locking hip sing
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5280	Hemipelvect canad sing axis
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5301	Below knee (BK), molded socket, shin, SACH foot
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5312	Knee disart, SACH ft, endo
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5321	Above knee (AK), molded socket, open end, SACH foot
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5331	Hip disarticulation, Canadian type, molded socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5341	Hemipelvectomy, Canadian type, molded socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5500	Init bk ptb plaster direct
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5505	Init ak ischal plstr direct
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5510	Prep BK ptb plaster molded
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	

L5520	Perp BK ptb thermopls direct
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5530	Prep BK ptb thermopls molded
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5535	Prep BK ptb open end socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5540	Prep BK ptb laminated socket
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5560	Prep AK ischial plast molded
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5570	Prep AK ischial direct form
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5580	Prep AK ischial thermo mold
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5585	Prep AK ischial open end
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5590	Prep AK ischial laminated
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5595	Hip disartic sach thermopls
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5600	Hip disart sach laminat mold
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5610	Above knee hydracadence
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5611	Ak 4 bar link w/fric swing
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5613	Ak 4 bar ling w/hydraul swig
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5614	4-bar link above knee w/swng
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Clinical Policy: Computerized Prosthetic Limbs	
L5616	Ak univ multiplex sys frict
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices	

Lower Limb

L5617 Artificial leg, self-aligning

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5618 Test socket symes

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5620 Test socket below knee

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5622 Test socket knee disarticulation

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5624 Test socket above knee

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5626 Test socket hip disarticulation

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5628 Test socket hemipelvectomy

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5629 Below knee acrylic socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5630 Symes type expandable wall socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5631 Ak/knee disartic acrylic soc

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5632 Symes type ptb brim design s

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5634 Symes type posterior opening (Canadian) socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5636 Symes type medial opening so

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5637 Add below knee (BK) total contact

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5638 Add below knee (BK) leather socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5639 Below knee wood socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5640 Knee disarticulat leather so

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5642 Above knee leather socket

Clinical Policy: Computerized
Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5643 Hip flex inner socket ext fr

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5644 Above knee wood socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5645 Bk flex inner socket ext fra

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5646 BK, air, fluid, gel or equal, cushion socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5647 Below knee suction socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5648 Above knee cushion socket

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5649 Isch containmt/narrow m-l so

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5650 Tot contact ak/knee disart s

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5651 Ak flex inner socket ext fra

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5652 Suction susp ak/knee disart

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5653 Knee disart expand wall sock

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5654 Socket insert, Symes

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5655 Socket insert below knee

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5656 Socket insert knee disarticulation

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5658 Socket insert, above knee

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5661	Socket insert multidurometer Symes
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5665	Socket insert multidurometer, below knee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5666	Below knee cuff suspension
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5668	Below knee molded distal cushion
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5670	Below knee molded supracondylar suspension
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5671	BK/AK Suspension locking mechanism
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system
Clinical Policy: Prosthetic Devices Lower Limb	
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Clinical Policy: Prosthetic Devices Lower Limb	
L5972	Below knee removable medial brim suspension
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5673	BK/AK Custom fabricated from existing mold for use with locking mechanism
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5676	Below knee knee joints, single axis, pair
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5677	Below knee knee joints, polycentric, pair
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5678	Below knee joint covers, pair
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5679	BK/AK Custom fabricated from existing mold not for use with locking mechanism
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5680	Below knee thigh lacer, nonmolded
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5681	BK/AK Custom fabricated socket insert for congenital or atypical traumatic amputee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	

L5682	Below knee thigh lacer, gluteal/ischial, molded
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5683	BK/AK Custom fabricated socket insert for other than congenital or atypical traumatic amputee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5684	Below knee fork strap
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5685	BK suspension/sealing sleeve with or without valve any material
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5686	Below knee back check (extension control)
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5688	Below knee waist belt, webbing
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5690	Below knee waist belt, padded and lined
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5692	Above knee pelvic control belt, light
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5694	Ak pelvic control belt pad/l
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5695	Ak sleeve susp neoprene/equa
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5696	Ak/knee disartic pelvic join
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5697	Ak/knee disartic pelvic band
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5698	Above knee or knee disarticulation, Silesian bandage
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5699	All lower extremity prostheses, shoulder harness
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5700	Replace socket below knee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5701	Replace socket above knee
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L5702	Replace socket hip

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5703 Replace socket ankle

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5704 Custom shaped protective cover, below knee

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5705 Custom shape cover AK

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5706 Custom shape cvr knee disart

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5707 Custom shape cvr hip disart

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5710 Knee-shin system single axis manual lock

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5711 Knee-shin system, single axis, manual lock, ultra-light material

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5712 Knee-shin system, single axis, friction swing and stance phase control (safety knee)

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5714 Knee-shin system, single axis, friction swing and stance phase control (safety knee)

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5716 Knee-shin exo mech stance ph

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5718 Knee-shin exo frct swg & sta

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5722 Knee-shin pneum swg frct exo

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5724 Knee-shin exo fluid swing ph

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5726 Knee-shin ext jnts fld swg e

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5728 Knee-shin fluid swg & stance

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5780 Knee-shin pneum/hydra pneum

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5781 Vacuum pump residual limb volume management and moisture evacuation system

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5782 Vacuum pump residual limb volume management and moisture evacuation system, heavy-duty

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5785 Below knee ultra-light material (titanium, carbon fiber or equal)

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5790 Exoskeletal ak ultra-light m

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5795 Exoskel hip ultra-light mate

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5810 Endoskeletal knee-shin system, single axis, manual lock

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5811 Endo knee-shin mnl lck ultra

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5812 Endo knee-shin frct swg & st

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5814 Endo knee-shin hydal swg ph

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5816 Endo knee-shin polyc mch sta

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5818 Endo knee-shin frct swg & st

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5822 Endo knee-shin pneum swg frc

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5824 Endo knee-shin fluid swing p

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5826 Endoskeletal knee-shin system, single axis, manual lock

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices

Lower Limb

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

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

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5850 Endo ak/hip knee extens assi

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5855 Hip disarticulation, mechanical hip extension assist

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5857 Knee-shin system microprocessor control feature swing phase only

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5858 Knee-shin system microprocessor control feature stance phase only

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5910 Below knee alignable system

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5920 Endo ak/hip alignable system

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5926 Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type

Clinical Policy: Prosthetic Devices
Lower Limb

L5930 Endo high activity knee control frame

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5940 Endo bk ultra-light material

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

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

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5961 Endo poly hip, pneu/hyd/rot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Upper Limb

L5962 Below knee flex cover system

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5964 Above knee flex cover system

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5966 Hip disarticulation flexible protective outer surface covering system

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5968 Multiaxial ankle with swing phase active dorsiflexion feature

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5970 Foot, external keel, SACH foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5971 Solid ankle cushion heel (SACH) foot replacement only

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5972 Foot flexible keel

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5974 Single axis ankle/foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5975 Combination single axis ankle and flexible keel foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5976 Energy storing foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5978 Multiaxial ankle/foot

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5979 Multi-axial ankle/ft prosth

Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices
Lower Limb

L5980	Flex foot system	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5981	Flex-walk sys low ext prosth	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5982	Axial rotation unit	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5984	Endoskeletal axial rotation	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5985	Lwr ext dynamic prosth pylon	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5986	Multi-axial rotation unit	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5987	Shank ft w vert load pylon	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5988	Vertical shock reducing pylo	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5990	User adjustable heel height	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L5999	Lower extremity prosthesis not otherwise specified	Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb
L6000	Part hand thumb rem	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6010	Partial hand, little and/or ring finger remaining	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6020	Partial hand, no finger remaining	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6100	Elb mold sock flex hinge pad	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6110	Elbow mold sock suspension t	

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs		
L6120	Elbow mold doub splt soc ste	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6130	Elbow stump activated lock h	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6200	Elbow mold outsid lock hinge	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6205	Elbow molded w/ expand inter	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6250	Elbow inter loc elbow forarm	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6380	Initial fitting for an artificial hand and wrist, including dressing, alignment and component suspension, with one cast change	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6382	Initial fitting for an arm prosthesis, at or above the elbow, including dressing, alignment and component suspension, with one cast change	Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs
L6384	Initial fitting for a full arm or full arm with shoulder prosthesis, including dressing, alignment and component	

suspension, with one cast change

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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

L6388 Postop applicat rigid dsg on
Clinical Policy: Computerized Prosthetic Limbs

L6400 Below elbow prosth tiss shap
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6450 Elb disart prosth tiss shap
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6500 Above elbow prosth tiss shap
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6580 Wrist/elbow bowden cable mol
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6582 Wrist/elbow bowden cbl dir f
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6584 Elbow fair lead cable molded
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6586 Elbow fair lead cable dir fo
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6588 Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6590 Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6600 Polycentric hinge pair
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6605 Single pivot hinge pair

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6610 Flexible metal hinge pair
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

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

L6615 Upper extremity addition, disconnect locking wrist unit
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6616 Upper extremity addition, additional disconnect insert for locking wrist unit, each
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6620 Flexion/extension wrist unit
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6621 Flex/ext wrist w/wo friction
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6623 Spring-ass rot wrst w/ latch
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6624 Flex/ext/rotation wrist unit
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6625 Rotation wrst w/ cable lock
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6628 Quick disconn hook adapter o
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6629 Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6630 Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6632 Latex suspension sleeve each
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6635 Upper extremity addition, lift assist for elbow
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6637 Nudge control elbow lock
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6638 Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6640 Shoulder abduction joint pai
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6641 Upper extremity addition, excursion amplifier, pulley type
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6642 Upper extremity addition, excursion amplifier, lever type
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6645 Shoulder flexion-abduction j
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6646 Multipo locking shoulder jnt
Clinical Policy: Computerized Prosthetic Limbs

L6647 Shoulder lock actuator
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6648 Ext pwrld shlder lock/unlock
Clinical Policy: Computerized Prosthetic Limbs

L6650 Shoulder universal joint
Clinical Policy: Computerized Prosthetic Limbs

L6655 Standard control cable extra
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6660 Heavy duty control cable
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6665 Teflon or equal cable lining
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6670 Upper extremity addition, hook to hand, cable adapter
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6672 Harness chest/shlder saddle
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6675 Harness figure of 8 sing con
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6676 Harness figure of 8 dual con
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6677 UE triple control harness
Clinical Policy: Prosthetic Devices Upper Limb; Computerized

Prosthetic Limbs

L6682 Test sock elbw disart/above
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6684 Test socket shldr disart/tho
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6686 Suction socket
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6687 Frame typ socket bel elbow/w
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6688 Frame typ sock above elb/dis
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6689 Frame typ socket shoulder di
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6690 Frame typ sock interscap-tho
Clinical Policy: Computerized Prosthetic Limbs

L6691 Removable insert each
Clinical Policy: Computerized Prosthetic Limbs

L6692 Silicone gel insert or equal
Clinical Policy: Computerized Prosthetic Limbs

L6693 Lockingelbow forearm cntrbal
Clinical Policy: Computerized Prosthetic Limbs

L6694 Elbow socket ins use w/lock
Clinical Policy: Computerized Prosthetic Limbs

L6695 Elbow socket ins use w/o lck
Clinical Policy: Computerized Prosthetic Limbs

L6696 Cus elbo skt in for con/atyp
Clinical Policy: Computerized Prosthetic Limbs

L6697 Cus elbo skt in not con/atyp
Clinical Policy: Computerized Prosthetic Limbs

L6698 Below/above elbow lock mech
Clinical Policy: Computerized Prosthetic Limbs

L6703 Term dev, passive hand mitt
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6704 Term dev, sport/rec/work att
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6706 Term dev mech hook vol open
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6707 Term dev mech hook vol close
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices

Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6708 Term dev mech hand vol open
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6709 Term dev mech hand vol close
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb

L6711 Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6712 Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6713 Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6714 Ped term dev, hand, vol clos
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6715 Term device, multi art digit
Clinical Policy: Computerized Prosthetic Limbs

L6721 Hook/hand, hvy dty, vol open
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric

L6722 Hook/hand, hvy dty, vol clos
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6880 Elec hand ind art digits
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric

L6805 Term dev modifier wrist unit
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6810 Term dev precision pinch dev
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6881 Term dev auto grasp feature
Clinical Policy: Computerized Prosthetic Limbs

L6883 Replc sockt below e/w disa
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6884 Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6885 Replc sockt shldr dis/interc

Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6890 Prefab glove for term device
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6895 Custom glove for term device
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6900 Hand restorat thumb/1 finger
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6905 Hand restoration multiple fi
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6910 Hand restoration no fingers
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6915 Hand restoration replacmnt g
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs

L6920 Wrist disarticul switch ctrl
Clinical Policy: Computerized Prosthetic Limbs

L6925 Wrist disart myoelectronic c
Clinical Policy: Computerized Prosthetic Limbs

L6930 Below elbow switch control
Clinical Policy: Computerized Prosthetic Limbs

L6935 Below elbow myoelectronic ct
Clinical Policy: Computerized Prosthetic Limbs

L6940 Elbow disarticulation switch
Clinical Policy: Computerized Prosthetic Limbs

L6945 Elbow disart myoelectronic c
Clinical Policy: Computerized Prosthetic Limbs

L6950 Above elbow switch control
Clinical Policy: Computerized Prosthetic Limbs

L6955 Above elbow myoelectronic ct
Clinical Policy: Computerized Prosthetic Limbs

L6960 Shldr disartic switch contro
Clinical Policy: Computerized Prosthetic Limbs

L6965 Shldr disartic myoelectronic
Clinical Policy: Computerized Prosthetic Limbs

L6970 Interscapular-thor switch ct
Clinical Policy: Computerized Prosthetic Limbs

L6975 Interscap-thor myoelectronic
Clinical Policy: Computerized Prosthetic Limbs

L7007 Adult electric hand
Clinical Policy: Computerized Prosthetic Limbs

L7008	Pediatric electric hand
Clinical Policy: Computerized Prosthetic Limbs	
L7009	Adult electric hook
Clinical Policy: Computerized Prosthetic Limbs	
L7040	Prehensile actuator
Clinical Policy: Computerized Prosthetic Limbs	
L7045	Pediatric electric hook
Clinical Policy: Computerized Prosthetic Limbs	
L7170	Electronic elbow hosmer swit
Clinical Policy: Computerized Prosthetic Limbs	
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra-light material (titanium, carbon fiber or equal)
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs	
L7401	Add UE prost a/e ultlite mat
Clinical Policy: Prosthetic Devices Upper Limb; Computerized Prosthetic Limbs	
L7402	Add UE prost s/d ultlite mat
Clinical Policy: Computerized Prosthetic Limbs	
L7403	Add UE prost b/e acrylic
Clinical Policy: Computerized Prosthetic Limbs	
L7404	Add UE prost a/e acrylic
Clinical Policy: Computerized Prosthetic Limbs	
L7405	Add UE prost s/d acrylic
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric; Prosthetic Devices Upper Limb	
L7499	Upper extremity prosthesis, not otherwise specified
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Upper Limb Myoelectric	
L7510	Repair of prosthetic device, repair or replace minor parts
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L7520	Repair prosthetic device, labor component, per 15 minutes
Clinical Policy: Computerized Prosthetic Limbs; Prosthetic Devices Lower Limb	
L8600	Implant breast silicone/eq
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Mammography and MRI of the Breast; Pectus Excavatum and Poland's Syndrome	
L8614	Cochlear device
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA	
L8615	Coch implant headset replace
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA	
L8616	Microphone for hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and	

BAHA	
L8617	Transmitter coil, hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA	
L8618	Transmitter cable, hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA	
L8619	Coch imp ext proc/contr rplc
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA	
L8627	Coch implant component replace
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA	
L8628	Coch implant component replace
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA	
L8629	Transmitter coil, hearing aid, replace
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA	
L8630	Metacarpophalangeal joint implant
Clinical Policy: Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants	
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal
Clinical Policy: Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants	
L8658	Interphalangeal joint spacer
Clinical Policy: Distal Interphalangeal (DIP), MCP, and PIP Joint Implants	
L8659	Interphalangeal finger joint replacement, two or more pieces, metal
Clinical Policy: Distal Interphalangeal (DIP), Metacarpophalangeal (MCP) and Proximal Interphalangeal (PIP) Joint Implants	
L8679	Imp neurosti pls gn any type
Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Hypoglossal Nerve Neurostimulation	
L8685	Implt nrostm pls gen sng rec
Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Uterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation	
L8686	Implt nrostm pls gen sng non
Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Uterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation; Hypoglossal Nerve Neurostimulation	
L8687	Implt nrostm pls gen dua rec
Clinical Policy: Headaches Invasive Procedures; Spasticity	

Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation

L8688 Implt nrostm pls gen dua non

Clinical Policy: Headaches Invasive Procedures; Spasticity Management, Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion Stimulation; Urinary Incontinence and Ureterovesicular Reflux; Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation; Vagus Nerve Stimulation

L8690 Aud osseo dev, int/ext comp

Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8691 Aoi snd proc repl excl actua

Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8692 Non-osseointegrated snd proc

Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8693 Aud osseo dev, abutment

Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8694 Aoi transducer/actuator repl

Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

L8698 Misc used with tot art heart

Clinical Policy: Heart Transplantation

L9900 O&P supply/accessory/service

Clinical Policy: Computerized Prosthetic Limbs

Q1004 Ntiol category 4

Clinical Policy: Intraocular Lens Implant; Vision Surgery and Vision Screening for Medical Diseases Or Injury

Q4100 Skin substitute, NOS

Clinical Policy: Wound Care

Q4101 Apligraf

Clinical Policy: Wound Care

Q4102 Oasis wound matrix

Clinical Policy: Wound Care

Q4104 Integra BMWD

Clinical Policy: Wound Care

Q4105 Integra drt or omnigraft

Clinical Policy: Wound Care

Q4106 Dermagraft

Clinical Policy: Wound Care

Q4107 Graftjacket

Clinical Policy: Wound Care

Q4108 Integra matrix

Clinical Policy: Wound Care

Q4110 PriMatrix, per sq cm

Clinical Policy: Wound Care

Q4112 Cymetra injectable

Clinical Policy: Vocal Cord Paralysis Insufficiency Treatments; Wound Care

Q4116 AlloDerm

Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care

Q4121 Theraskin

Clinical Policy: Wound Care

Q4122 ermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm

Clinical Policy: Wound Care; Breast Reconstruction Following Mastectomy or Lumpectomy

Q4124 Oasis tri-layer wound matrix

Clinical Policy: Wound Care; Breast Reconstruction Following Mastectomy or Lumpectomy

Q4128 FlexHD, or AllopatchHD, per sq cm

Clinical Policy: Wound Care

Q4132 Grafix core, grafixpl core

Clinical Policy: Wound Care

Q4133 Grafix prime grafix pl prime

Clinical Policy: Wound Care

Q4151 AmnioBand or Guardian, per sq cm

Clinical Policy: Wound Care

Q4168 AmnioBand, 1 mg

Clinical Policy: Wound Care

Q4182 Transcyte, per sq centimeter

Clinical Policy: Wound Care

Q4186 Epifix, Per Sq Cm *Epifix® Amniotic Membrane

Clinical Policy: Wound Care

Q4203 Derma-Gide, per sq cm

Clinical Policy: Wound Care

S1040 Cranial remolding orthosis

Clinical Policy: Cranial Orthotic Devices for Plagiocephaly

S8421 Ready gradient sleeve/glov

Clinical Policy: Lymphedema Diagnosis and Treatment

S8422 Custom grad sleeve med

Clinical Policy: Lymphedema Diagnosis and Treatment

S8423 Custom grad sleeve heavy

Clinical Policy: Lymphedema Diagnosis and Treatment

S8424 Ready gradient sleeve

Clinical Policy: Lymphedema Diagnosis and Treatment

S8425 Custom grad glove med

Clinical Policy: Lymphedema Diagnosis and Treatment

S8426 Custom grad glove heavy

Clinical Policy: Lymphedema Diagnosis and Treatment

S8427 Ready gradient glove
Clinical Policy: Lymphedema Diagnosis and Treatment

S8428 Ready gradient gauntlet
Clinical Policy: Lymphedema Diagnosis and Treatment

RADIOLOGY - DIAGNOSTIC

Code	Description
70554	Fmri brain by tech Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Functional Magnetic Resonance Imaging (fMRI), Brain
70555	Fmri brain by phys/psych Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Functional Magnetic Resonance Imaging (fMRI), Brain
77261	Therapeutic radiology treatment planning; simple Clinical Policy: Radiation Treatment
77262	Therapeutic radiology treatment planning; intermediate Clinical Policy: Radiation Treatment
77263	Therapeutic radiology treatment planning; complex Clinical Policy: Radiation Treatment
77280	Therapeutic radiology simulation-aided field setting; simple Clinical Policy: Radiation Treatment
77285	Therapeutic radiology simulation-aided field setting; intermediate Clinical Policy: Radiation Treatment
77290	Therapeutic radiology simulation-aided field setting; complex Clinical Policy: Radiation Treatment
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure) Clinical Policy: Radiation Treatment
77295	3-dimensional radiotherapy plan, including dose-volume histograms Clinical Policy: Radiation Treatment
77300	Calculation of the radiation dose to be delivered to a tumor; may be repeated during the course of treatment. Clinical Policy: Radiation Treatment
77306	Teletherapy isodose plan; simple Clinical Policy: Radiation Treatment
77207	Teletherapy isodose plan; complex Clinical Policy: Radiation Treatment
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan Clinical Policy: Intensity Modulated Radiation therapy

RADIOLOGY - THERAPEUTIC

Code	Description
77299	Radiation therapy planning Clinical Policy: Capsule Endoscopy; Electrical Tumor Treatment Fields
77301	Radiotherapy dose plan imrt Clinical Policy: Intensity Modulated Radiation therapy; Epilepsy Surgery
77316	Brachytherapy isodose plan; simple Clinical Policy: Brachytherapy
77317	Brachytherapy isodose plan; intermediate Clinical Policy: Brachytherapy
77318	Brachytherapy isodose plan; complex Clinical Policy: Brachytherapy
77321	Special teletherapy port plan, particles, hemibody, total body Clinical Policy: Radiation Treatment
77331	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician Clinical Policy: Radiation Treatment
77332	Treatment devices, design and construction; simple (simple block, simple bolus) Clinical Policy: Radiation Treatment
77333	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) Clinical Policy: Radiation Treatment
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) Clinical Policy: Radiation Treatment
77336	Quality assurance services for radiation therapy, provided by a medical technician. Clinical Policy: Radiation Treatment
77370	Special medical radiation physics consultation Clinical Policy: Radiation Treatment
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day Clinical Policy: Radiation Treatment
77402	Radiation treatment delivery, => 1 MeV; simple Clinical Policy: Radiation Treatment
77407	Radiation treatment delivery, => 1 MeV; intermediate Clinical Policy: Radiation Treatment
77412	Radiation treatment delivery, => 1 MeV; complex Clinical Policy: Radiation Treatment
77417	Therapeutic radiology port image(s) Clinical Policy: Radiation Treatment
77427	Radiation treatment management, 5 treatments Clinical Policy: Radiation Treatment

77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only Clinical Policy: Radiation Treatment
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) Clinical Policy: Radiation Treatment
77371	Srs multisource Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Radiosurgery
77372	Srs linear based Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Radiosurgery
77373	Sbrt deliveryStereotactic Clinical Policy: Stereotactic Radiosurgery; Epilepsy Surgery
77385	Ntsty modul rad tx dlvr smpl Clinical Policy: Intensity Modulated Radiation therapy
77386	Ntsty modul rad tx dlvr cplx Clinical Policy: Intensity Modulated Radiation therapy
77387	Guidance for radiaj tx dlvr Clinical Policy: Intensity Modulated Radiation therapy
77423	Neutron beam tx complex Clinical Policy: Proton Beam and Neutron Beam Radiotherapy
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session Clinical Policy: Intraoperative Radiation Therapy (IORT)
77425	Intraoperative radiation treatment delivery, electrons, single treatment session Clinical Policy: Intraoperative Radiation Therapy (IORT)
77432	Stereotactic radiation trmt Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery
77435	Sbrt management Clinical Policy: Stereotactic Radiosurgery; Epilepsy Surgery
77469	Intraoperative radiation treatment management Clinical Policy: Intraoperative Radiation Therapy (IORT)
77520	Proton trmt simple w/o comp Clinical Policy: Proton Beam and Neutron Beam Radiotherapy
77522	Proton trmt simple w/comp Clinical Policy: Proton Beam and Neutron Beam Radiotherapy
77523	Proton trmt intermediate Clinical Policy: Proton Beam and Neutron Beam Radiotherapy
77525	Proton treatment complex Clinical Policy: Proton Beam and Neutron Beam Radiotherapy
77600	Hyperthermia treatment Clinical Policy: Hyperthermia in Cancer therapy
77605	Hyperthermia treatment Clinical Policy: Hyperthermia in Cancer therapy

77610	Hyperthermia treatment Clinical Policy: Hyperthermia in Cancer therapy
77615	Hyperthermia treatment Clinical Policy: Hyperthermia in Cancer therapy
77620	Hyperthermia treatment Clinical Policy: Hyperthermia in Cancer therapy
77750	Infusion or instillation of radioelement solution Clinical Policy: Brachytherapy
77761	Intracavitary radiation source application; simple Clinical Policy: Brachytherapy
77762	Intracavitary radiation source application; intermediate Clinical Policy: Brachytherapy
77763	Intracavitary radiation source application; complex Clinical Policy: Brachytherapy
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel Clinical Policy: Brachytherapy
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions Clinical Policy: Brachytherapy
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel Clinical Policy: Brachytherapy
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels Clinical Policy: Brachytherapy
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels Clinical Policy: Brachytherapy
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed Clinical Policy: Brachytherapy
77789	Surface application of low dose rate radionuclide source Clinical Policy: Brachytherapy
79445	Nuclear rx intra-arterial Clinical Policy: Liver and Other Neoplasms - Treatment Approaches
C2616	Brachytx, non-str,Yttrium-90 Clinical Policy: Brachytherapy; Liver and Other Neoplasms - Treatment Approaches
G6015	Radiation tx delivery imrt Clinical Policy: Intensity Modulated Radiation therapy

G6016 Delivery comp imrt
Clinical Policy: Intensity Modulated Radiation therapy

SURGERY - AUDITORY SYSTEM

Code **Description**
69705 Nasopharyngoscopy, surgical, with dilation of eustachian tube
Clinical Policy: Balloon Sinus Ostial Dilation for Chronic Sinusitis and Eustachian Tube Dilation

69706 Nasopharyngoscopy, surgical, with dilation of eustachian tube
Clinical Policy: Balloon Sinus Ostial Dilation for Chronic Sinusitis and Eustachian Tube Dilation

69710 Implant/replace hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69711 Remove/repair hearing aid
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69714 Implant temple bone w/stimul
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69728 Remove entire osseointegrated implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69729 Implant osseointegrated implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69730 Replace osseointegrated implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)

69930 Implant cochlear device
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA); Tinnitus Treatments

SURGERY - CARDIOVASCULAR SYSTEM

Code **Description**
33268 Exclusion of left atrial appendage
Clinical Policy: Cardiac Devices and Procedures for Occlusion of Left Atrial Appendage

33340 Close off pouch near heart
Clinical Policy: Cardiac Devices and Procedures for Occlusion of Left Atrial Appendage

33927 Impltj tot rplcmt hrt sys
Clinical Policy: Heart Transplantation

33928 Rmvl & rplcmt tot hrt sys
Clinical Policy: Heart Transplantation

33929 Rmvl rplcmt hrt sys f/trnspl
Clinical Policy: Heart Transplantation

33933 Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation

Clinical Policy: Heart-Lung Transplantation

33935 Transplantation heart/lung
Clinical Policy: Heart-Lung Transplantation

33944 Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues
Clinical Policy: Heart-Lung Transplantation

33945 Heart transplant, with or without recipient cardiectomy
Clinical Policy: Heart-Lung Transplantation

33979 Insertion of ventricular assist device, implantable intracorporeal, single ventricle
Clinical Policy: Heart Transplantation

33980 Removal of ventricular assist device, implantable intracorporeal, single ventricle
Clinical Policy: Heart Transplantation

33982 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
Clinical Policy: Heart Transplantation

33983 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass
Clinical Policy: Heart Transplantation

36465 Treatment for varicose vein
Clinical Policy: Varicose Veins

36466 Treatment for varicose vein
Clinical Policy: Varicose Veins

36475 Endovenous rf 1st vein
Clinical Policy: Pelvic Congestion Syndrome Treatments; Varicose Veins

36476 Endovenous rf vein add-on
Clinical Policy: Varicose Veins

36478 Endovenous laser 1st vein
Clinical Policy: Varicose Veins

36479 Endovenous laser vein addon
Clinical Policy: Pelvic Congestion Syndrome Treatments; Varicose Veins

36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
Clinical Policy: Varicose Veins

36483 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
Clinical Policy: Varicose Veins

37243 Vasc embolize/occlude organ
Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments; Fibroid Treatment; Liver and Other Neoplasms - Treatment Approaches

37500 Endoscopy ligate perf veins

Clinical Policy: Varicose Veins

SURGERY - DIGESTIVE SYSTEM

Code	Description
------	-------------

42145	Repair palate pharynx/uvula
-------	-----------------------------

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

42160	Treatment mouth roof lesion
-------	-----------------------------

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

41899	Surgery on the bony ridge that supports the teeth and gums (dentoalveolar structure).
-------	---

Clinical Policy: General Anesthesia; MAC for Oral Surgery and Dental Service

42890	Partial removal of pharynx
-------	----------------------------

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

43497	Lower esophageal myotomy, transoral
-------	-------------------------------------

Clinical Policy: BPeroral Endoscopic Myotomy (POEM) for Treatment of Esophageal Achalasia

43644	Laparoscopy, surgical, gastric restrictive procedure
-------	--

Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

43775	Laparoscopy, surgical, gastric restrictive procedure
-------	--

Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

43846	Gastric restrictive procedure, with gastric bypass for morbid obesity
-------	---

Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

43848	Revision, open, of gastric restrictive procedure for morbid obesity
-------	---

Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction
-------	---

Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction
-------	---

Clinical Policy: Bariatric Surgery Guidelines (Covered for select groups only - see Benefit Summary for details)

44135	Intestine transplnt cadaver
-------	-----------------------------

Clinical Policy: Intestinal Transplantation

44136	Intestine transplant live
-------	---------------------------

Clinical Policy: Intestinal Transplantation

44137	Removal of transplanted intestinal allograft, complete
-------	--

Clinical Policy: Intestinal Transplantation

44715	Prep of cadaver or living donor intestine allograft
-------	---

prior to transplantation

Clinical Policy: Intestinal Transplantation

44720	Reconstruction of cadaver or living donor intestine allograft prior to transplant, venous anastomosis
-------	---

Clinical Policy: Intestinal Transplantation

44721	Reconstruction of cadaver or living donor intestine allograft prior to transplant, arterial anastomosis
-------	---

Clinical Policy: Intestinal Transplantation

47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
-------	--

Clinical Policy: Liver Transplant

47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, without trisegment or lobe split
-------	---

Clinical Policy: Liver Transplant

47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, with trisegment split of whole liver graft into 2 partial liver grafts
-------	---

Clinical Policy: Liver Transplant

47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, with lobe split of whole liver graft into 2 partial liver grafts
-------	---

Clinical Policy: Liver Transplant

47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis
-------	--

Clinical Policy: Liver Transplant

47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis
-------	--

Clinical Policy: Liver Transplant

47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
-------	---

Clinical Policy: Radiofrequency Tumor Ablation

47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
-------	---

Clinical Policy: Liver and Other Neoplasms - Treatment Approaches

47380	Open ablate liver tumor rf
-------	----------------------------

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

47381	Open ablate liver tumor cryo
-------	------------------------------

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

47382	Percut ablate liver rf
-------	------------------------

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

47383	Perq abltj lvr cryoablation
-------	-----------------------------

Clinical Policy: Liver and Other Neoplasms - Treatment Approaches

48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
-------	--

Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

48551 Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues

Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

48552 Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis

Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

48554 Transplantation of pancreatic allograft

Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

48556 Removal of transplanted pancreatic allograft

Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

49327 Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance

Clinical Policy: Brachytherapy

49421 Insertion of tunneled intraperitoneal catheter for dialysis, open

Clinical Policy: Brachytherapy

50323 Backbench standard preparation of cadaver donor renal allograft prior to transplantation

Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50325 Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation

Clinical Policy: Kidney Transplantation

50327 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis

Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50328 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis

Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50329 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis

Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50340 Recipient nephrectomy

Clinical Policy: Kidney Transplantation

50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy

Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50365 Renal allotransplantation, implantation of graft; with recipient nephrectomy

Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50370 Removal of transplanted renal allograft

Clinical Policy: Kidney Transplantation; Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant

50380 Renal autotransplantation, reimplantation of kidney

Clinical Policy: Kidney Transplantation

50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency

Clinical Policy: Radiofrequency Tumor Ablation

0184T Exc rectal tumor endoscopic

Clinical Policy: Transanal Endoscopic Microsurgery (TEMs)

SURGERY - EYE AND OCULAR ADNEXA

Code	Description
------	-------------

65760	Revision of cornea
-------	--------------------

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

65767	Corneal tissue transplant
-------	---------------------------

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

65778	Cover eye w/membrane
-------	----------------------

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

65779	Cover eye w/membrane suture
-------	-----------------------------

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

65780	Ocular reconst transplant
-------	---------------------------

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

65781	Ocular reconst transplant
-------	---------------------------

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

65782	Ocular reconst transplant
-------	---------------------------

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

65785	Impltj ntrstrml crnl rng seg
-------	------------------------------

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

SURGERY - FEMALE GENITAL SYSTEM

Code	Description
------	-------------

56620	Partial removal of vulva
-------	--------------------------

Clinical Policy: Cosmetic Surgery

SURGERY - HEMIC AND LYMPHATIC

Code	Description
------	-------------

38204	Bl donor search management
-------	----------------------------

Clinical Policy: Donor Lymphocyte Infusion

38205	Harvest allogeneic stem cell
-------	------------------------------

Clinical Policy: Blood Product Injections for Selected Indications; Donor Lymphocyte Infusion; Ventricular Assist Devices

38206	Harvest auto stem cells
-------	-------------------------

Clinical Policy: Blood Product Injections for Selected Indications; Hematopoietic Stem Cell or Bone Marrow Transplantation; Ventricular

Assist Devices

38207	Cryopreserve stem cells
Clinical Policy: Donor Lymphocyte Infusion; Hematopoietic Stem Cell or Bone Marrow Transplantation	
38208	Thaw preserved stem cells
Clinical Policy: Hematopoietic Stem Cell Or Bone Marrow Transplantation	
38209	Wash harvest stem cells
Clinical Policy: Hematopoietic Stem Cell Or Bone Marrow Transplantation	
38210	T-cell depletion of harvest
Clinical Policy: Hematopoietic Stem Cell Or Bone Marrow Transplantation	
38211	Tumor cell deplete of harvst
Clinical Policy: Hematopoietic Stem Cell Or Bone Marrow Transplantation	
38212	Rbc depletion of harvest
Clinical Policy: Hematopoietic Stem Cell Or Bone Marrow Transplantation	
38213	Platelet deplete of harvest
Clinical Policy: Hematopoietic Stem Cell Or Bone Marrow Transplantation	
38214	Volume deplete of harvest
Clinical Policy: Hematopoietic Stem Cell Or Bone Marrow Transplantation	
38215	Harvest stem cell concentrte
Clinical Policy: Donor Lymphocyte Infusion; Hematopoietic Stem Cell Or Bone Marrow Transplantation	
38230	Bone marrow harvest allogene
Clinical Policy: Donor Lymphocyte Infusion	
38232	Bone marrow harvest autolog
Clinical Policy: Blood Product Injections for Selected Indications; Dry Eye Treatments and Devices; Epilepsy Surgery; Hematopoietic Stem Cell or Bone Marrow Transplantation	
38240	Transplnt allo hct/donor
Clinical Policy: Dry Eye Treatments and Devices; Epilepsy Surgery; Hematopoietic Stem Cell or Bone Marrow Transplantation	
38241	Transplnt autol hct/donor
Clinical Policy: Blood Product Injections for Selected Indications; Dry Eye Treatments and Devices; Epilepsy Surgery; Hematopoietic Stem Cell or Bone Marrow Transplantation	
38242	Transplnt allo lymphocytes
Clinical Policy: Donor Lymphocyte Infusion; Epilepsy Surgery; Recurrent Pregnancy Loss; Hematopoietic Stem Cell or Bone Marrow Transplantation	
38243	Transplj hematopoietic boost
Clinical Policy: Hematopoietic Stem Cell or Bone Marrow Transplantation	
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal)

Clinical Policy: Brachytherapy

SURGERY - INTEGUMENTARY SYSTEM

Code	Description
11920	Tattooing; 6.0 sq cm or less
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
11921	Tattooing; 6.1 to 20.0 sq cm
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
11922	Tattooing; each add'l 20.0 sq cm
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
11970	Replacement of tissue expander w/ implant
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
11971	Removal of tissue expander w/o implant
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
15271	Skin sub graft trnk/arm/leg
Clinical Policy: Wound Care	
15272	Skin sub graft t/a/l add-on
Clinical Policy: Wound Care	
15273	Skin sub grft t/arm/lg child
Clinical Policy: Wound Care	
15274	Skn sub grft t/a/l child add
Clinical Policy: Wound Care	
15275	Skin sub graft face/nk/hf/g
Clinical Policy: Wound Care	
15276	Skin sub graft face/nk/hf/g addl
Clinical Policy: Wound Care	
15277	Skn sub grft f/n/hf/g child
Clinical Policy: Wound Care	
15278	Skn sub grft f/n/hf/g ch add
Clinical Policy: Wound Care	
15769	Autologous soft tissue graft
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
15770	Derma-fat-fascia graft
Clinical Policy: Xiaflex	
15771	Autologous fat graft trnk/brst/s/a/l
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care	
15772	Autologous fat graft trnk/brst/s/a/l add
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care	
15777	Acellular derm matrix implt
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care	

15830	Exc skin abd
Clinical Policy: Panniculectomy, Abdominoplasty and Lipectomy	
15879	Suction assisted lipectomy; lower extremity
Clinical Policy: Lipedema Treatment	
17106	Destruction of skin lesions
Clinical Policy: Pulsed Dye Laser Treatment; Site of Service Guidelines	
17107	Destruction of skin lesions
Clinical Policy: Pulsed Dye Laser Treatment; Site of Service Guidelines	
17108	Destruction of skin lesions
Clinical Policy: Pulsed Dye Laser Treatment	
19296	Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to deliver radioactive material directly into or near the diseased tissue.
Clinical Policy: Brachytherapy	
19297	Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to deliver radioactive material directly into or near the diseased tissue.
Clinical Policy: Brachytherapy	
19298	Radiation therapy after a partial mastectomy. Using imaging guidance, an expandable catheter (tube) is inserted to deliver radioactive material directly into or near the diseased tissue.
Clinical Policy: Brachytherapy	
19303	Mastectomy, simple, complete
Clinical Policy: Prophylactic Mastectomy	
19316	Mastopexy
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19318	Reduction of large breast
Clinical Policy: Reduction Mammoplasty (Salt Lake County)	
19325	Enlarge breast with implant
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care	
19328	Removal of breast implant
Clinical Policy: Breast Implant Removal	
19330	Removal of implant material
Clinical Policy: Breast Implant Removal	
19340	Immediate breast prosthesis
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome	
19342	Delayed breast prosthesis
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Pectus Excavatum and Poland's Syndrome	
19350	Nipple/areola reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19357	Breast reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or	

Lumpectomy; Wound Care

19361	Breast reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19362	Breast reconstruction
Clinical Policy: Breast Reconstruction	
19364	Breast reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19367	Breast reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19368	Breast reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19369	Breast reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19370	Surgery of breast capsule
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19371	Removal of breast capsule
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy	
19380	Revise breast reconstruction
Clinical Policy: Breast Reconstruction Following Mastectomy or Lumpectomy; Wound Care	
C5271	Low cost skin substitute app
Clinical Policy: Wound Care	
C5272	Low cost skin substitute app
Clinical Policy: Wound Care	
C5273	Low cost skin substitute app
Clinical Policy: Wound Care	
C5274	Low cost skin substitute app
Clinical Policy: Wound Care	
C5275	Low cost skin substitute app
Clinical Policy: Wound Care	
C5276	Low cost skin substitute app
Clinical Policy: Wound Care	
C5277	Low cost skin substitute app
Clinical Policy: Wound Care	
C5278	Low cost skin substitute app
Clinical Policy: Wound Care	
C7509	Scope exam of lung, airway
Clinical Policy: Electromagnetic Navigation Bronchoscopy	
C7510	Exam of lung and airway
Clinical Policy: Electromagnetic Navigation Bronchoscopy	

C7511 Lung or airway biopsy
Clinical Policy: Electromagnetic Navigation Bronchoscopy

SURGERY - MALE GENITAL SYSTEM

Code	Description
-------------	--------------------

55706	Prostate saturation sampling
-------	------------------------------

Clinical Policy: Prostate Saturation Biopsy

SURGERY - MUSCULOSKELETAL

Code	Description
-------------	--------------------

20527	Inj dupuytren cord w/enzyme
-------	-----------------------------

Clinical Policy: Xiaflex

20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application
-------	---

Clinical Policy: Brachytherapy

20974	Electrical bone stimulation
-------	-----------------------------

Clinical Policy: Bone Growth Stimulators

20975	Electrical bone stimulation
-------	-----------------------------

Clinical Policy: Bone Growth Stimulators

20979	Us bone stimulation
-------	---------------------

Clinical Policy: Bone Growth Stimulators

21010	Arthrotomy, temporomandibular joint
-------	-------------------------------------

Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21050	Condylectomy, temporomandibular joint (separate procedure)
-------	--

Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
-------	---

Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21070	Coronoidectomy (separate procedure)
-------	-------------------------------------

Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21085	Prepare face/oral prosthesis
-------	------------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21141	Lefort i-1 piece w/o graft
-------	----------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21142	Lefort i-2 piece w/o graft
-------	----------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21143	Lefort i-3/> piece w/o graft
-------	------------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21145	Lefort i-1 piece w/ graft
-------	---------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21146	Lefort i-2 piece w/ graft
-------	---------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21147	Lefort i-3/> piece w/ graft
-------	-----------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21150	Lefort ii anterior intrusion
-------	------------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21151	Lefort ii w/bone grafts
-------	-------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21154	Lefort iii w/o lefort i
-------	-------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21155	Lefort iii w/ lefort i
-------	------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21159	Lefort iii w/fhdw/o lefort i
-------	------------------------------

Clinical Policy: Orthognathic Surgery

21160	Lefort iii w/fhd w/ lefort i
-------	------------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21188	Reconstruction of midface
-------	---------------------------

Clinical Policy: Orthognathic Surgery

21193	Reconst lwr jaw w/o graft
-------	---------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21194	Reconst lwr jaw w/graft
-------	-------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21195	Reconst lwr jaw w/o fixation
-------	------------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21196	Reconst lwr jaw w/fixation
-------	----------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21198	Reconstr lwr jaw segment
-------	--------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery

21199	Reconstr lwr jaw w/advance
-------	----------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery

21206	Reconstruct upper jaw bone
-------	----------------------------

Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21208	Augmentation of facial bones
-------	------------------------------

Clinical Policy: Bone Graft Substitutes for Use In Spinal Fusion and Bone Nonunion Repair; Dental Services and Oral and Maxillofacial

Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery

21209 Reduction of facial bones
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Obstructive Sleep Apnea in Adults-Diagnosis and Treatment; Orthognathic Surgery

21210 Face bone graft
Clinical Policy: Bone Graft Substitutes for Use In Spinal Fusion and Bone Nonunion Repair; Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21215 Lower jaw bone graft
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21230 Rib cartilage graft
Clinical Policy: Orthognathic Surgery

21235 Ear cartilage graft
Clinical Policy: Orthognathic Surgery

21240 Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21242 Arthroplasty, temporomandibular joint, with allograft
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

21245 Reconstruction of jaw
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery

21246 Reconstruction of jaw
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery

21247 Reconstruct lower jaw bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21255 Reconstruct lower jaw bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21270 Augmentation cheek bone
Clinical Policy: Orthognathic Surgery

21295 Revision of jaw muscle/bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21296 Revision of jaw muscle/bone
Clinical Policy: Dental Services and Oral and Maxillofacial Surgery; Orthognathic Surgery

21740 Reconstruction of sternum
Clinical Policy: Pectus Excavatum and Poland's Syndrome

21742 Repair stern/nuss w/o scope
Clinical Policy: Pectus Excavatum and Poland's Syndrome

21743 Repair sternum/nuss w/scope
Clinical Policy: Pectus Excavatum and Poland's Syndrome

22856 Cerv artific disectomy
Clinical Policy: Intervertebral Disc Prostheses

22857 Total disc arthroplasty anterior approach
Clinical Policy: Intervertebral Disc Prostheses

22858 Second level cer disectomy
Clinical Policy: Intervertebral Disc Prostheses

22861 Revision including replacement of total disc arthroplasty
Clinical Policy: Intervertebral Disc Prostheses

22862 Revision including replacement of total disc arthroplasty anterior approach
Clinical Policy: Intervertebral Disc Prostheses

22864 Remove cerv artif disc
Clinical Policy: Intervertebral Disc Prostheses

22865 Removal of total disc arthroplasty, anterior approach lumbar
Clinical Policy: Intervertebral Disc Prostheses

24361 Reconstruct elbow joint
Clinical Policy: Elbow Arthroplasty

24362 Reconstruct elbow joint
Clinical Policy: Elbow Arthroplasty

24363 Replace elbow joint
Clinical Policy: Elbow Arthroplasty

24366 Reconstruct head of radius
Clinical Policy: Elbow Arthroplasty

24370 Revise reconst elbow joint
Clinical Policy: Elbow Arthroplasty

24371 Revise reconst elbow joint
Clinical Policy: Elbow Arthroplasty

26040 Release palm contracture
Clinical Policy: Xiaflex

26341 Manipulation, palmar fascial cord post enzyme injection
Clinical Policy: Xiaflex

26531 Revise knuckle with implant
Clinical Policy: Distal Interphalangeal (DIP), MCP, and PIP Joint Implants

26536 Revise/implant finger joint
Clinical Policy: Distal Interphalangeal (DIP), MCP, and PIP Joint Implants

27279 Arthrodesis sacroiliac joint
Clinical Policy: Back Pain - Invasive Procedures; Minimally Invasive Fusion of the Sacroiliac Joint

27280 Arthrodesis sacroiliac joint; open
Clinical Policy: Minimally Invasive Fusion of the Sacroiliac Joint

27412 Autologous chondrocyte implantation, knee
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Extremities, Osteochondral Autografts (OATS or mosaicplasty), and Menaflex

27702 Reconstruct ankle joint
Clinical Policy: Total Ankle Arthroplasty Replacement

27703 Reconstruction ankle joint
Clinical Policy: Total Ankle Arthroplasty Replacement

27704 Removal of ankle implant
Clinical Policy: Total Ankle Arthroplasty Replacement

28107 Remove/graft foot lesion
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28725 Fusion of foot bones
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex; Subtalar Arthroereisis

28730 Fusion of foot bones
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28735 Fusion of foot bones
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28737 Revision of foot bones
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

28740 Fusion of foot bones
Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Knee, Osteochondral Autografts, and Menaflex

29800 Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

29804 Arthroscopy, temporomandibular joint, surgical
Clinical Policy: Temporomandibular Joint Syndrome (TMJ) and Temporomandibular Disorders (TMD) (Jordan School District)

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

SURGERY -NERVOUS SYSTEM

Code	Description
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency Clinical Policy: Radiofrequency Tumor Ablation
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency Clinical Policy: Radiofrequency Tumor Ablation
61720	Incise skull/brain surgery Clinical Policy: Epilepsy Surgery; Parkinson's Disease

61735 Incise skull/brain surgery
Clinical Policy: Parkinson's Disease

61736 Laser interstitial thermal therapy (LITT)
Clinical Policy: Laser Interstitial Thermal Therapy

61737 Laser interstitial thermal therapy (LITT)
Clinical Policy: Laser Interstitial Thermal Therapy

61770 Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
Clinical Policy: Brachytherapy

61790 Treat trigeminal nerve
Clinical Policy: Trigeminal Neuralgia Treatments

61796 Srs cranial lesion simple
Clinical Policy: Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments; Epilepsy Surgery

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

61798 Srs cranial lesion complex
Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments

61799 Srs cran les complex addl
Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments

61800 Apply srs headframe add-on
Clinical Policy: Headaches Invasive Procedures; Stereotactic Radiosurgery; Epilepsy Surgery

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

61860 Implant neuroelectrodes
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Tinnitus Treatments; Trigeminal Neuralgia Treatments

61863 Implant neuroelectrode
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61864 Implant neuroelectrde addl
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61867 Implant neuroelectrode
Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61868 Implant neuroelectrde addl

Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Parkinson's Disease; Spasticity Management; Tinnitus Treatments

61870 Implant neuroelectrodes

Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Tinnitus Treatments

61880 Revise/remove neuroelectrode

Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments

61885 Insrt/redo neurostim 1 array

Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments; Trigeminal Neuralgia Treatments; Vagus Nerve Stimulation

61886 Implant neurostim arrays

Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments; Trigeminal Neuralgia Treatments

61888 Revise/remove neuroreceiver

Clinical Policy: Deep Brain, Cortical, and Cerebellar Stimulation; Epilepsy Surgery; Headaches Invasive Procedures; Spasticity Management; Tinnitus Treatments

61889 Insertion of skull-mounted cranial neurostimulator pulse generator or receiver

Clinical Policy: Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

61891 Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver

Clinical Policy: Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

61892 Removal of skull-mounted cranial neurostimulator pulse generator or receiver

Clinical Policy: Epilepsy Surgery; Deep Brain Cortical, and Cerebellar Stimulation

62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc

Clinical Policy: Back Pain - Invasive Procedures

62350 Implant spinal canal cath

Clinical Policy: Infusion Pumps

62351 Implant spinal canal cath

Clinical Policy: Infusion Pumps

62360 Insert spine infusion device

Clinical Policy: Infusion Pumps

62361 Implant spine infusion pump

Clinical Policy: Infusion Pumps

62362 Implant spine infusion pump

Clinical Policy: Infusion Pumps

62365 Remove spine infusion device

Clinical Policy: Infusion Pumps

63620 Srs spinal lesion

Clinical Policy: Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Epilepsy Surgery

63621 Srs spinal lesion addl

Clinical Policy: Proton Beam and Neutron Beam Radiotherapy; Stereotactic Radiosurgery; Epilepsy Surgery

63650 Implant neuroelectrodes

Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63655 Implant neuroelectrodes

Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63661 Remove spine eltrd perq aray

Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63662 Remove spine eltrd plate

Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63663 Revise spine eltrd perq aray

Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63664 Revise spine eltrd plate

Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63685 Insrt/redo spine n generator

Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

63688 Revise/remove neuroreceiver

Clinical Policy: Headaches Invasive Procedures; Spasticity Management; Spinal Cord Stimulation for Pain Including Dorsal Root Ganglion (DRG) Stimulation

64505 N block spenopalatine gangl

Clinical Policy: Headaches Invasive Procedures; Migraine and Cluster Headache Nonsurgical Management; Sympathetic Nerve Blocks and Neurolysis

64510 N block stellate ganglion

Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia; Sympathetic Nerve Blocks and Neurolysis

64517 N block inj hypogas plxs

Clinical Policy: Sympathetic Nerve Blocks and Neurolysis

64520 N block lumbar/thoracic

Clinical Policy: Sympathetic Nerve Blocks and Neurolysis

64530 N block inj celiac pelus

Clinical Policy: Sympathetic Nerve Blocks and Neurolysis

64555 Implant neuroelectrodes

Clinical Policy: Headaches Invasive Procedures; Post Herpetic

Neuralgia

64561	Implant neuroelectrodes	Clinical Policy: Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux
64566	Neuroeltrd stim post tibial	Clinical Policy: Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux
64568	Inc for vagus n elect impl	Clinical Policy: Vagus Nerve Stimulation; Tinnitus Treatments; Headaches Invasive Procedures; Migraine and Cluster Headache Nonsurgical Mgmt
64575	Implant neuroelectrodes	Clinical Policy: Headaches Invasive Procedures; Post Herpetic Neuralgia
64580	Implant neuroelectrodes	Clinical Policy: Headaches Invasive Procedures
64581	Implant neuroelectrodes	Clinical Policy: Fecal Incontinence Treatments; Urinary Incontinence and Ureterovesicular Reflux
64582	Implant nerve stimulator	Clinical Policy: Hypoglossal Nerve Neurostimulation
64583	Replace implanted stimulator	Clinical Policy: Hypoglossal Nerve Neurostimulation
64584	Remove implanted stimulator	Clinical Policy: Hypoglossal Nerve Neurostimulation
64585	Revise/remove neuroelectrode	Clinical Policy: Headaches Invasive Procedures
64590	Insrt/redo pn/gastr stimul	Clinical Policy: Fecal Incontinence Treatments; Gastric Pacing and Gastric Electrical Stimulation; Headaches Invasive Procedures; Urinary Incontinence and Ureterovesicular Reflux
64595	Revise/rmv pn/gastr stimul	Clinical Policy: Gastric Pacing and Gastric Electrical Stimulation; Urinary Incontinence and Ureterovesicular Reflux
64628	Thermal destruction of intraosseous basivertebral nerve first 2	Clinical Policy: Back Pain - Invasive Procedures
64629	Thermal destruction of intraosseous basivertebral nerve additional	Clinical Policy: Back Pain - Invasive Procedures
64633	Destroy cerv/thor facet jnt	Clinical Policy: Back Pain - Invasive Procedures; Headaches Invasive Procedures; Neurolysis; Site of Service Guidelines
64634	Destroy c/th facet jnt addl	Clinical Policy: Back Pain - Invasive Procedures; Headaches Invasive Procedures; Neurolysis; Site of Service Guidelines
64635	Destroy lumb/sac facet jnt	Clinical Policy: Back Pain - Invasive Procedures; Neurolysis; Site of Service Guidelines

64636	Destroy l/s facet jnt addl	Clinical Policy: Back Pain - Invasive Procedures; Neurolysis; Site of Service Guidelines
64680	Injection treatment of nerve	Clinical Policy: Post Herpetic Neuralgia; Sympathetic Nerve Blocks and Neurolysis
64681	Injection treatment of nerve	Clinical Policy: Post Herpetic Neuralgia; Sympathetic Nerve Blocks and Neurolysis
69716	Temple bone implant	Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)
69717	Temple bone implant revision	Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)
69719	Revise temple bone implant	Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)
69726	Remove temple bone implant	Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)
69727	Remove temple bone implant	Clinical Policy: Cochlear Implants Auditory Brainstem Implants and Bone Anchored Hearing Implants (BAHA)
0095T	Rmvl artific disc addl crvcl	Clinical Policy: Intervertebral Disc Prostheses
0098T	Rev artific disc addl	Clinical Policy: Intervertebral Disc Prostheses

SURGERY - OTHER

Code	Description
G0339	Robot lin-radsurg com, first Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments
G0340	Robt lin-radsurg fractx 2-5 Clinical Policy: Epilepsy Surgery; Headaches Invasive Procedures; Stereotactic Radiosurgery; Trigeminal Neuralgia Treatments
S2053	Transplantation of small intestine and liver allograft Clinical Policy: Intestinal Transplantation
S2054	Transplantation of multivisceral organs Clinical Policy: Intestinal Transplantation
S2060	Lobar lung transplantation Clinical Policy: Heart-Lung Transplantation
S2065	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor Clinical Policy: Pancreas Transplant Alone, Islet Cell Transplant, Pancreas Kidney Transplant
S2112	Knee arthroscp harv Clinical Policy: Autologous Chondrocyte Implantation, Allograft Transplant of the Extremities, Osteochondral Autografts (OATS or mosaicplasty), and Menaflex

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

S2235 Implantation of auditory brain stem implant
Clinical Policy: Cochlear Implants Auditory Brainstem Implants and BAHA

S2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero
Clinical Policy: Fetal Surgery

S2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
Clinical Policy: Fetal Surgery

S2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
Clinical Policy: Fetal Surgery

S2404 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
Clinical Policy: Fetal Surgery

S2405 Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero
Clinical Policy: Fetal Surgery

S2411 Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome
Clinical Policy: Fetal Surgery

SURGERY - RESPIRATORY SYSTEM

Code	Description
30420	Reconstruction of nose Clinical Policy: Septoplasty and Rhinoplasty
30435	Revision of nose Clinical Policy: Septoplasty and Rhinoplasty
30450	Revision of nose Clinical Policy: Septoplasty and Rhinoplasty
31611	Surgery/speech prosthesis Clinical Policy: Voice therapy
31627	Navigational bronchoscopy Clinical Policy: Electromagnetic Navigation Bronchoscopy
32701	Thorax stereo rad targetw/tx Clinical Policy: Stereotactic Radiosurgery; Epilepsy Surgery
32850	Donor pneumonectomy Clinical Policy: Lung Transplantation
32851	Lung transplant single Clinical Policy: Lung Transplantation
32852	Lung transplant with bypass Clinical Policy: Lung Transplantation
32853	Lung transplant double Clinical Policy: Lung Transplantation
32854	Lung transplant with bypass

Clinical Policy: Lung Transplantation

32994 Ablate pulm tumor perq crybl
Clinical Policy: Cryoablation

32998 Ablate pulm tumor perq rf
Clinical Policy: Cryoablation; Radiofrequency Tumor Ablation

33250 Operative ablation of supraventricular arrhythmogenic focus or pathway without cardiopulmonary bypass
Clinical Policy: Cardiac Catheter Ablation and Radioablation

33251 Operative ablation of supraventricular arrhythmogenic focus or pathway with cardiopulmonary bypass
Clinical Policy: Cardiac Catheter Ablation and Radioablation

33254 Operative tissue ablation and reconstruction of atria, limited
Clinical Policy: Cardiac Catheter Ablation and Radioablation; Cryoablation

33256 Operative tissue ablation and reconstruction of atria, extensive
Clinical Policy: Cardiac Catheter Ablation and Radioablation; Cryoablation

33257 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure
Clinical Policy: Cardiac Catheter Ablation and Radioablation; Cryoablation

33259 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure with cardiopulmonary bypass
Clinical Policy: Cardiac Catheter Ablation and Radioablation; Cryoablation

33261 Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
Clinical Policy: Cardiac Catheter Ablation and Radioablation

SURGERY - URINARY SYSTEM

Code	Description
52441	Cystourethro w/implant Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments; Site of Service Guidelines
52442	Cystourethro w/addl implant Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments
53444	Insert tandem cuff Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux
53445	Insert uro/ves nck sphincter Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux
53446	Removal of inflatable urethral/bladder neck sphincter Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux
53447	Removal and replacement of inflatable urethral/bladder neck sphincter Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux
53449	Repair of inflatable urethral/bladder neck sphincter Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

53860 Transurethral rf treatment
Clinical Policy: Urinary Incontinence and Ureterovesicular Reflux

C9739 Cystoscopy prostatic imp 1-3
Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments

C9740 Cysto impl 4 or more
Clinical Policy: Benign Prostatic Hypertrophy (BPH) Treatments